



Appropriations Conference Chairs

House Health Care Budget/ Senate Appropriations Committee on Health and Human Services

House Bump Offer #1

Conforming Bill

Tuesday, June 10, 2025 412 Knott Building

		House Bill 5301 - Health Care			Senate Bill 2514 - Health and Human Services			
Line	Section Number	Description	Status	Section Number	Description	Offer #1		
1		Health Care Innovation Council. Repeals s. 381.4015, F.S., the Health Care Innovation Council, a 15-member council and the revolving loan program within the Department of Health (DOH), and the revolving loan program which provides for funding for applicants seeking to implement innovative solutions, as directed by the Health Care Innovation Council.	Different			Senate		
2			Different	1	Dental Student Loan Repayment Program. Amends s. 381.4019, F.S., authorizing dental and dental hygiene students with job offers from eligible public health programs or private practices to apply for the Dental Student Loan Repayment Program prior to beginning employment.	Senate		
3	2	Casey DeSantis Cancer Research Program. Amends s. 381.915, F.S., requiring the Cancer Connect Collaborative to seek input from children's specialty hospitals and allow these hospitals to receive funding through the Cancer Innovation Fund. Also changes the submission of the long-range comprehensive plan for the Casey DeSantis Cancer Research Program from a one-time requirement to an annual requirement.	Different	2	Casey DeSantis Cancer Research Program. Amends s. 381.915, F.S., revising the Cancer Connect Collaborative's membership, establishing grant parameters and reporting requirements for the Cancer Innovation Fund, and creating a five-year Research Incubator to fund targeted cancer research.	Senate		

		House Bill 5301 - Health Care			Senate Bill 2514 - Health and Human Services	BUMP House
Line	Section Number	Description	Status	Section Number	Description	Offer #1
4	3	Graduate Medical Education. Amends s. 409.909, F.S., removing provisions allowing the Agency for Health Care Administration (AHCA) to fund up to 200 residency slots through the Slots for Doctors Program that were in existence prior to July 1, 2023, and removes certain reporting requirements related to the Graduate Medical Education (GME) Program. The bill also removes the requirement for AHCA to prioritize positions in a primary care specialty when applications exceed the number of allocated resident positions. Additionally, the bill abolishes the Graduate Medical Education Committee.	Different			House
5			Different		Bascom Palmer Eye Institute VisionGen Initiative. Amends s. 381.922, F.S., establishing the Bascom Palmer Eye Institute VisionGen Initiative within the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program in DOH to advance genetic and epigenetic research on inherited eye diseases and ocular oncology by awarding grants through the peer-reviewed, competitive process statutorily-required under the Bankhead-Coley program. The initiative is subject to the annual appropriation of funds by the Legislature.	
6		Achieved Savings Rebate. Amends s. 409.967, F.S., removing language which declares the Achieved Savings Rebate audit report as dispositive. The bill also specifies that administrative costs incurred by a Statewide Medicaid Managed Care Plan for the operation of a hospital directed payment program, is not an allowable expense in calculating income for determining the achieved savings rebate.	Different			House

		House Bill 5301 - Health Care		Senate Bill 2514 - Health and Human Services			
Line	Section Number	Description	Status	Section Number	Description	Offer #1	
7			Different	4	Medical Marijuana Use Registry. Amend s. 381. 986, F.S., requiring DOH to revoke the registration of a qualified patient or caregiver when the qualified patient or caregiver is adjudicated guilty, or pleads guilty or no contest, to a violation of ch. 893, F.S.	Senate	
8			Different	5	Child and Adolescent Mental Health System of Care. Amends s. 394.495, F.S., authorizing the Department of Children and Families to contract with Valerie's House, Inc., a mental health support program that provides free child grief support services to bereaved children and their caregivers. The contract is subject to the annual appropriation of funds by the Legislature.	House	
9			Different		Nursing Home Customer Satisfaction Surveys. Amends s. 400.0225, F.S., requiring AHCA to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. Provides requirements for the survey validity, administration, and data reporting.	Senate	
10			Different		Nursing Home Medical Director Qualifications and Patient Safety Culture Surveys. Amends s. 400.141, F.S., requiring nursing home directors to obtain designation as a certified medical director by the American Medical Directors Association, hold a comparable credential, or be in the process of seeking such designation by January 1, 2026. Also requires each nursing home to conduct, at least biennially, a patient safety culture survey using instruments developed by the federal Agency for Health Care Research and Quality.		
11			Different		Nursing Home Survey Results. Amends s. 400.191, F.S., requiring AHCA to include the results of customer satisfaction surveys in its Nursing Home Guide.	Senate	

		House Bill 5301 - Health Care		Senate Bill 2514 - Health and Human Services					
Line	Section Number	Description	Status	Section Number	Description	Offer #1			
12			Different	9	Nursing Home Electronic Health Records. Amends s. 408.051, F.S., requiring nursing homes that maintain certified electronic health records technology to make available all admission, transfer, and discharge data to the Florida Health Information Exchange.	Senate			
13			Different	10	Nursing Home Financial Reporting. Amends s. 408.061, F.S., creating a fine, effective January 1, 2026, of \$10,000 per violation against a nursing home or home office of a nursing home that fails to comply with the requirement to submit specific audited financial data to the Florida Nursing Home Uniform Reporting System (FNHURS). The bill exempts stateowned nursing homes from the FNHURS submission requirement.				
14			Different	11	Nursing Home Fines. Amends s. 408.08, F.S., clarifying that a facility fined for a FNHURS violation under s. 408.061, F.S., may not also be fined for the same violation under s. 408.08, F.S.	Senate			
15			Different	12	Nursing Home Quality Incentive Program. Amends s. 409.908, F.S., directing AHCA to include the results of the consumer satisfaction survey as a quality measure in calculating Medicaid Quality Incentive Program (QIP) payments when sufficient survey data has been collected to be statically valid. The bill also requires AHCA to submit an annual report to the Governor and Legislature on each QIP payment made and sets minimum requirements for data to include in the report.	Senate			

		House Bill 5301 - Health Care			Senate Bill 2514 - Health and Human Services	BUMP House
Line	Section Number	Description	Status	Section Number	Description	Offer #1
16			Different		Training, Education, and Clinicals in Health (TEACH) Funding Program. Amends s. 409.91256, F.S., expanding the definition of qualified facilities eligible for the TEACH Funding Program to include publicly funded nonprofits serving Medicaid recipients or other low-income patients in areas designated as health professional shortage areas and approved by AHCA. The bill also adds to the program a reimbursement rate of \$22 per hour for nursing students.	Senate
17			Different		Nursing Home Quality Incentive Program. Requires AHCA to commission a comprehensive study of nursing home quality incentive programs in other states, provides requirements for the study, and requires submission of a final report to the Governor and Legislature by December 1, 2025.	Senate
17a		Casey DeSantis Cancer Research Program. Amends s. 381.915, F.S., authorizing funding in the Casey DeSantis Research Program for cancer centers accredited as Comprehensive Community Cancer Program or Integrated Network Cancer Program. See House Bump Attachment #1				House New
17b		Medicaid Redetermination. Amends s. 409.904, F.S., requiring a continuous presumsion of Medicaid eligibility for permenantly disabled persons currently receiving Medicaid-covered services. See House Bump Attachment #2				House New

		House Bill 5301 - Health Care			Senate Bill 2514 - Health and Human Services	BUMP House
Line	Section Number	Description	Status	Section Number	Description	Offer #1
17c		PACE Designated Geographic Service Areas. Amends s. 430.84, F.S., allowing a PACE provider to operate in a geographic service area which has an existing provider, if there is a need for additional service availability, as determined by AHCA and CMS. See House Bump Attachment #3				House New
17d		Premium Assistance. Amends s. 409.977, F.S., authorizing AHCA to provide financial assistance to high-cost Medicaid recipients in excess of the Medicaid premium, if it would be cost effective to do so. See House Bump Attachment #4				House New
17e		Monthly Rate Structure for Life Skills Development Services. Directs the Agency for Health Care Administration to establish a monthly reimbursement rate for Life Skills Development Levels 3 and 4 services under the iBudget waiver, effective October 1, 2025, and authorizes budget amendments to address any resulting deficits. See House Bump Attachment #5				House New

		House Bill 5301 - Health Care			BUMP House		
Line	Section Number	Description	Status	Section Number Description			
17f		Behavioral Health Teaching Hospitals. Revises the eligibility requirements for hospitals to be designated as behavioral health teaching hospitals by updating residency and fellowship program criteria and clarifying university affiliation requirements. See House Bump Attachment #6				House New	
17g		Dental Hygienist Diode Laser. Amends s. 466.023, F.S., to allow a dental hygienist, under the general supervision of a licensed dentist, to use a dental diode laser if certain criteria are met. See House Bump Attachment #7				House New	
18	5	Effective Date. Provides an effective date of July 1, 2025.	Different	15	Effective Date. Provides an effective date of July 1, 2025, except as otherwise expressly provided in the bill.		

BILL ORIGINAL YEAR

A bill to be entitled
An act relating to; amending s. 381.93

An act relating to ; amending s. 381.915, F.S.; authorizing funding in the Casey DeSantis Cancer Research Program for certain providing an effective date.

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

Section 1. Paragraph (b) of subsection (3) of section 381.915, Florida Statutes, is amended to read:

381.915 Casey DeSantis Cancer Research Program.-

- (3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center's annual allocation calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center's tier-designated weight under subsection (4) multiplied by each of the following allocation factors based on activities in this state: number of reportable cases, peer-review costs, and biomedical education and training. As used in this section, the term:
 - (b) "Cancer center" means a comprehensive center with at

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Cancer Centers

least one geographic site in the state, a freestanding center located in the state, a center situated within an academic institution, a community cancer center accredited by the American College of Surgeons as a Comprehensive Community Cancer Program or Integrated Network Cancer Program, or a Florida-based formal research-based consortium under centralized leadership that has achieved NCI designation or is prepared to achieve NCI designation by June 30, 2024.

Section 2. This act shall take effect July 1, 2025.

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Cancer Centers

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A bill to be entitled An act relating to; amending s. 409.904, F.S.; requiring that certain Medicaid-eligible persons who receive specified Medicaid-covered services be presumed eligible for continued Medicaid coverage during redetermination processes; requiring the Agency for Health Care Administration to continue to make payments for such services; providing exceptions; requiring certain persons to notify the agency and the Department of Children and Families of certain changes in disability or economic status; authorizing the department to conduct a redetermination of eligibility under certain circumstances; requiring the department to make notifications under certain circumstances; requiring the agency to seek federal authorization to exempt certain persons from annual redetermination of eligibility; requiring the agency and the department to develop a specified process; providing an effective date.

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

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Section 1. Subsection (1) of section 409.904, Florida Statutes, is amended to read:

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409.904 Optional payments for eligible persons.—The agency

Page 1 of 3

Medicaid redeterminations (2)

may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

- (1) (a) Subject to federal waiver approval, a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services. The agency shall seek federal authorization through a waiver to provide this coverage.
- (b) 1. A person who was initially determined eligible for Medicaid under paragraph (a) and is receiving Medicaid-covered institutional care services or hospice services, or a person who is receiving home and community-based services pursuant to s.

 393.066 or s. 409.978, shall be presumed eligible for continued coverage for these Medicaid-covered services during any redetermination process, and the agency shall continue to make payments for such services, unless the person experiences a material change in disability or economic status which results

Page 2 of 3

Medicaid redeterminations (2)

in a loss of eligibility. In the event of such a change in disability or economic status, the person or his or her designated caregiver or responsible party shall notify the agency and the Department of Children and Families of such change, and the Department of Children and Families may conduct a redetermination of eligibility. If such redetermination is conducted, the Department of Children and Families must notify the person or his or her designated caregiver or responsible party before the commencement of the redetermination and, at its conclusion, the results of the redetermination.

- 2. The agency shall, no later than October 1, 2025, seek federal authorization to exempt a Medicaid-eligible disabled person from annual redetermination of eligibility pursuant to this paragraph.
- 3. The agency and the Department of Children and Families shall develop a process to facilitate the notifications required under subparagraph 1.
 - Section 2. This act shall take effect July 1, 2025.

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Medicaid redeterminations (2)

HOUSE AMENDMENT
Bill No. (2025)

Amendment No.

CHAMBER ACTION

<u>Senate</u> <u>House</u>

Representative(s) offered the following:

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Amendment (with title amendment)

Remove line(s) - and insert:

Section 1. Subsection (3) of section 430.84, Florida Statutes, is amended to read:

430.84 Program of All-Inclusive Care for the Elderly.

- (3) PACE ORGANIZATION SELECTION.—The agency, in consultation with the department, shall, on a continuous basis, review and consider applications required by the CMS for PACE that have been submitted to the agency by entities seeking initial state approval to become PACE organizations. Notice of such applications shall be published in the Florida Administrative Register.
- (a) A prospective PACE organization shall submit application documents to the agency before requesting program funding. Application documents submitted to and reviewed by the agency, in consultation with the department, must include all of the following:
- 1. Evidence that the applicant has the ability to meet all of the applicable federal regulations and requirements,

(2025)

Amendment No.

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established by the CMS, for participation as a PACE organization by the proposed implementation date.

- 2. Market studies, including an estimate of the number of potential participants and the geographic service area in which the applicant proposes to serve.
- 3. A business plan of operation, including pro forma financial statements and projections, based on the proposed implementation date.
- Each applicant must propose to serve a unique and (b) defined geographic service area. In designating a service area under a PACE program agreement, the State administering agency, may exclude from designation an area that is already covered under another PACE program agreement in order to avoid unnecessary duplication of services and avoid impairing the financial and service viability of an existing program. However, if a new applicant submits a letter of intent to establish a PACE program in an area where an existing program has been established and operating for at least 10 years, the state shall determine whether there is an unmet need that could be provided by the new program. The applicant must satisfactorily demonstrate to the State administering agency that there is justification for the proposed PACE program. All applicants must demonstrate in the application that the PACE services provided by the proposed PACE program will be comprehensive and organized to meet all state and CMS requirements. without duplication of

Amendment No.

services or target populations. No more than one PACE organization may be authorized to provide services within any unique and defined geographic service area.

- (c) Upon agency approval, a PACE organization that is authorized to provide and has received funding for PACE slots in a given geographic area may use such slots and funding to serve the needs of participants in a contiguous geographic area if such PACE organization is authorized to provide PACE services in that area.
- (d) An existing PACE organization seeking authority to serve an additional geographic service area not previously authorized by the agency or Legislature shall meet the requirements set forth in paragraphs (a) and (b).
- (e) Any prospective PACE organization that is granted initial state approval by the agency, in consultation with the department, shall submit its complete federal PACE application, in accordance with the application process and guidelines established by the CMS, to the agency and the CMS within 12 months after the date of initial state approval, or such approval is void.

Remove line(s) - and insert:

TITLE AMENDMENT

Bill No. (2025)

Amendment No.

72	amending	s.	430.8	34, F	.S.;	amends	the	geographic	area
73	requireme	ents	for	PACE	orga	anizatio	ons;		

1 A bill to be entitled

An act relating to ; amending s. 409.977, F.S.; authorizing the Agency for Health Care Administration to provide premium assistance above a certain amount if determined to be cost-effective; employer providing an effective date.

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

Section 1. Subsection (4) of section 409.977, Florida Statutes, is amended to read:

409.977 Enrollment.-

(4) The agency shall develop a process to enable a recipient with access to employer-sponsored health care coverage to opt out of all managed care plans and to use Medicaid financial assistance to pay for the recipient's share of the cost in such employer-sponsored coverage. The agency shall also enable recipients with access to other insurance or related products providing access to health care services created pursuant to state law, including any product available under the Florida Health Choices Program, or any health exchange, to opt out. The amount of financial assistance provided for each recipient may not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for that recipient. The agency shall require Medicaid recipients with access to

Page 1 of 2

Premium assistance (2)

employer-sponsored health care coverage to enroll in that coverage and use Medicaid financial assistance to pay for the recipient's share of the cost for such coverage. The amount of financial assistance provided for each recipient may not exceed the amount of the Medicaid premium that would have been paid to a managed care plan for that recipient The agency may exceed this amount for a high-cost patient if it determines it would be cost effective to do so. The agency shall annually, beginning June 30, 2026, submit an annual report on the program to the legislature including, but not limited to, the level of participation; participant demographics, income levels, type of employer-based coverage, and amount of health care utilization; and a cost-effectiveness analysis both in the aggregate and on an individual patient basis.

Section 2. This act shall take effect July 1, 2025.

Page 2 of 2

Premium assistance (2)

- S.393.066, F.S. Community services and treatment for persons with developmental disabilities.
- (9) The Agency for Health Care Administration shall amend the Florida Medicaid

 Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table to

 establish a monthly reimbursement rate, effective October 1, 2025, for Life Skills Development

 Levels 3 and 4 services provided to recipients who attend such services for at least 16 days

 during a calendar month. Providers shall continue to be reimbursed at the existing daily rate
 for recipients who attend fewer than 16 days during the calendar month.

The agency shall develop a methodology to monitor and evaluate the fiscal impact of the revised reimbursement methodology and shall submit quarterly reports to the chair of the Senate Committee on Appropriations, the chair of the House of Representatives Budget Committee, and the Governor's Office of Policy and Budget detailing the fiscal impacts realized.

The agency is authorized to submit budget amendments pursuant to chapter 216, Florida Statutes, to request the release of funds appropriated in the Home and Community-Based Services Waiver—Lump Sum category, as necessary to prevent a projected deficit resulting from increased expenditures due to the revised reimbursement methodology.

BILL ORIGINAL YEAR

A bill to be entitled

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BHTH Affiliations

An act relating to ; amending s. 395.902, F.S.; revising criteria a hospital must meet to receive a behavioral health teaching hospital designation; providing an effective date.

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

Section 1. Paragraphs (b) and (d) of subsection (2) of section 395.902, Florida Statutes, are amended to read:

395.902 Behavioral health teaching hospitals.-

- (2) To be designated as a behavioral health teaching hospital, a hospital must meet all of the following criteria:
- (b) Offer a psychiatric residency program accredited through the Residency Review Committee of the Accreditation Council of Graduate Medical Education and offer, or have filed an application for approval to establish, an accredited postdoctoral clinical psychology fellowship program.
- (d) Establish and maintain an affiliation with a university in this state with one of the accredited Florida-based medical schools listed under s. 458.3145(1)(i)1.-6., 8., or 10., to create and maintain integrated workforce development programs for students of the university's colleges or schools of medicine, nursing, psychology, social work, or public health related to the entire continuum of behavioral health care,

Page 1 of 2

including, at a minimum, screening, therapeutic and supportive services, community outpatient care, crisis stabilization, short-term residential treatment, and long-term care.

Notwithstanding paragraphs (4)(b) and (c), a university may affiliate with only one hospital. A university with an osteopathic medical school and an allopathic medical school may affiliate with no more than one hospital for each type of school.

Section 2. This act shall take effect July 1, 2025.

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BHTH Affiliations

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- 466.023 Dental hygienists; scope and area of practice.-
- (8) A dental hygienist, under the general supervision of a licensed dentist, may use a dental diode laser for the purpose of bacterial reduction or disinfection of gingival sulcus at settings that preclude hard and soft tissue removal except for incidental gingival curettage, in a manner consistent with the dental hygienist's scope of practice, if the following criteria are met:
- (a) The dental hygienist has obtained certification for the completion of an interactive didactic and clinical training course which includes laser safety, infection control, patient management, and the operation of specific lasers utilized in dental practice. The course must consist of a minimum of 12 hours of in-person instruction, including 3 hours of hours of clinical simulation training, and must be obtained through a course provided or recognized by the Commission on Dental Accreditation of the American Dental Association or an organization approved by the board.
- (b) The dental hygienist maintains evidence of obtaining the required certification which is prominently displayed at the location where the dental hygienist is authorized to utilize a dental diode laser.
- (c) The dental hygienist completes 2 hours of continuing education every 2 years on the use of dental diode lasers in the practice of dental hygiene.
- (d) The dental hygienist provides evidence of completion of the required certification and continuing education to the board.