Appropriations Conference Chairs

Bump Issues

Senate Appropriations Subcommittee on Health and Human Services / House Health Care Appropriations Subcommittee

SENATE OFFER 1

Budget Spreadsheet

Implementing Bill

Tuesday, April 30, 2019
412 Knott Building

Senate Health and Human Services Appropriations/House Health Care Appropriations
2019-2020 Fiscal Year
BUMP

			HOUSE BUMP								SENATE BUMP Offer # 1								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
		HEALTH CARE ADMIN																	
42	4100025	Florida Medical Schools Quality Network			-					-			-			500,000	500,000	1,000,000	42
44	4100096	Pediatric Cardiac Technical Advisory Panel			-					-			-			150,000		150,000	44
45	4100220	Medicaid Supplemental Direct Payments			-					-			-					-	45
45A	4100420	Medical School Faculty Physician Supplemental Payments								-						12,768,954	20,893,443	33,662,397	45A
48	4101710	Graduate Medical Education Program			-					-			-			1,699,323	2,693,963	4,393,286	48
50	4105400	Establish Budget Authority for Medicaid Services			-			16,711,729	26,610,333	43,322,062			-			30,819,607	48,916,945	79,736,552	50
52	4106100	Certified Public Expenditure for Emergency Medical Services Care								-			-			21,191,500	33,595,211	54,786,711	52
53	4107190	Cancer Center Medicaid Prospective Payment Exemption			-					-			-			31,515,946	49,962,716	81,478,662	53
54	4200350	Electronic Visit Verification - Behavior Analysis			-					-			-			600,000	600,000	1,200,000	54
57	**Total**	**HEALTH CARE ADMIN**	**-**	**-**	**-**	**-**	**-**	**16,711,729**	**26,610,333**	**43,322,062**	**-**	**-**	**-**	**-**	**-**	**99,245,330**	**157,162,278**	**256,407,608**	57
58																			58
59		**PERSONS WITH DISABILITIES**																	59
85	4000550	Residential Habilitation Provider Rate Increase			6,826,820				11,615,320	18,442,140			11,108,623				17,610,671	28,719,294	85
99	4003322	Monroe Association for Remarcable Citizens			-	100,000				100,000			-					-	99
108b	*140211*	ARC Nature Coast Life Skills Center			-	250,000				250,000			-					-	108b
115	**Total**	**PERSONS WITH DISABILITIES**	**-**	**-**	**6,826,820**	**350,000**	**-**	**-**	**11,615,320**	**18,792,140**	**-**	**-**	**11,108,623**	**-**	**-**	**-**	**17,610,671**	**28,719,294**	115
116																			116
117		**CHILDREN & FAMILIES**																	117
167	4000660	Community Based Care Risk Pool				2,500,000			5,000,000	7,500,000			3,108,312				5,000,000	8,108,312	167
167a	400XXXX	Community Based Care Core Services			8,000,000					8,000,000			8,054,312					8,054,312	167a
190	4402027	Directions for Living			-	250,000				250,000			-					-	190
192	4402031	David Lawrence Center Providing Behavioral Health Services			-					-			-					-	192
207	4402082	Childnet - Behavioral Health Services			-	150,000				150,000			-					-	207
209	4402088	Personal Enrichment Mental Health Services Crisis Stabilization Unit			-					-			-					-	209
212	4600105	Road to Recovery - Modernizing Behavioral Health System			-	1,000,000				1,000,000			-					-	212
218	4600145	Family First - All Pro Dad Adoption Promotion Services			-	475,000				475,000			-					-	218
220	4600175	Child Welfare Supervisor Certification Project			-	75,000				75,000			-					-	220
241	4600555	Department of Children and Families Pharmaceutical Program			-					-			-					-	241
245	4600705	Substance Abuse Prevention and Treatment to Address Opioid Crisis			-	500,000				500,000								-	245
248	4600735	Northwest Behavioral Health Services			-	170,000				170,000			-					-	248
253	4600810	Bridgeway Center			-	100,000				100,000			-					-	253
270	**Total**	**CHILDREN & FAMILIES**	**-**	**-**	**8,000,000**	**5,220,000**	**-**	**-**	**5,000,000**	**18,220,000**	**-**	**-**	**11,162,624**	**-**	**-**	**-**	**5,000,000**	**16,162,624**	270
271																			271
272		**ELDER AFFAIRS**																	272
285	4100030	Aging Resource Centers			-	275,362			275,362	550,724			-				-	-	285
298	4100282	Center for Independent Living Central Florida, Inc. - Central Florida Health and Safety for Seniors Pilot Project			-	150,000				150,000			-	-				-	298
299	4100285	Miami Jewish Health System Memory Disorder Telemedicine Program			-	220,000				220,000			-					-	299
311	4100332	Osceola Council on Aging - Home Delivered Meals			-	50,000				50,000			-					-	311
322	*140080*	*G/A-Senior Citizen Centers- City of Miami Springs Senior Center - New Building*				750,000				750,000								-	322
325	**Total**	**ELDER AFFAIRS**	**-**	**-**	**-**	**1,445,362**	**-**	**-**	**275,362**	**1,720,724**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	325
326																			326
327		**HEALTH**																	327
363	4100020	Florida Keys Healthy Start Coalition			-	200,000				200,000			-					-	363
374	4300033	Powell Center for Rare Disease Research and Therapy			-	100,000				100,000			-	-				-	374
375	4300040	Live Like Bella Childhood Cancer Foundation			-					-			-	-				-	375
391	5300205	Nicklaus Children 's Hospital			-	100,000				100,000			-					-	391
397	6200110	Foundation for Healthy Floridians			-					-			-			-		-	397
415	**Total**	**HEALTH**	**-**	**-**	**-**	**400,000**	**-**	**-**	**-**	**400,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	415
416																			416
417		**VETERANS' AFFAIRS**																	417
444	4600190	Florida Veterans Legal Helpline				150,000				150,000			-	-				-	444
449	**Total**	**VETERANS' AFFAIRS**	**-**	**-**	**-**	**150,000**	**-**	**-**	**-**	**150,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	449
450	**Grand Total**		**-**	**-**	**14,826,820**	**7,565,362**	**-**	**16,711,729**	**43,501,015**	**82,604,926**	**-**	**-**	**22,271,247**	**-**	**-**	**99,245,330**	**179,772,949**	**301,289,526**	450

FY 2019-2020 Implementing Bill
Senate Health and Human Services Appropriations/House Health Care Appropriations
SENATE BUMP OFFER #1

Line	SB 2502 Section	HB 5003 Section	Description	Senate Bump Offer # 1
3a	NEW	N/A	**NURSING HOME MEDICAID PAYMENTS.** Section ??. Amends s. 400.179(d), F.S., related to nursing home Medicaid payments. Subsection (d) of section 400.179, Florida Statutes, is amended to read: (d) Where the transfer involves a facility that has been leased by the transferor: 1. The transferee shall, as a condition to being issued a license by the agency, acquire, maintain, and provide proof to the agency of a bond with a term of 30 months, renewable annually, in an amount not less than the total of 3 months' Medicaid payments to the facility computed on the basis of the preceding 12-month average Medicaid payments to the facility. 2. A leasehold licensee may meet the requirements of subparagraph 1. by payment of a nonrefundable fee, paid at initial licensure, paid at the time of any subsequent change of ownership, and paid annually thereafter, in the amount of 1 percent of the total of 3 months' Medicaid payments to the facility computed on the basis of the preceding 12-month average Medicaid payments to the facility. If a preceding 12-month average is not available, projected Medicaid payments may be used. The fee shall be deposited into the Grants and Donations Trust Fund and shall be accounted for separately as a Medicaid nursing home overpayment account. These fees shall be used at the sole discretion of the agency to repay nursing home Medicaid overpayments or for enhanced payments to nursing facilities as specified in the General Appropriations Act or other law. Payment of this fee shall not release the licensee from any liability for any Medicaid overpayments, nor shall payment bar the agency from seeking to recoup overpayments from the licensee and any other liable party. As a condition of exercising this lease bond alternative, licensees paying this fee must maintain an existing lease bond through the end of the 30-month term period of that bond. The agency is herein granted specific authority to promulgate all rules pertaining to the administration and management of this account, including withdrawals from the account, subject to federal review and approval. This provision shall take effect upon becoming law and shall apply to any leasehold license application. The financial viability of the Medicaid nursing home overpayment account shall be determined by the agency through annual review of the account balance and the amount of total outstanding, unpaid Medicaid overpayments owing from leasehold licensees to the agency as determined by final agency audits. By March 31 of ach year, the agency shall assess the cumulative fees collected under this subparagraph, minus any amounts used to repay nursing home Medicaid overpayments and amounts transferred to contribute to the General Revenue Fund pursuant to s. 215.20. If the net cumulative collections, minus amounts utilized to repay nursing home Medicaid overpayments, exceed $<u>10</u>~~25~~ million, the provisions of this subparagraph shall not apply for the subsequent fiscal year. 3. The leasehold licensee may meet the bond requirement through other arrangements acceptable to the agency. The agency is herein granted specific authority to promulgate rules pertaining to lease bond arrangements. 4. All existing nursing facility licensees, operating the facility as a leasehold, shall acquire, maintain, and provide proof to the agency of the 30-month bond required in subparagraph 1., above, on and after July 1, 1993, for each license renewal. 5. It shall be the responsibility of all nursing facility operators, operating the facility as a leasehold, to renew the 30-month bond and to provide proof of such renewal to the agency annually. 6. Any failure of the nursing facility operator to acquire, maintain, renew annually, or provide proof to the agency shall be grounds for the agency to deny, revoke, and suspend the facility license to operate such facility and to take any further action, including, but not limited to, enjoining the facility, asserting a moratorium pursuant to part II of chapter 408, or applying for a receiver, deemed necessary to ensure compliance with this section and to safeguard and protect the health, safety, and welfare of the facility's residents. A lease agreement required as a condition of bond financing or refinancing under s. 154.213 by a health facilities authority or required under s. 159.30 by a county or municipality is not a leasehold for purposes of this paragraph and is not subject to the bond requirement of this paragraph.	**Senate**

Line	SB 2502 Section	HB 5003 Section	Description	Senate Bump Offer # 1
3b	NEW	N/A	**MEDICAID NURSING HOME PROSPECTIVE PAYMENT.** Section ??. Amends s. 409.908, F.S., to modify the quality incentive payment parameters, effective October 1, 2019 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. (2)(a)1. Reimbursement to nursing homes licensed under part II of chapter 400 and state-owned-and-operated intermediate care facilities for the developmentally disabled licensed under part VIII of chapter 400 must be made prospectively. 2. Unless otherwise limited or directed in the General Appropriations Act, reimbursement to hospitals licensed under part I of chapter 395 for the provision of swing-bed nursing home services must be made on the basis of the average statewide nursing home payment, and reimbursement to a hospital licensed under part I of chapter 395 for the provision of skilled nursing services must be made on the basis of the average nursing home payment for those services in the county in which the hospital is located. When a hospital is located in a county that does not have any community nursing homes, reimbursement shall be determined by averaging the nursing home payments in counties that surround the county in which the hospital is located. Reimbursement to hospitals, including Medicaid payment of Medicare copayments, for skilled nursing services shall be limited to 30 days, unless a prior authorization has been obtained from the agency. Medicaid reimbursement may be extended by the agency beyond 30 days, and approval must be based upon verification by the patient's physician that the patient requires short-term rehabilitative and recuperative services only, in which case an extension of no more than 15 days may be approved. Reimbursement to a hospital licensed under part I of chapter 395 for the temporary provision of skilled nursing services to nursing home residents who have been displaced as the result of a natural disaster or other emergency may not exceed the average county nursing home payment for those services in the county in which the hospital is located and is limited to the period of time which the agency considers necessary for continued placement of the nursing home residents in the hospital. (b) Subject to any limitations or directions in the General Appropriations Act, the agency shall establish and implement a state Title XIX Long-Term Care Reimbursement Plan for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate prices shall be calculated for each patient care subcomponent, initially based on the September 2016 rate setting cost reports and subseq+D4uently based on the most recently audited cost report used during a rebasing year. The direct care subcomponent of the per diem rate for any providers still being reimbursed on a cost basis shall be limited by the cost-based class ceiling, and the indirect care subcomponent may be limited by the lower of the cost-based class ceiling, the target rate class ceiling, or the individual provider target. The ceilings and targets apply only to providers being reimbursed on a cost-based system. Effective October 1, 2018, a prospective payment methodology shall be implemented for rate setting purposes with the following parameters:	**Senate**

Line	SB 2502 Section	HB 5003 Section	Description	Senate Bump Offer # 1
			a. Peer Groups, including: (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee Counties; and (II) South-SMMC Regions 10-11, plus Palm Beach and Okeechobee Counties. b. Percentage of Median Costs based on the cost reports used for September 2016 rate setting: (I) Direct Care Costs 100 percent. (II) Indirect Care Costs 92 percent. (III) Operating Costs 86 percent. c. Floors: (I) Direct Care Component 95 percent. (II) Indirect Care Component 92.5 percent. (III) Operating Component None. d. Pass-through Payments Real Estate and Personal Property Taxes and Property Insurance. e. Quality Incentive Program Payment Pool 6.5 percent of September 2016 non-property related payments of included facilities. f. Quality Score Threshold to Quality for Quality Incentive Payment 20th percentile of included facilities. g. Fair Rental Value System Payment Parameters: (I) Building Value per Square Foot based on 2018 RS Means. (II) Land Valuation 10 percent of Gross Building value. (III) Facility Square Footage Actual Square Footage. (IV) Moveable Equipment Allowance $8,000 per bed. (V) Obsolescence Factor 1.5 percent. (VI) Fair Rental Rate of Return 8 percent. (VII) Minimum Occupancy 90 percent. (VIII) Maximum Facility Age 40 years. (IX) Minimum Square Footage per Bed 350. (X) Maximum Square Footage for Bed 500. (XI) Minimum Cost of a renovation/replacements $500 per bed. h. Ventilator Supplemental payment of $200 per Medicaid day of 40,000 ventilator Medicaid days per fiscal year. 2. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, and certified nursing assistants who deliver care directly to residents in the nursing home facility, allowable therapy costs, and dietary costs. This excludes nursing administration, staff development, the staffing coordinator, and the administrative portion of the minimum data set and care plan coordinators. The direct care subcomponent also includes medically necessary dental care, vision care, hearing care, and podiatric care. 3. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate, including complex medical equipment, medical supplies, and other allowable ancillary costs. Costs may not be allocated directly or indirectly to the direct care subcomponent from a home office or management company. 4. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility. 5. Every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider 6. A direct care supplemental payment may be made to providers whose direct care hours per patient day are above the 80th percentile and who provide Medicaid services to a larger percentage of Medicaid patients than the state average. 7. For the period beginning on October 1, 2018, and ending on September 30, 2021, the agency shall reimburse providers the greater of their September 2016 cost-based rate or their prospective payment rate. Effective October 1, 2021, the agency shall reimburse providers the greater of 95 percent of their cost-based rate or their rebased prospective payment rate, using the most recently audited cost report for each facility. This subparagraph shall expire September 30, 2023. 8. Pediatric, Florida Department of Veterans Affairs, and government-owned facilities are exempt from the pricing model established in this subsection and shall remain on a cost-based prospective payment system. Effective October 1, 2018, the agency shall set rates for all facilities remaining on a cost-based prospective payment system using each facility's most recently audited cost report, eliminating retroactive settlements.	
4	24	N/A	**MEDICAID NURSING HOME PROSPECTIVE PAYMENT.** Recognizes the prospective payment system as the reimbursement basis for Medicaid-participating nursing homes.	**Senate**

Line	SB 2502 Section	HB 5003 Section	Description	Senate Bump Offer # 1
5	25	N/A	**STATUTORY REVERSIONS.** Revisions made to ss. 409.908(2) and (23), F.S., shall revert to prior text on July 1, 2020. **Senate Modified Language:** Section 25. The text of s. 409.908(2) and (23), Florida Statutes, as carried forward from chapter 2018-10, Laws of Florida, by this act, shall expire July 1, 2020, and the text of that subsection shall revert to that in existence on October 1, 2018, not including any amendments made by chapter 2018-10, Laws of Florida, except that any amendments to such text enacted other than by this act and chapter 2018-10, Laws of Florida, shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section.	**Senate Modified**
6	26	N/A	**MEDICAID RETROACTIVE ELIGIBILITY.** Requires AHCA to seek authorization from the federal Centers for Medicare and Medicaid Services to eliminate the Medicaid retroactive eligibility period for non-pregnant adults in a manner that ensures that the modification provides eligibility will continue to begin the first day of the month in which a non-pregnant adult applies for Medicaid. **House Modified Language:** 409.904 Optional payments for eligible persons.— (12) Effective July 1, 2019, the agency shall make payments for Medicaid-covered services: (a) For eligible children and pregnant women, retroactive for a period of no more than 90 days before the month in which an application for Medicaid is submitted. (b) For eligible nonpregnant adults, retroactive to the first day of the month in which an application for Medicaid is submitted.	**House**
7	27	N/A	**MEDICAID RETROACTIVE ELIGIBILITY REPORT.** Requires the AHCA, in consultation with DCF and certain other entities, to submit a report specifying certain requirements by January 10, 2020, to the Governor, the President of the Senate, and the Speaker of the House of Representatives regarding the impact of the Medicaid retroactive eligibility waiver on beneficiaries and providers.	**Senate**
8	33-34	N/A	**DEPARTMENT OF HEALTH RULE ADOPTION.** Amends ss. 381.986 & 381.988, F.S., to provide that rules relating to medical marijuana adopted prior to July 1, 2020 are exempt from the legislative ratification provisions of s. 120.541(3), F.S.	**Senate**
16	36	N/A	**PROGRAM OF ALL-INCLUSIVE ACCESS FOR THE ELDERLY (PACE).** Expands the catchment area for Northeast Florida PACE.	**House No Language**
21a	NEW	N/A	**AHCA FISCAL AGENT CONTRACT.** Amends s. 409.912(6), F.S., to authorize the AHCA to renew its existing fiscal agent contract. **New Senate Language:** Section XX. 409.912 (6) Notwithstanding the provisions of chapter 287, the Agency for Health Care Administration may, at its discretion, renew a contract or contracts for fiscal intermediary services one or more times for such periods as the agency may decide; however, all such renewals may not combine to exceed a total period longer than the term of the original contract, with the exception of the fiscal agent contract scheduled to end in calendar year 2020, which may be extended by the agency through December 31, 2024.	**Senate**
21d	N/A	NEW	**FLORIDA HEALTHY KIDS MEDICAL LOSS RATIO.** Amends s. 624.9(5)(B)10, F.S., to read: Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. For an insurer or any provider of health care services That achieves an annual medical loss ratio below 85 percent, the Florida Healthy Kids Corporation shall validate the medical loss ratio and calculate an amount to be refunded by the insurer or any provider of health care services to the state which shall be deposited into the General Revenue Fund unallocated. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.	**House**

FY 2019-2020 Implementing Bill
Senate Health and Human Services Appropriations/House Health Care Appropriations
SENATE BUMP OFFER #1

Line	SB 2502 Section	HB 5003 Section	Description	Senate Bump Offer # 1
21e	N/A	NEW	**LOW INCOME POOL.** Amends s. 409.908(26), F.S, to include Low Income Pool payments. Requires that Letters of Agreement for LIP be received by AHCA by October 1 and the funds outlined in the Letters of Agreement be received by October 31.	**House**
21f	N/A	NEW	**APD WAIVER REDESIGN STUDY** **House Language** Section ??. Requires that if the Agency for Persons with Disabilities (APD) runs a deficit during the 2018-2019 fiscal year, the APD must work in conjunction with the Agency for Health Care Administration (AHCA) to develop a plan to redesign the waiver program. Provides for a report to House, Senate, and Governor's Office. Requires monthly status update of redesign. Provides that implementation of redesigned program must be approved by Legislature and shall occur no later than July 1, 2020. S.393.0661(10), F.S., is amended. **Modified House Language** **APD WAIVER REDESIGN STUDY.** Amends s.393.0661(1), F.S., to requires that if the Agency for Persons with Disabilities (APD) runs a deficit during the 2018-2019 fiscal year, the APD must work in conjunction with the Agency for Health Care Administration (AHCA) to develop a plan to redesign the waiver program. Provides for a report to House, Senate, and Governor's Office. Requires monthly status update of redesign. Provides that implementation of redesigned program ~~must be approved by Legislature and shall occur no later than July 1, 2020. S.393.0661(10), F.S., is amended~~. is contingent on legislative approval.	**House Modified**
21g	N/A	NEW	**CLINIC LICENSURE EXEMPTIONS:** Provides that the following entities are exempt from the licensure requirements of Part X of Chapter 400, F.S: (1) Entities that are under the common ownership or control by a mutual insurance holding company as defined in s. 628.703, F.S., with an entity licensed or certified under Chapter 624 or Chapter 641 that has $1 billion or more in total annual sales in the State of Florida. (2) Entities that are owned by a entity who is a behavioral health service provider in at least 5 states other than Florida and that, together with its affiliates, have $90 million or more in total annual revenues associated with the provision of behavioral health care services and where one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the entity and is responsible for the entity's compliance with state law for purposes of this part.	**Senate**