FLORIDA HOUSE OF REPRESENTATIVES
BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: HB 913	**COMPANION BILL:** SB 1012 (Yarborough)
TITLE: Inmate Services	**LINKED BILLS:** None
SPONSOR(S): Johnson	**RELATED BILLS:** None

Committee References

Criminal Justice ➤ Justice Budget ➤ Judiciary

SUMMARY

Effect of the Bill:
The bill specifies that the compensation to a community health care provider that provides medical services to inmates in the custody of the Department of Corrections (DOC) may not exceed the *Medicaid* allowable rate, rather than 110 percent of the Medicare allowable rate, unless such a provider enters into an agreement with DOC, a vendor, or a contractor-operated correctional facility, to provide medical services to inmates in a secure unit in a medical facility, within a correctional institution, or by telehealth. The bill also specifies that compensation for emergency medical transportation services for inmates may not exceed the *Medicaid* allowable rate, rather than 110 percent of the Medicare allowable rate.

The bill also requires funds in the Contractor-Operated Institutions Inmate Welfare Trust Fund to be used exclusively to fund programs to aid inmates' reintegration into society and to provide environmental and health upgrades in contractor-operated institutions, subject to legislative appropriation.

Fiscal or Economic Impact:
The bill may have an indeterminate fiscal and economic impact.

JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION BILL HISTORY

ANALYSIS

EFFECT OF THE BILL:

Inmate Health Care

Effective October 1, 2026, the bill changes the term "health care provider" to "*community* health care provider," and also includes an autonomous advanced practice registered nurse licensed under ch. 464, F.S., within the definition of a community health care provider. (Section 2)

The bill specifies that the compensation to a community health care provider for the provision of inmate medical services may not exceed the *Medicaid* allowable rate, rather than 110 percent of the Medicare allowable rate that is authorized under current law for health care providers that do not have a contract with the Department of Corrections (DOC) or a contractor-operated correctional facility. However, the bill authorizes a community health care provider to negotiate compensation above the Medicaid allowable rate if such provider enters into an agreement with DOC, a comprehensive health care services vendor, or a contractor-operated correctional facility to provide medical services to inmates:

- In a secure unit within the community health care provider's medical facility;
- Within a correctional institution or facility; or
- By telehealth, if such inmates are within a correctional institution or facility when they receive such medical services. (Section 2)

The bill also specifies that compensation to an entity to provide emergency medical transportation services for inmates may not exceed the *Medicaid* allowable rate, rather than 110 percent of the Medicare allowable rate. (Section 2)

The bill removes a provision in current law that authorizes a health care provider that provides inmate health services to receive compensation of up to 125 percent of the Medicare allowable rate in specified circumstances. (Section 2)

The bill requires a Medicaid community health care provider, in addition to existing Medicaid provider agreement requirements for such a provider to participate in a Medicaid supplemental funding program and to remain in good standing with the Medicaid program, to provide inmate patients with reasonable access to adequate medical services, including emergency and specialty care services. (Section 2)

The bill defines the following terms:

- "Inmate medical services" includes, but is not limited to, services rendered by a community health care provider to an inmate.
- "Medicaid allowable rate" means the amount that the Agency for Health Care Administration would reimburse a Medicaid provider, as defined by s. 409.901, F.S., for Medicaid-covered services delivered through the fee-for-service program.
- "Secure unit" means a designated space, approved by DOC, where DOC can safely and efficiently manage and secure inmates who are receiving medical services from a community health care provider. (Section 2)

Contractor-Operated Institutions Inmate Welfare Trust Fund

The bill specifies that funds in the Contractor-Operated Institutions Inmate Welfare Trust Fund must be used exclusively to provide for or operate any of the following at contractor-operated correctional facilities, subject to legislative appropriation:

- Programs to aid inmates' reintegration into society.
- Environmental health upgrades to facilities, including fixed capital outlay for repairs and maintenance that would improve environmental conditions of such correctional facilities. (Section 1)

The effective date Sections 1, 3, and 4 of the bill is July 1, 2026. (Section 4)

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill revises the compensation to community health care providers who provide medical or emergency transportation services to inmates in DOC custody from 110 percent of the Medicare allowable rate to the Medicaid allowable rate, unless such provider has a contract to provide such services under specified criteria. Since the Medicaid allowable rate is lower than 110 percent of the Medicare allowable rate, the bill may have a negative fiscal impact on state expenditures by reducing the compensation to community health care providers who provide medical services or emergency medical transportation services to inmate in DOC custody.

PRIVATE SECTOR:

The bill revises the compensation to community health care providers who provide medical or emergency transportation services to inmates in DOC custody from 110 percent of the Medicare allowable rate to the Medicaid allowable rate, unless such provider has a contract to provide such services under specified criteria. Since the Medicaid allowable rate is lower than 110 percent of the Medicare allowable rate, the bill may have a negative economic impact on community health care providers who provide health care to inmates by reducing the compensation they receive for providing such services.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Contractor-Operated Correctional Facilities

The Florida Department of Corrections (DOC) is authorized to enter into contracts with private vendors[1] to operate and maintain correctional facilities and supervise inmates, which are designated as "contractor-operated correctional facilities."[2] Generally, ch. 957, F.S., provides requirements with which DOC must comply in contracting with private vendors to operate such facilities, specifies minimum standards for private vendors, and establishes certain criteria for the operation of contractor-operated correctional facilities.

Contractor-Operated Institutions Inmate Welfare Trust Fund

The net proceeds from inmate canteens,[3] vending machines used primarily by inmates, telephone commissions, and similar sources at contractor-operated correctional facilities are required to be deposited into the Contractor-Operated Institutions Inmate Welfare Trust Fund (Trust Fund) within DOC.[4] The funds in the Trust Fund may only be expended pursuant to legislative appropriation.[5] DOC is required to annually compile a report documenting the receipt sources and expenditures of the Trust Fund by September 1, and must provide such report to the chairs of the appropriate substantive and fiscal committees of the Senate and House of Representatives and to the Executive Office of the Governor.[6]

Inmate Medical Services

DOC is required to provide inmates in its custody with medical care, and must establish minimum health care standards for providing such care to inmates.[7] Current law limits the compensation health care providers and emergency medical transportation service providers may receive for inmate medical services rendered to prisoners held in DOC custody if such providers do not have a contract with DOC or a contractor-operated correctional facility.[8] For health care providers who do not have a contract with DOC or a contractor-operated correctional facility to provide medical services for inmates, compensation is limited to 110 percent of the Medicare allowable rate.[9] This limitation increases to 125 percent of the Medicare allowable rate if the provider

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[1] "Private vendor" means any individual, partnership, corporation, or unincorporated association bound by contract with DOC to construct, lease, or operate a contractor-operated correctional facility. S. 944.710(5), F.S.

[2] "Contractor-operated correctional facility" means any facility, which is not operated by DOC, for the incarceration of adults or juveniles who have been sentenced by a court and committed to the custody of DOC. S. 944.710(3), F.S.

[3] A canteen is a store within the correctional institution which sells a variety of items including food and toiletries. Inmates are permitted to purchase up to $150 of items from the canteen per week. R. 33-203.101, F.A.C.

[4] S. 945.215(3)(b)1., F.S.

[5] S. 945.215(3)(b)2., F.S. There is also a State-Operated Institutions Inmate Welfare Trust Fund, in which the net proceeds derived from specified sources in state-operated correctional institutions must be deposited. Proceeds from the State-Operated Institutions Inmate Welfare Trust Fund may only be expended pursuant to legislative appropriation, and must be used for the following:

- Literacy programs, vocational training programs, and educational programs, including fixed capital outlay for educational facilities.
- Inmate chapels, faith-based programs, visiting pavilions, visiting services and programs, family services and programs, and libraries.
- Inmate substance abuse treatment programs and transition and life skills training programs.
- The purchase, rental, maintenance, or repair of electronic or audiovisual equipment, media, services, and programming used by inmates.
- The purchase, rental, maintenance, or repair of recreation and wellness equipment.
- The purchase, rental, maintenance, or repair of bicycles used by inmates traveling to and from employment in the work-release program authorized under s. 945.091(1)(b), F.S.
- Environmental health upgrades to facilities, including fixed capital outlay for repairs and maintenance that would improve environmental conditions of the correctional facilities. S. 945.215(2)(c), F.S.

[6] S. 945.215(3)(c), F.S.

[7] Ss. 945.025(2) and 945.6034, F.S.

[8] S. 945.6041, F.S.

[9] S. 945.6041(2), F.S.

reported a negative operating margin for the previous year to the Agency for Health Care Administration through hospital-audited financial data.[10] Compensation to an entity to provide emergency medical transportation services for an inmate may not exceed 110 percent of the Medicare allowable reimbursement rate if the entity does not have a contract to provide services with DOC or the contractor-operated correctional facility.[11]

Medicare Allowable Rate

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions.[12] The U.S. Centers for Medicare and Medicaid Services (CMS) develops and uses fee schedules for Medicare reimbursement payments to health care providers made on a fee-for-service basis.[13]

CMS uses a standardized Physician Fee Schedule (PFS) based on the Resource-Based Relative Value Scale (RBRVS) to reimburse health care providers for services paid for via Medicare.[14] The RBRVS captures the time, effort, and cost involved in providing a patient service through three types of Relative Value Units (RVUs): work, practice expense, and malpractice expenses. RVUs are assigned to each medical billing code so that resources used to provide a service are measured on a common scale. For example, a 10-19 minute office visit for the evaluation and management of an established patient has a value of 0.70 RVUs, while a 30-39 minute office visit with the same patient would have a value of 1.92 RVUs.[15] RVUs become PFS payment rates through the application of a fixed-dollar conversion factor.[16]

The 2024 Consolidated Appropriations Act included a 2.93 percent increase to the PFS conversion factor for dates of service from March 9, 2024, through December 31, 2024, resulting in a conversion factor of $33.29 per RVU.[17] In January 2025, this temporary 2.93 percent increase expired resulting in a conversion factor of $32.35, which includes a 0.02 percent adjustment to account for changes in work RVUs for some services.[18]

Medicaid

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The Agency for Health Care Administration (AHCA) is responsible for administering the Medicaid Program, licensing and regulating health facilities, and providing health care quality and price information to Floridians.[19] The Department of Children and Families makes Medicaid eligibility determinations.[20]

The structure of each state's Medicaid program varies, but what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.[21] The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program.[22]

AHCA is required, subject to specific appropriations, to reimburse Medicaid providers for services under a fee schedule established by rule.[23] AHCA is also responsible for developing Medicaid provider agreements, which must

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[10] *Id*.
[11] S. 945.6041(3), F.S.
[12] Social Security Administration, *What is Medicare and who can get it?* (last visited Jan. 24, 2026).
[13] Centers for Medicare and Medicaid Services, *Fee Schedules* (last visited Jan. 24, 2026).
[14] American Academy of Professional Coders, *What are Relative Value Units?* (last visited Jan. 24, 2026).
[15] American Academy of Family Physicians, Journal of Family Practice Management, *Understanding and Improving Your Work RVUs* (last visited Jan. 24, 2026).
[16] Centers for Medicare and Medicaid Services, *Physician Fee Schedule* (last visited Jan. 24, 2026).
[17] Centers for Medicare and Medicaid Services, *2025 Physician Fee Schedule* (last visited Jan. 24, 2026)
[18] Centers for Medicare and Medicaid Services, *2025 Medicare Physician Fee Schedule* (last visited Jan. 24, 2026).
[19] Office of Program Policy Analysis and Government Accountability, *Agency for Health Care Administration*, https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5048 (last visited Jan. 24, 2026).
[20] S. 409.902(1), F.S.
[21] Title 42 U.S.C. §§ 1396-1396w -5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725).
[22] S. 409.964, F.S.

contain specified terms, including provisions related to contracts for services, payment terms and methodology, records maintenance and security, and indemnity.[24]

Autonomous Advanced Practice Registered Nurse

An advanced practice registered nurse (APRN) is a registered nurse, who is additionally licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.[25] To be eligible for licensure as an APRN, an applicant must apply and provide proof that he or she;

- Holds a current license to practice professional nursing or holds an active multistate license to practice professional nursing under the Nurse Licensure Compact;
- Is certified by the appropriate specialty board; and
- Has a master's degree in a clinical nursing specialty area with preparation in specialized practitioner skills.[26]

Current law authorizes an APRN who meets certain eligibility criteria to register for "autonomous" practice, wherein they may then perform specified health care services without a physician's written protocol.[27] To engage in autonomous practice, an APRN must hold an active and unencumbered Florida license, or multi-state license,[28] and have:[29]

- Completed at least 3,000 clinical practice hours or clinical instructional hours supervised by a physician with an active license within the five-year period immediately preceding the registration request;
- Not have been subject to any disciplinary action during the five years immediately preceding the application;
- Completed three graduate-level semester hours, or the equivalent, in pharmacology and three graduate-level semester hours, or the equivalent, in differential diagnosis within the five-year period preceding the registration request; and
- Any other registration requirements provided by Board of Nursing rule.[30]

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Criminal Justice Subcommittee			Hall	Padgett
Justice Budget Subcommittee				
Judiciary Committee				

[23] S. 409.908, F.S. Florida Agency for Health Care Administration, *Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes*, https://ahca.myflorida.com/medicaid/rules/rule-59g-4.002-provider-reimbursement-schedules-and-billing-codes (last visited Jan. 24, 2026).
[24] S. 409.907(1)–(4), F.S.
[25] S. 464.003(3), F.S. In 2018, the Florida Legislature enacted a law which changed the occupational title from "Advanced Registered Nurse Practitioner (APRN)" to "Advanced Practice Registered Nurse (APRN)," and also reclassified a Clinical Nurse Specialist as a type of APRN instead of a stand-alone occupation (*see* ch. 2018-106, Laws of Fla.).
[26] S. 464.012(1), F.S.
[27] S. 464.0123, F.S.
[28] S. 464.0095, F.S. A multi-state license allows APRNs to practice in all states that are part of the Nurse Licensure Compact
[29] S. 464.0123, F.S.
[30] S. 464.0123, F.S.