

1 A bill to be entitled
2 An act relating to health care; providing a short
3 title; repealing ss. 286.31, 286.311, and 381.00321,
4 F.S., relating to the prohibited use of state funds
5 for travel to another state for the purpose of
6 abortion services, the prohibited use of state funds
7 for sex-reassignment prescriptions or procedures, and
8 the right of medical conscience of health care
9 providers and health care payors, respectively;
10 creating s. 381.027, F.S.; providing a short title;
11 defining terms; requiring a covered entity to, by a
12 specified date, adopt a policy relating to providing
13 written notice of a complete list of its refused
14 services to patients; providing requirements for such
15 notice; requiring a covered entity to submit a
16 complete list of its refused services to the
17 Department of Health by a specified date; requiring a
18 covered entity to notify the department within a
19 specified timeframe after a change is made to such
20 list; requiring a covered entity to submit the list,
21 along with its application, if applying for certain
22 state grants or contracts; providing a civil penalty;
23 requiring the department to adopt rules; requiring the
24 department to publish and maintain on its website a
25 current list of covered entities and their refused

26 services by a specified date; requiring the department
27 to develop and administer a certain public education
28 and awareness program; providing construction;
29 providing for severability; amending s. 381.96, F.S.;
30 revising the definition of the term "eligible client"
31 and redefining the term "pregnancy and parenting
32 support services" as "pregnancy support services";
33 revising department duties and contract requirements
34 to conform to changes made by the act; removing an
35 obsolete provision; amending s. 390.011, F.S.;
36 deleting the definition of the term "fatal fetal
37 abnormality"; amending s. 390.0111, F.S.; revising the
38 timeframe in which a physician may perform a
39 termination of pregnancy; revising exceptions;
40 deleting the prohibition against the use of telehealth
41 to perform abortions, the requirement that medications
42 intended for use in a medical abortion be dispensed in
43 person by a physician, and the prohibition against
44 dispensing such medication through the United States
45 Postal Service or any other courier or shipping
46 service; amending s. 390.012, F.S.; revising rules the
47 Agency for Health Care Administration may develop and
48 enforce to regulate abortion clinics; repealing s.
49 395.3027, F.S., relating to patient immigration status
50 data collection in hospitals; amending s. 409.905,

F.S.; defining the terms "gender identity" and "transgender individual"; requiring the agency to provide Medicaid reimbursement for medically necessary treatment for or related to gender dysphoria or a comparable or equivalent diagnosis; prohibiting the agency from discriminating in its reimbursement on the basis of a recipient's gender identity or that the recipient is a transgender individual; amending s. 456.001, F.S.; deleting the definition of the terms "sex" and "sex-reassignment prescriptions or procedures"; amending s. 456.47, F.S.; deleting the prohibition against the use of telehealth to perform abortions, including medical abortions; repealing ss. 456.52 and 766.318, F.S., relating to sex-reassignment prescriptions and procedures and civil liability for provision of sex-reassignment prescriptions or procedures to minors, respectively; amending ss. 61.517, 61.534, 409.908, 409.913, 456.074, and 636.0145, F.S.; conforming provisions and cross-references to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the "Health Care

76 Freedom Act."

77 **Section 2.** Section 286.31, Florida Statutes, is repealed.

78 **Section 3.** Section 286.311, Florida Statutes, is repealed.

79 **Section 4.** Section 381.00321, Florida Statutes, is
80 repealed.

81 **Section 5. Section 381.027, Florida Statutes, is created**
82 **to read:**

83 381.027 Requirements for covered entities; notice of
84 refused services; department duties.—

85 (1) SHORT TITLE.—This section may be cited as the "Health
86 Care Transparency and Accessibility Act."

87 (2) DEFINITIONS.—As used in this section, the term:

88 (a) "Covered entity" means any health care facility that
89 uses, plans to use, or relies upon a denial of care provision to
90 refuse to provide a health care service, or referral for a
91 health care service, for any reason. The term does not include a
92 health care practitioner.

93 (b) "Denial of care provision" means any federal or state
94 law that purports or is asserted to allow a health care facility
95 to opt out of providing a health care service, or referral for a
96 health care service, including, but not limited to, ss.

97 381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss.
98 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n;
99 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of
100 Labor, Health and Human Services, and Education, and Related

Agencies Appropriations Act of 2019, Division B of Pub. L. No. 115-245; and 45 C.F.R. part 88.

(c) "Department" means the Department of Health.

(d) "Health care facility" has the same meaning as in s. 381.026(2).

(e) "Health care practitioner" has the same meaning as in s. 456.001.

(f) "Health care services" has the same meaning as in s. 624.27(1).

(g) "Referral" has the same meaning as in s. 456.053(3).

(h) "Refused service" means a health care service that a covered entity chooses not to provide, or not to provide a referral for, based on one or more denials of care provisions. The term includes health care services that the covered entity selectively provides to some, but not all, patients based on their identity, objections to a health care service, or other nonmedical reasons.

(3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

(a) By October 1, 2026, each covered entity shall adopt a policy for providing patients with a complete list of its refused services. A covered entity shall:

1. Provide written notice to the patient or the patient's representative which includes the complete list of its refused services before any health care service is initiated.

a. In the case of an emergency, the covered entity must

126 promptly provide written notice after the patient is capable of
127 receiving such notice or when the patient's representative is
128 available.

129 b. The patient or patient's representative shall
130 acknowledge receipt of the written notice of refused services.

131 2. Retain all acknowledgments of receipt of the written
132 notice of refused services for a period of at least 3 years.

133 3. Provide a complete list of its refused services to any
134 person upon request.

135 (b) By October 1, 2026, a covered entity shall submit to
136 the department a complete list of its refused services. If any
137 change is made to the list, the covered entity must notify the
138 department within 30 days after making the change.

139 (c) If applying for any state grant or contract related to
140 providing a health care service, a covered entity must submit,
141 along with its application, a complete list of its refused
142 services.

143 (d) A covered entity that fails to comply with this
144 subsection is subject to a fine not to exceed \$5,000 for each
145 day the covered entity is not in compliance.

146 (4) DEPARTMENT DUTIES.—

147 (a) The department shall adopt rules to implement this
148 section which must include a process for receiving and
149 investigating complaints regarding covered entities not in
150 compliance with this section.

151 (b) By January 1, 2027, the department shall publish and
152 maintain on its website a current list of covered entities and
153 the refused services for each covered entity.

154 (c) The department shall develop and administer a public
155 education and awareness program regarding the denial of health
156 care services, including how the denial of health care services
157 can negatively impact health care access and quality, how the
158 denial of health care services may be avoided, and how the
159 denial of health care services affects vulnerable people and
160 communities.

161 (5) CONSTRUCTION.—

162 (a) This section does not authorize denials of health care
163 services or discrimination in the provision of health care
164 services.

165 (b) This section does not limit any cause of action under
166 state or federal law, or limit any remedy in law or equity,
167 against a health care facility or health care practitioner.

168 (c) Compliance with this section does not reduce or limit
169 any potential liability for covered entities associated with the
170 refused services or any violations of state or federal law.

171 (d) Section 761.03 does not provide a claim relating to,
172 or a defense to a claim under, this section, or provide a basis
173 for challenging the application or enforcement of this section
174 or the use of funds associated with the application or
175 enforcement of this section.

176 (6) SEVERABILITY.—If any provision of this section or its
177 application to any person or circumstance is held invalid, the
178 invalidity does not affect other provisions or applications of
179 this section which can be given effect without the invalid
180 provision or application, and to this end the provisions of this
181 section are severable.

182 **Section 6. Section 381.96, Florida Statutes, is amended to**
183 **read:**

184 381.96 Pregnancy support and wellness services.—

185 (1) DEFINITIONS.—As used in this section, the term:

186 (a) "Department" means the Department of Health.

187 (b) "Eligible client" means ~~any of the following:~~

188 ~~1. a pregnant woman or a woman who suspects she is~~
189 ~~pregnant, and the family of such woman, who voluntarily seeks~~
190 ~~pregnancy support services and any woman who voluntarily seeks~~
191 ~~wellness services.~~

192 ~~2. A woman who has given birth in the previous 12 months~~
193 ~~and her family.~~

194 ~~3. A parent or parents or a legal guardian or legal~~
195 ~~guardians, and the families of such parents and legal guardians,~~
196 ~~for up to 12 months after the birth of a child or the adoption~~
197 ~~of a child younger than 3 years of age.~~

198 (c) "Florida Pregnancy Care Network, Inc.," or "network"
199 means the not-for-profit statewide alliance of pregnancy support
200 organizations that provide pregnancy support and wellness

201 services through a comprehensive system of care to women and
202 their families.

203 (d) "Pregnancy ~~and parenting~~ support services" means
204 services that promote and encourage childbirth, including, but
205 not limited to:

206 1. Direct client services, such as pregnancy testing,
207 counseling, referral, training, and education for pregnant women
208 and their families. A woman and her family remain eligible to
209 receive direct client services for up to 12 months after the
210 birth of the child.

211 2. ~~Nonmedical material assistance that improves the~~
212 ~~pregnancy or parenting situation of families, including, but not~~
213 ~~limited to, clothing, car seats, cribs, formula, and diapers.~~

214 3. ~~Counseling or mentoring, education materials, and~~
215 ~~classes regarding pregnancy, parenting, adoption, life skills,~~
216 ~~and employment readiness.~~

217 4. ~~Network awareness activities, including a promotional~~
218 ~~campaign to educate the public about the pregnancy support~~
219 ~~services offered by the network and a website that provides~~
220 ~~information on the location of providers in the user's area and~~
221 ~~other available community resources.~~

222 3.5. Communication activities, including the operation and
223 maintenance of a hotline or call center with a single statewide
224 toll-free number that is available 24 hours a day for an
225 eligible client to obtain the location and contact information

for a pregnancy center located in the client's area.

(e) "Wellness services" means services or activities intended to maintain and improve health or prevent illness and injury, including, but not limited to, high blood pressure screening, anemia testing, thyroid screening, cholesterol screening, diabetes screening, and assistance with smoking cessation.

(2) DEPARTMENT DUTIES.—The department shall contract with the network for the management and delivery of pregnancy ~~and parenting~~ support services and wellness services to eligible clients.

(3) CONTRACT REQUIREMENTS.—The department contract must ~~shall~~ specify the contract deliverables, including financial reports and other reports due to the department, timeframes for achieving contractual obligations, and any other requirements the department determines are necessary, such as staffing and location requirements. The contract must ~~shall~~ require the network to:

(a) Establish, implement, and monitor a comprehensive system of care through subcontractors to meet the pregnancy ~~and parenting~~ support and wellness needs of eligible clients.

(b) Establish and manage subcontracts with a sufficient number of providers to ensure the availability of pregnancy ~~and parenting~~ support services and wellness services for eligible clients, and maintain and manage the delivery of such services

251 throughout the contract period.

252 (c) Spend at least 90 ~~85~~ percent of the contract funds on
253 pregnancy and parenting support services, ~~excluding services~~
254 ~~specified in subparagraph (1)(d)4.~~ and wellness services.

255 (d) Offer wellness services through vouchers or other
256 appropriate arrangements that allow the purchase of services
257 from qualified health care providers.

258 (e) Require a background screening under s. 943.0542 for
259 all paid staff and volunteers of a subcontractor if such staff
260 or volunteers provide direct client services to an eligible
261 client who is a minor or an elderly person or who has a
262 disability.

263 (f) ~~Annually~~ Monitor its subcontractors annually and
264 specify the sanctions that will ~~shall~~ be imposed for
265 noncompliance with the terms of a subcontract.

266 (g) Subcontract only with providers that exclusively
267 promote and support childbirth.

268 (h) Ensure that informational materials provided to an
269 eligible client by a provider are current and accurate and cite
270 the reference source of any medical statement included in such
271 materials.

272 (i) Ensure that the department is provided with all
273 information necessary for the report required under subsection
274 (5).

275 (4) SERVICES.—Services provided pursuant to this section

276 must be provided in a noncoercive manner and may not include any
277 religious content.

278 (5) REPORT. ~~By July 1, 2024, and each year thereafter,~~ The
279 department shall annually report to the Governor, the President
280 of the Senate, and the Speaker of the House of Representatives
281 on the amount and types of services provided by the network; the
282 expenditures for such services; and the number of, and
283 demographic information for, women, ~~parents,~~ and families served
284 by the network.

285 **Section 7. Subsection (6) of section 390.011, Florida**
286 **Statutes, is amended to read:**

287 390.011 Definitions.—As used in this chapter, the term:

288 ~~(6) "Fatal fetal abnormality" means a terminal condition~~
289 ~~that, in reasonable medical judgment, regardless of the~~
290 ~~provision of life-saving medical treatment, is incompatible with~~
291 ~~life outside the womb and will result in death upon birth or~~
292 ~~imminently thereafter.~~

293 **Section 8. Subsections (1) and (2) of section 390.0111,**
294 **Florida Statutes, are amended to read:**

295 390.0111 Termination of pregnancies.—

296 (1) TERMINATION IN THIRD TRIMESTER AFTER GESTATIONAL AGE
297 OF 6 WEEKS; WHEN ALLOWED.—A physician may not knowingly perform
298 or induce a termination of pregnancy on any person in the third
299 trimester of pregnancy ~~if the physician determines the~~
300 ~~gestational age of the fetus is more than 6 weeks~~ unless one of

the following conditions is met:

(a) Two physicians certify in writing that, in reasonable medical judgment, the termination of the pregnancy is necessary to save the pregnant woman's life or avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition.

(b) The physician certifies in writing that, in reasonable medical judgment, there is a medical necessity for legitimate emergency medical procedures for termination of the pregnancy to save the pregnant woman's life or avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition, and another physician is not available for consultation.

~~(c) The pregnancy has not progressed to the third trimester and two physicians certify in writing that, in reasonable medical judgment, the fetus has a fatal fetal abnormality.~~

~~(d) The pregnancy is the result of rape, incest, or human trafficking and the gestational age of the fetus is not more than 15 weeks as determined by the physician. At the time the woman schedules or arrives for her appointment to obtain the abortion, she must provide a copy of a restraining order, police report, medical record, or other court order or documentation~~

~~providing evidence that she is obtaining the termination of pregnancy because she is a victim of rape, incest, or human trafficking. If the woman is 18 years of age or older, the physician must report any known or suspected human trafficking to a local law enforcement agency. If the woman is a minor, the physician must report the incident of rape, incest, or human trafficking to the central abuse hotline as required by s. 39.201.~~

(2) IN-PERSON PERFORMANCE BY PHYSICIAN REQUIRED.—Only a physician may perform or induce a termination of pregnancy. ~~A physician may not use telehealth as defined in s. 456.47 to perform an abortion, including, but not limited to, medical abortions. Any medications intended for use in a medical abortion must be dispensed in person by a physician and may not be dispensed through the United States Postal Service or by any other courier or shipping service.~~

Section 9. Subsection (1) of section 390.012, Florida Statutes, is amended to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(1) The agency may develop and enforce rules pursuant to ss. 390.011–390.018 and part II of chapter 408 for the health, care, and treatment of persons in abortion clinics and for the safe operation of such clinics. The rules must be reasonably related to the preservation of maternal health of the clients,

351 must be in accordance with s. 797.03, may not impose an
352 unconstitutional burden on a woman's freedom to decide whether
353 to terminate her pregnancy, and must provide for all of the
354 following:

355 (a) The performance of pregnancy termination procedures
356 only by a licensed physician.

357 (b) The making, protection, and preservation of patient
358 records, which must be treated as medical records under chapter
359 458. When performing a license inspection of a clinic, the
360 agency shall inspect at least 50 percent of patient records
361 generated since the clinic's last license inspection.

362 (c) Annual inspections by the agency of all clinics
363 licensed under this chapter to ensure that such clinics are in
364 compliance with this chapter and agency rules.

365 (d) The prompt investigation of credible allegations of
366 abortions being performed at a clinic that is not licensed to
367 perform such procedures.

368 **Section 10.** Section 395.3027, Florida Statutes, is
369 repealed.

370 **Section 11. Present subsections (4) through (12) of**
371 **section 409.905, Florida Statutes, are redesignated as**
372 **subsections (5) through (13), respectively, and a new subsection**
373 **(4) is added to that section, to read:**

374 409.905 Mandatory Medicaid services.—The agency may make
375 payments for the following services, which are required of the

state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(4) GENDER-AFFIRMING CARE.—

(a) Definitions.—As used in this section, the term:

1. "Gender identity" means an individual's internal sense of that individual's gender, regardless of the sex assigned to that individual at birth.

2. "Transgender individual" means an individual who identifies as a gender different from the sex assigned to that individual at birth.

(b) Reimbursement.—The agency shall provide reimbursement for medically necessary treatment for or related to gender dysphoria as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American

401 Psychiatric Association or a comparable or equivalent diagnosis.

402 (c) *Discrimination prohibited.*—The agency may not
403 discriminate in its reimbursement of medically necessary
404 treatment on the basis of the recipient's gender identity or on
405 the basis that the recipient is a transgender individual.

406 **Section 12. Subsections (8) and (9) of section 456.001,**
407 **Florida Statutes, are amended to read:**

408 456.001 Definitions.—As used in this chapter, the term:

409 ~~(8) "Sex" means the classification of a person as either~~
410 ~~male or female based on the organization of the human body of~~
411 ~~such person for a specific reproductive role, as indicated by~~
412 ~~the person's sex chromosomes, naturally occurring sex hormones,~~
413 ~~and internal and external genitalia present at birth.~~

414 ~~(9)(a) "Sex-reassignment prescriptions or procedures"~~
415 ~~means:~~

416 ~~1. The prescription or administration of puberty blockers~~
417 ~~for the purpose of attempting to stop or delay normal puberty in~~
418 ~~order to affirm a person's perception of his or her sex if that~~
419 ~~perception is inconsistent with the person's sex as defined in~~
420 ~~subsection (8).~~

421 ~~2. The prescription or administration of hormones or~~
422 ~~hormone antagonists to affirm a person's perception of his or~~
423 ~~her sex if that perception is inconsistent with the person's sex~~
424 ~~as defined in subsection (8).~~

425 ~~3. Any medical procedure, including a surgical procedure,~~

426 ~~to affirm a person's perception of his or her sex if that~~
427 ~~perception is inconsistent with the person's sex as defined in~~
428 ~~subsection (8).~~

429 ~~(b) The term does not include:~~

430 ~~1. Treatment provided by a physician who, in his or her~~
431 ~~good faith clinical judgment, performs procedures upon or~~
432 ~~provides therapies to a minor born with a medically verifiable~~
433 ~~genetic disorder of sexual development, including any of the~~
434 ~~following:~~

435 ~~a. External biological sex characteristics that are~~
436 ~~unresolvably ambiguous.~~

437 ~~b. A disorder of sexual development in which the physician~~
438 ~~has determined through genetic or biochemical testing that the~~
439 ~~patient does not have a normal sex chromosome structure, sex~~
440 ~~steroid hormone production, or sex steroid hormone action for a~~
441 ~~male or female, as applicable.~~

442 ~~2. Prescriptions or procedures to treat an infection, an~~
443 ~~injury, a disease, or a disorder that has been caused or~~
444 ~~exacerbated by the performance of any sex reassignment~~
445 ~~prescription or procedure, regardless of whether such~~
446 ~~prescription or procedure was performed in accordance with state~~
447 ~~or federal law.~~

448 ~~3. Prescriptions or procedures provided to a patient for~~
449 ~~the treatment of a physical disorder, physical injury, or~~
450 ~~physical illness that would, as certified by a physician~~

451 ~~licensed under chapter 458 or chapter 459, place the individual~~
452 ~~in imminent danger of death or impairment of a major bodily~~
453 ~~function without the prescription or procedure.~~

454 **Section 13. Paragraph (f) of subsection (2) of section**
455 **456.47, Florida Statutes, is amended to read:**

456 456.47 Use of telehealth to provide services.—

457 (2) PRACTICE STANDARDS.—

458 ~~(f) A telehealth provider may not use telehealth to~~
459 ~~perform an abortion, including, but not limited to, medical~~
460 ~~abortions as defined in s. 390.011.~~

461 **Section 14. Section 456.52, Florida Statutes, is repealed.**

462 **Section 15. Section 766.318, Florida Statutes, is**
463 **repealed.**

464 **Section 16. Subsection (1) of section 61.517, Florida**
465 **Statutes, is amended to read:**

466 61.517 Temporary emergency jurisdiction.—

467 (1) A court of this state has temporary emergency
468 jurisdiction if the child is present in this state and:

469 (a) The child has been abandoned; or

470 (b) It is necessary in an emergency to protect the child
471 because the child, or a sibling or parent of the child, is
472 subjected to or threatened with mistreatment or abuse; ~~or~~

473 ~~(c) It is necessary in an emergency to protect the child~~
474 ~~because the child has been subjected to or is threatened with~~
475 ~~being subjected to sex reassignment prescriptions or procedures,~~

as ~~defined in s. 456.001.~~

Section 17. Subsection (1) of section 61.534, Florida Statutes, is amended to read:

61.534 Warrant to take physical custody of child.—

(1) Upon the filing of a petition seeking enforcement of a child custody determination, the petitioner may file a verified application for the issuance of a warrant to take physical custody of the child if the child is likely to imminently suffer serious physical harm or removal from this state. ~~Serious physical harm includes, but is not limited to, being subjected to sex-reassignment prescriptions or procedures as defined in s. 456.001.~~

Section 18. Paragraph (a) of subsection (1) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost

report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid-eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(1) Reimbursement to hospitals licensed under part I of chapter 395 must be made prospectively or on the basis of negotiation.

(a) Reimbursement for inpatient care is limited as provided in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise provided in this subsection.

1. If authorized by the General Appropriations Act, the agency may modify reimbursement for specific types of services

526 or diagnoses, recipient ages, and hospital provider types.

527 2. The agency may establish an alternative methodology to
528 the DRG-based prospective payment system to set reimbursement
529 rates for:

530 a. State-owned psychiatric hospitals.

531 b. Newborn hearing screening services.

532 c. Transplant services for which the agency has
533 established a global fee.

534 d. Recipients who have tuberculosis that is resistant to
535 therapy who are in need of long-term, hospital-based treatment
536 pursuant to s. 392.62.

537 3. The agency shall modify reimbursement according to
538 other methodologies recognized in the General Appropriations
539 Act.

540
541 The agency may receive funds from state entities, including, but
542 not limited to, the Department of Health, local governments, and
543 other local political subdivisions, for the purpose of making
544 special exception payments, including federal matching funds,
545 through the Medicaid inpatient reimbursement methodologies.
546 Funds received for this purpose shall be separately accounted
547 for and may not be commingled with other state or local funds in
548 any manner. The agency may certify all local governmental funds
549 used as state match under Title XIX of the Social Security Act,
550 to the extent and in the manner authorized under the General

Appropriations Act and pursuant to an agreement between the agency and the local governmental entity. In order for the agency to certify such local governmental funds, a local governmental entity must submit a final, executed letter of agreement to the agency, which must be received by October 1 of each fiscal year and provide the total amount of local governmental funds authorized by the entity for that fiscal year under this paragraph, paragraph (b), or the General Appropriations Act. The local governmental entity shall use a certification form prescribed by the agency. At a minimum, the certification form must identify the amount being certified and describe the relationship between the certifying local governmental entity and the local health care provider. The agency shall prepare an annual statement of impact which documents the specific activities undertaken during the previous fiscal year pursuant to this paragraph, to be submitted to the Legislature annually by January 1.

Section 19. Subsection (36) of section 409.913, Florida Statutes, is amended to read:

409.913 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as

576 appropriate. Each January 15, the agency and the Medicaid Fraud
577 Control Unit of the Department of Legal Affairs shall submit a
578 report to the Legislature documenting the effectiveness of the
579 state's efforts to control Medicaid fraud and abuse and to
580 recover Medicaid overpayments during the previous fiscal year.
581 The report must describe the number of cases opened and
582 investigated each year; the sources of the cases opened; the
583 disposition of the cases closed each year; the amount of
584 overpayments alleged in preliminary and final audit letters; the
585 number and amount of fines or penalties imposed; any reductions
586 in overpayment amounts negotiated in settlement agreements or by
587 other means; the amount of final agency determinations of
588 overpayments; the amount deducted from federal claiming as a
589 result of overpayments; the amount of overpayments recovered
590 each year; the amount of cost of investigation recovered each
591 year; the average length of time to collect from the time the
592 case was opened until the overpayment is paid in full; the
593 amount determined as uncollectible and the portion of the
594 uncollectible amount subsequently reclaimed from the Federal
595 Government; the number of providers, by type, that are
596 terminated from participation in the Medicaid program as a
597 result of fraud and abuse; and all costs associated with
598 discovering and prosecuting cases of Medicaid overpayments and
599 making recoveries in such cases. The report must also document
600 actions taken to prevent overpayments and the number of

providers prevented from enrolling in or reenrolling in the Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud. All policy recommendations in the report must include a detailed fiscal analysis, including, but not limited to, implementation costs, estimated savings to the Medicaid program, and the return on investment. The agency must submit the policy recommendations and fiscal analyses in the report to the appropriate estimating conference, pursuant to s. 216.137, by February 15 of each year. The agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs each must include detailed unit-specific performance standards, benchmarks, and metrics in the report, including projected cost savings to the state Medicaid program during the following fiscal year.

(36) The agency may provide to a sample of Medicaid recipients or their representatives through the distribution of explanations of benefits information about services reimbursed by the Medicaid program for goods and services to such recipients, including information on how to report inappropriate or incorrect billing to the agency or other law enforcement entities for review or investigation, information on how to report criminal Medicaid fraud to the Medicaid Fraud Control Unit's toll-free hotline number, and information about the

rewards available under s. 409.9203. The explanation of benefits may not be mailed for Medicaid independent laboratory services as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid certified match services as described in ss. 409.9071 and 1011.70.

Section 20. Paragraph (c) of subsection (5) of section 456.074, Florida Statutes, is amended to read:

456.074 Certain health care practitioners; immediate suspension of license.—

(5) The department shall issue an emergency order suspending the license of any health care practitioner who is arrested for committing or attempting, soliciting, or conspiring to commit any act that would constitute a violation of any of the following criminal offenses in this state or similar offenses in another jurisdiction:

~~(c) Section 456.52(5)(b), relating to prescribing, administering, or performing sex-reassignment prescriptions or procedures for a patient younger than 18 years of age.~~

Section 21. Section 636.0145, Florida Statutes, is amended to read:

636.0145 Certain entities contracting with Medicaid.—An entity that is providing comprehensive inpatient and outpatient mental health care services to certain Medicaid recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk Counties through a capitated, prepaid arrangement pursuant to the federal

waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become licensed under this chapter by December 31, 1998. Any entity licensed under this chapter which provides services solely to Medicaid recipients under a contract with Medicaid is exempt from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and 636.066(1).

Section 22. This act shall take effect July 1, 2026.