

By Senator Jones

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

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severability; amending s. 381.96, F.S.; revising the definition of the term "eligible client" and redefining the term "pregnancy and parenting support services" as "pregnancy support services"; revising department duties and contract requirements to conform to changes made by the act; amending s. 390.011, F.S.; deleting the definition of the term "fatal fetal abnormality"; amending s. 390.0111, F.S.; revising the timeframe in which a physician may perform a termination of pregnancy; revising exceptions; deleting the prohibition against the use of telehealth to perform abortions, the requirement that medications intended for use in a medical abortion be dispensed in person by a physician, and the prohibition against dispensing such medication through the United States Postal Service or any other courier or shipping service; amending s. 390.012, F.S.; revising rules the Agency for Health Care Administration may develop and enforce to regulate abortion clinics; repealing s. 395.3027, F.S., relating to patient immigration status 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.

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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 Freedom Act."

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

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

Section 4. Section 381.00321, Florida Statutes, is repealed.

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

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

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

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

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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
101 Agencies Appropriations Act of 2019, Division B of Pub. L. No.
102 115-245; and 45 C.F.R. part 88.

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

104 (d) "Health care facility" has the same meaning as in s.
105 381.026(2).

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

108 (f) "Health care services" has the same meaning as in s.
109 624.27(1).

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

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

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117 nonmedical reasons.

118 (3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

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

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

125 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.

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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, or
172 a defense to a claim under, this section, or provide a basis for
173 challenging the application or enforcement of this section or
174 the use of funds associated with the application or enforcement

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of this section.

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

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

381.96 Pregnancy support and wellness services.—

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

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

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

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

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

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

(c) "Florida Pregnancy Care Network, Inc.," or "network" means the not-for-profit statewide alliance of pregnancy support organizations that provide pregnancy support and wellness services through a comprehensive system of care to women and their families.

(d) "Pregnancy ~~and parenting~~ support services" means

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services that promote and encourage childbirth, including, but not limited to:

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

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

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

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

~~3.5.~~ Communication activities, including the operation and maintenance of a hotline or call center with a single statewide toll-free number that is available 24 hours a day for an 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.

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(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 throughout the contract period.

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

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

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

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disability.

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

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

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

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

(4) SERVICES.—Services provided pursuant to this section must be provided in a noncoercive manner and may not include any religious content.

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

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

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

~~(6) "Fatal fetal abnormality" means a terminal condition that, in reasonable medical judgment, regardless of the provision of life-saving medical treatment, is incompatible with~~

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~~life outside the womb and will result in death upon birth or
imminently thereafter.~~

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

390.0111 Termination of pregnancies.—

(1) TERMINATION IN THIRD TRIMESTER ~~AFTER GESTATIONAL AGE OF
6 WEEKS;~~ WHEN ALLOWED.—A physician may not knowingly perform or
induce a termination of pregnancy on any woman in the third
trimester of pregnancy ~~if the physician determines the~~
~~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~~

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~~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

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related to the preservation of maternal health of the clients,
must be in accordance with s. 797.03, may not impose an
unconstitutional burden on a woman's freedom to decide whether
to terminate her pregnancy, and must provide for all of the
following:

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

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

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

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

Section 10. Section 395.3027, Florida Statutes, is
repealed.

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

409.905 Mandatory Medicaid services.—The agency may make
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

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378 service under this section shall be provided only when medically
379 necessary and in accordance with state and federal law.

380 Mandatory services rendered by providers in mobile units to
381 Medicaid recipients may be restricted by the agency. Nothing in
382 this section shall be construed to prevent or limit the agency
383 from adjusting fees, reimbursement rates, lengths of stay,
384 number of visits, number of services, or any other adjustments
385 necessary to comply with the availability of moneys and any
386 limitations or directions provided for in the General
387 Appropriations Act or chapter 216.

388 (4) GENDER-AFFIRMING CARE.—

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

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

393 2. "Transgender individual" means an individual whose
394 gender is not exclusively the one assigned to that individual at
395 birth.

396 (b) Reimbursement.—The agency shall provide reimbursement
397 for medically necessary treatment for or related to gender
398 dysphoria as defined by the Diagnostic and Statistical Manual of
399 Mental Disorders, Fifth Edition, published by the American
400 Psychiatric Association or a comparable or equivalent diagnosis.

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

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

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

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

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

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

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

~~3. Any medical procedure, including a surgical procedure, to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).~~

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

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

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

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

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

~~3. Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under chapter 458 or chapter 459, place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.~~

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

456.47 Use of telehealth to provide services.—

(2) PRACTICE STANDARDS.—

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

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

Section 15. Section 766.318, Florida Statutes, is repealed.

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

61.517 Temporary emergency jurisdiction.—

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

(a) The child has been abandoned; or

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

~~(c) It is necessary in an emergency to protect the child because the child has been subjected to or is threatened with 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

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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

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agency may modify reimbursement for specific types of services or diagnoses, recipient ages, and hospital provider types.

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

a. State-owned psychiatric hospitals.

b. Newborn hearing screening services.

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

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

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

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

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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 appropriate. Each January 15, the agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs shall submit a report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases opened and investigated each year; the sources of the cases opened; the disposition of the cases closed each year; the amount of

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overpayments alleged in preliminary and final audit letters; the number and amount of fines or penalties imposed; any reductions in overpayment amounts negotiated in settlement agreements or by other means; the amount of final agency determinations of overpayments; the amount deducted from federal claiming as a result of overpayments; the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to collect from the time the case was opened until the overpayment is paid in full; the amount determined as uncollectible and the portion of the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document 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

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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,~~

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~~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.