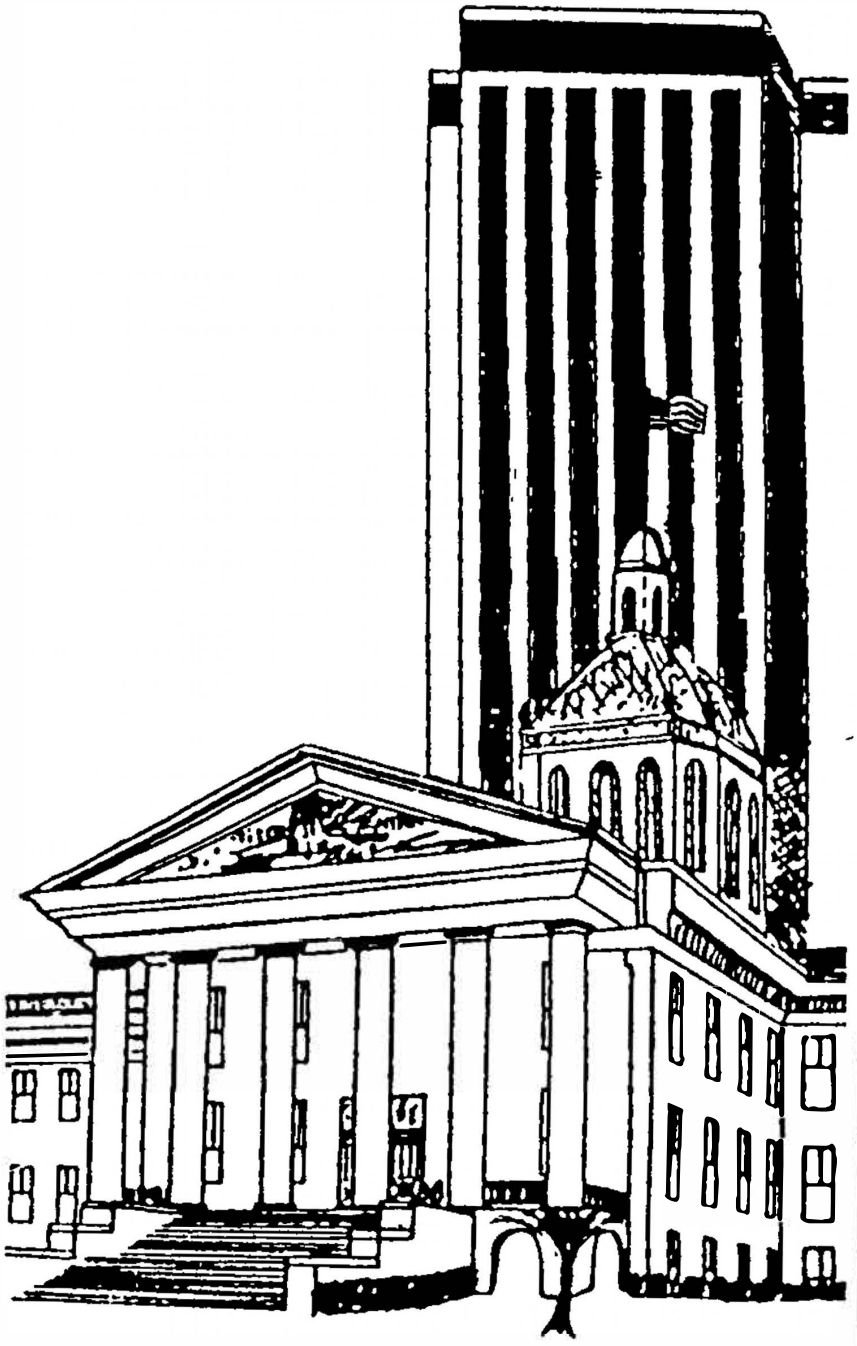
1998

Session Law 98-191

Florida Senate & House of Representatives

FLORIDA LEGISLATURE

FINAL LEGISLATIVE BILL INFORMATION "CITATOR"



1998 Regular Session
1997 Special Session A

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S 476 GENERAL BILL/CS by Transportation, Dyer; (CO-SPONSORS) Clary; Kirkpatrick (Compare 3RD ENG/H 3275, CS/H 3511, S 0606, CS/S 1218)

Driver's License Suspension, deletes certain additional suspension periods imposed for driving with suspended license or for failing to surrender driver's license to HSMV upon suspension or revocation, provides suspension or revocation of driver's licenses not to be concurrent with imprisonment, authorizes issuance of driver's license for business purposes to persons with two or more DUI convictions 10 or more years apart Amends 322 28, 271 Effective Date Upon becoming law

12/04/97 SENATE Prefiled
01/06/98 SENATE Referred to Transportation
01/13/98 SENATE On Committee agenda—Transportation, 01/22/98, 1 30 pm, Room–301C—Not considered
01/26/98 SENATE On Committee agenda—Transportation, 02/03/98, 9 00 am, Room–301C
02/03/98 SENATE Comm Action –CS by Transportation
02/05/98 SENATE Placed on Calendar
03/03/98 SENATE Introduced, referred to Transportation –SJ 00035, On Committee agenda—Transportation, 01/22/98, 1 30 pm, Room–301C—Not considered, On Committee agenda—Transportation, 02/03/98, 9 00 am, Room–301C, Comm Action –CS by Transportation –SJ 00009, CS read first time on 03/03/98 –SJ 00100, Placed on Calendar –SJ 00009
04/01/98 SENATE Placed on Special Order Calendar –SJ 00343
04/02/98 SENATE Placed on Special Order Calendar –SJ 00343
04/08/98 SENATE Placed on Special Order Calendar –SJ 00406
04/09/98 SENATE Placed on Special Order Calendar –SJ 00406
04/13/98 SENATE Placed on Special Order Calendar –SJ 00424, Read second time –SJ 00445
04/15/98 SENATE Read third time –SJ 00463, CS passed, YEAS 35 NAYS 0 –SJ 00463, Immediately certified –SJ 00463
04/15/98 HOUSE In Messages
05/01/98 HOUSE Died in Messages, Iden./Sim./Compare Bill(s) passed, refer to HB 3275 (Ch 98–223)

S 478 GENERAL BILL by Forman

Managed–Care–Subscriber/Rights, creates "Managed–Care–Subscriber's Bill of Rights & Responsibilities", specifies purpose of act, requires organization that offers managed–care plan to provide certain information about plan to prospective subscriber in the plan, requires that health–care provider observe certain standards in providing health care for subscribers in managed–care plan, provides for access to health care & medical treatment, etc Creates 641 555, 5551 Effective Date 07/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Health Care, Banking and Insurance, Ways and Means
03/03/98 SENATE Introduced, referred to Health Care, Banking and Insurance, Ways and Means –SJ 00035
05/01/98 SENATE Died in Committee on Health Care

S 480 GENERAL BILL by Klein

Controlled Substances/Child Care, corrects misplaced statutory provision re unlawful sale or possession of controlled substance within specified area surrounding child care facility, provides that certain enhanced penalties do not apply unless owner or operator of facility posts sign identifying facility as a child care facility Amends 893 13 Effective Date Upon becoming law

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Criminal Justice
01/13/98 SENATE On Committee agenda—Criminal Justice, 01/22/98, 1:30 pm, Room–A(LL–37)
01/22/98 SENATE Comm Action –Favorable by Criminal Justice
01/23/98 SENATE Placed on Calendar
03/03/98 SENATE Introduced, referred to Criminal Justice –SJ 00035, On Committee agenda—Criminal Justice, 01/22/98, 1 30 pm, Room–A(LL–37), Comm Action –Favorable by Criminal Justice –SJ 00007, Placed on Calendar –SJ 00008
03/25/98 SENATE Placed on Special Order Calendar –SJ 00303, Read second time –SJ 00296
04/01/98 SENATE Read third time –SJ 00337, Passed, YEAS 39 NAYS 0 –SJ 00337, Immediately certified –SJ 00337
04/01/98 HOUSE In Messages
05/01/98 HOUSE Died in Messages

S 482 GENERAL BILL/CS by Regulated Industries; Rossin (Similar CS/H 3063)

Educational Facilities, requires boards to prequalify bidders for construction contracts according to Education Commissioner rule, requires certification or licensure of bidders or contractors, conforms language re construction contractors, repeals certain provisions re electrical & alarm system contractors & fire protection system contractors, to conform Amends 235 31, 489 125, repeals 489 527, 633 551(5) Effective Date 07/01/1998

S 482 (CONTINUED)

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Education, Regulated Industries
01/26/98 SENATE On Committee agenda—Education, 02/04/98, 2 30 pm, Room–A(LL–37)
02/04/98 SENATE Comm Action Favorable with 1 amendment(s) by Education
02/06/98 SENATE Now in Regulated Industries
03/03/98 SENATE Introduced, referred to Education, Regulated Industries –SJ 00036, On Committee agenda—Education, 02/04/98, 2 30 pm, Room–A(LL–37), Comm Action Favorable with 1 amendment(s) by Education –SJ 00007, Now in Regulated Industries –SJ 00007, On Committee agenda—Regulated Industries, 03/05/98, 9 00 am, Room–EL
03/05/98 SENATE Comm Action –CS by Regulated Industries –SJ 00136, CS read first time on 03/09/98 –SJ 00140
03/09/98 SENATE Placed on Calendar –SJ 00136
04/01/98 SENATE Placed on Special Order Calendar –SJ 00343
04/02/98 SENATE Placed on Special Order Calendar –SJ 00343, Read second time –SJ 00367
04/08/98 SENATE Read third time –SJ 00390, CS passed, YEAS 37 NAYS 0 –SJ 00390, Immediately certified –SJ 00390
04/08/98 HOUSE In Messages
04/09/98 HOUSE Received –HJ 00518, Placed on Consent Calendar –HJ 00518
04/16/98 HOUSE Substituted for CS/HB 3063 –HJ 00648, Read second and third times –HJ 00648, CS passed, YEAS 114 NAYS 1 –HJ 00648, Immediately certified –HJ 00677
04/16/98 SENATE Ordered enrolled –SJ 00505
04/22/98 Signed by Officers and presented to Governor –SJ 00827
04/30/98 Became Law without Governor's Signature, Chapter No 98–35 –SJ 01522

S 484 GENERAL BILL/CS/CS/2ND ENG by Ways and Means; Health Care; Health Care (Similar 1ST ENG/H 4535, Compare CS/CS/CS/H 0349, CS/H 3715, CS/1ST ENG/H 3895, 1ST ENG/H 4495, CS/1ST ENG/S 0314, CS/S 0506, CS/2ND ENG/S 1114, CS/CS/CS/S 1432, CS/S 1716, CS/CS/2ND ENG/S 2524)

Health Care, amends provisions re health care responsibility for indigents, limits applicability of copayments under Primary Care for Children & Families Challenge Grant Program, provides penalty & increases existing penalties re HIV testing, provides that Health Dept is designated state agency for receiving federal funds for Child Care Food Program, names Carl S Lytle, M D , Memorial Health Facility in Marion County, etc Amends FS Appropriation $2,000,000 Effective Date 07/01/1998 except as otherwise provided

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Health Care, Ways and Means
01/12/98 SENATE On Committee agenda—Health Care, 01/22/98, 9 00 am, Room–EL
01/22/98 SENATE Comm Action CS by Health Care
01/27/98 SENATE Now in Ways and Means
03/03/98 SENATE Introduced, referred to Health Care, Ways and Means –SJ 00036, On Committee agenda—Health Care, 01/22/98, 9 00 am, Room–EL, Comm Action CS by Health Care –SJ 00008, CS read first time on 03/03/98 –SJ 00100, Now in Ways and Means –SJ 00008
03/23/98 SENATE On Committee agenda—Ways and Means, 03/26/98, 2 30 pm, Room–EL—Not considered
03/27/98 SENATE On Committee agenda—Ways and Means, 04/01/98, 12 30 pm, Room–EL
04/01/98 SENATE Comm Action.–CS/CS by Ways and Means –SJ 00408, CS read first time on 04/08/98 –SJ 00409
04/03/98 SENATE Placed on Calendar –SJ 00408
04/17/98 SENATE Placed on Special Order Calendar –SJ 00528
04/21/98 SENATE Placed on Special Order Calendar –SJ 00528
04/22/98 SENATE Placed on Special Order Calendar –SJ 00741
04/23/98 SENATE Placed on Special Order Calendar –SJ 00812, Read second time –SJ 00843, Amendment(s) adopted –SJ 00844, –SJ 00848, Ordered engrossed –SJ 00849
04/24/98 SENATE Read third time –SJ 00877, CS passed as amended, YEAS 33 NAYS 0 –SJ 00877, Immediately certified –SJ 00877
04/24/98 HOUSE In Messages
04/28/98 HOUSE Received –HJ 01443, In Government Services Council, pending ranking –HJ 01444, Substituted for HB 4535 –HJ 01512, Read second time –HJ 01512, Amendment(s) adopted –HJ 01512, Read third time –HJ 01523, CS passed as amended, YEAS 117 NAYS 0 –HJ 01523
04/28/98 SENATE In returning messages

(CONTINUED ON NEXT PAGE)

HISTORY OF SENATE BILLS

S 484 (CONTINUED)

04/30/98 SENATE Was taken up –SJ 01273, Concurred –SJ 01283, CS passed as amended, YEAS 39 NAYS 1 –SJ 01283, Ordered engrossed, then enrolled –SJ 01283
05/08/98 Signed by Officers and presented to Governor
05/24/98 Became Law without Governor's Signature, Chapter No 98–191, See also CS/SB 314 (Ch 98–89), CS/SB 1114 (Ch 98–57), CS/SB 1716 (Ch 98–151)

S 486 GENERAL BILL/CS by Criminal Justice, Silver (Similar CS/H 3571, Compare CS/H 1151, CS/S 1378)

Law Enforcement Department, provides additional authority for executive director of dept re organization of department, provides for department to be reorganized into specified programs, deletes division structure, requires department to develop & maintain information system, authorizes department to enter into contracts, deletes requirement that certain agencies inform department of persons incarcerated or released from jail, etc Amends Ch 943, 20 201, 938 07 Effective Date 07/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Criminal Justice, Governmental Reform and Oversight, Ways and Means
01/13/98 SENATE On Committee agenda—Criminal Justice, 01/22/98, 1 30 pm, Room–A(LL–37)
01/22/98 SENATE Comm Action CS by Criminal Justice
01/26/98 SENATE Now in Governmental Reform and Oversight
02/09/98 SENATE On Committee agenda—Governmental Reform and Oversight, 02/18/98, 2 30 pm, Room–309C
02/18/98 SENATE Comm Action Favorable by Governmental Reform and Oversight
02/19/98 SENATE Now in Ways and Means
03/03/98 SENATE Introduced, referred to Criminal Justice, Governmental Reform and Oversight, Ways and Means –SJ 00036, On Committee agenda—Criminal Justice, 01/22/98, 1 30 pm, Room–A(LL–37), Comm Action CS by Criminal Justice –SJ 00008, CS read first time on 03/03/98 –SJ 00100, Now in Governmental Reform and Oversight –SJ 00008, On Committee agenda—Governmental Reform and Oversight, 02/18/98, 2 30 pm, Room–309C, Comm Action Favorable by Governmental Reform and Oversight –SJ 00007, Now in Ways and Means –SJ 00007, Withdrawn from Ways and Means –SJ 00003, Placed on Calendar
03/11/98 SENATE Placed on Special Order Calendar –SJ 00148
03/18/98 SENATE Placed on Special Order Calendar –SJ 00180, Read second time –SJ 00177
03/19/98 SENATE Read third time –SJ 00218, CS passed, YEAS 38 NAYS 0 –SJ 00219, Immediately certified –SJ 00219
03/19/98 HOUSE In Messages
04/15/98 HOUSE Received –HJ 00612, Pending Consent Calendar –HJ 00612
04/17/98 HOUSE Available for Consent Calendar
04/24/98 HOUSE Placed on Consent Calendar, Substituted for CS/HB 3571 –HJ 01239, Read second time –HJ 01239
04/28/98 HOUSE Read third time –HJ 01439, CS passed, YEAS 118 NAYS 0 –HJ 01439
04/28/98 SENATE Ordered enrolled –SJ 01097
05/06/98 Signed by Officers and presented to Governor
05/22/98 Became Law without Governor's Signature, Chapter No 98–94, See also CS/HB 1151 (Ch 98–251)

S 488 GENERAL BILL by Forman

Hazardous Waste authorizes DEP to exercise control over hazardous waste corrective–action programs, redefines term "hazardous waste facility", provides legislative intent for state implementation of corrective–action provisions of federal law, provides for delegation of federal corrective–action program to dept., provides criteria for state corrective–action program for hazardous waste facilities, etc Amends Ch 403 Effective Date 07/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Natural Resources, Ways and Means
01/13/98 SENATE On Committee agenda—Natural Resources, 01/21/98, 1 30 pm, Room–A(LL–37)—Temporarily postponed
03/03/98 SENATE Introduced, referred to Natural Resources, Ways and Means –SJ 00036, On Committee agenda—Natural Resources, 01/21/98, 1 30 pm, Room–A(LL–37)—Temporarily postponed, Withdrawn from Natural Resources, Ways and Means –SJ 00003, Withdrawn from further consideration –SJ 00003

S 490 GENERAL BILL by Silver (Similar H 1547)

Health Maintenance Organizations, establishes exclusive liability of health maintenance organizations, provides additional criteria for certain provider contracts, specifies additional practices as unfair methods of competition or unfair or deceptive acts or practices, authorizes civil actions against HMOs by certain persons under certain circumstances, prohibits punitive damages

(PAGE NUMBERS REFLECT DAILY SENATE AND HOUSE JOURNALS - PLACEMENT IN FINAL BOUND JOURNALS MAY VARY)

S 490 (CONTINUED)

under certain circumstances, etc Amends 440 11, 641 28, 315, 3903, 3917 Appropriation $112,000 Effective Date 07/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Banking and Insurance, Judiciary, Ways and Means
03/03/98 SENATE Introduced, referred to Banking and Insurance, Judiciary, Ways and Means –SJ 00036
05/01/98 SENATE Died in Committee on Banking and Insurance

S 492 GENERAL BILL/CS by Community Affairs; McKay (Similar 1ST ENG/H 1555)

Property Owners/Assessment Notice, revises time for providing written notice of assessment to property owners, revises time in which value adjustment board hearing must be held, revises time for notice to petitioner of scheduled time of appearance before board Amends 170 07, 194 032 Effective Date 01/01/1999

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Community Affairs, Ways and Means
01/23/98 SENATE On Committee agenda—Community Affairs, 02/03/98, 9 00 am, Room–309C
02/03/98 SENATE Comm Action CS by Community Affairs
02/06/98 SENATE Now in Ways and Means
03/03/98 SENATE Introduced, referred to Community Affairs, Ways and Means –SJ 00036, On Committee agenda—Community Affairs, 02/03/98, 9 00 am, Room–309C, Comm Action CS by Community Affairs –SJ 00008, CS read first time on 03/03/98 –SJ 00100, Now in Ways and Means –SJ 00008, Withdrawn from Ways and Means –SJ 00003, Placed on Calendar
04/01/98 SENATE Placed on Special Order Calendar –SJ 00343
04/02/98 SENATE Placed on Special Order Calendar –SJ 00343
04/08/98 SENATE Placed on Special Order Calendar –SJ 00406
04/09/98 SENATE Placed on Special Order Calendar –SJ 00406
04/13/98 SENATE Placed on Special Order Calendar –SJ 00424
04/15/98 SENATE Placed on Special Order Calendar –SJ 00478, Read second time –SJ 00473
04/16/98 SENATE Read third time –SJ 00491, CS passed, YEAS 38 NAYS 0 –SJ 00492, Motion to reconsider –SJ 00498
04/17/98 SENATE Reconsidered –SJ 00517, House Bill substituted –SJ 00517, Laid on Table, Iden /Sim /Compare Bill(s) passed, refer to HB 1555 (Ch 98–52)

S 494 GENERAL BILL/CS by Judiciary; Silver (Similar CS/H 3301)

Domestic Violence redefines term "domestic violence" for purposes of training provided by Florida Court Educational Council, prohibits court from awarding visitation rights to parent who has been convicted of capital felony or first–degree felony that involved domestic violence, deletes requirement that victim & alleged perpetrator currently or formerly have resided in same single dwelling unity, etc Amends 25 385, 44 102, 61 13, 741 28 Effective Date 07/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Judiciary, Ways and Means
03/03/98 SENATE Introduced, referred to Judiciary, Ways and Means –SJ 00036
04/06/98 SENATE On Committee agenda—Judiciary, 04/09/98, 3 15 pm, Room–309C—Not considered
04/09/98 SENATE On Committee agenda—Judiciary, 04/14/98, 3 00 pm, Room–309C—Not considered
04/16/98 SENATE On Committee agenda—Judiciary, 04/21/98, 8 30 am, Room–309C
04/21/98 SENATE Comm Action CS by Judiciary –SJ 00868, CS read first time on 04/23/98 –SJ 00868
04/23/98 SENATE Now in Ways and Means –SJ 00868
04/24/98 SENATE Withdrawn from Ways and Means –SJ 00877, Placed on Calendar
05/01/98 SENATE Died on Calendar

S 496 GENERAL BILL by Kirkpatrick; (CO–SPONSORS) Forman (Identical H 3261)

State Employee Telecommuting Program, repeals s 3 of ch 94–113, Laws of Florida, abrogates repeal of provision which establishes state employee telecommuting program Abrogates repeal of 110 171 Effective Date 10/01/1998

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Governmental Reform and Oversight, Ways and Means
02/09/98 SENATE On Committee agenda—Governmental Reform and Oversight, 02/18/98, 2 30 pm, Room–309C
02/18/98 SENATE Comm Action Favorable by Governmental Reform and Oversight
02/19/98 SENATE Now in Ways and Means

(CONTINUED ON NEXT PAGE)

HISTORY OF SENATE BILLS

S 612 (CONTINUED)
03/03/98 SENATE Introduced, referred to Ways and Means Subcommittee E (Finance and Tax), Ways and Means, Commerce and Economic Opportunities, Community Affairs –SJ 00042
04/27/98 SENATE Withdrawn from Ways and Means Subcommittee E (Finance and Tax), Ways and Means, Commerce and Economic Opportunities, Community Affairs –SJ 00940, Rereferred to Ways and Means –SJ 00940, On Committee agenda—Ways and Means, 04/27/98, 1 15 pm, Room–EL –SJ 00940, Comm Action –Favorable with 1 amendment(s) by Ways and Means –SJ 00982, Placed on Calendar –SJ 00982
04/28/98 SENATE Placed on Special Order Calendar –SJ 01092
04/29/98 SENATE Placed on Special Order Calendar –SJ 01092
04/30/98 SENATE Placed on Special Order Calendar –SJ 01222, –SJ 01522
05/01/98 SENATE Placed on Special Order Calendar –SJ 01522, –SJ 01808, Read second time –SJ 01743, Amendment(s) adopted –SJ 01743, House Bill substituted –SJ 01743, Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to CS/HB 73 (Ch 98–290)

S 614 GENERAL BILL by McKay (Compare H 3213, S 2560)
Education/Public private Partnership, creates public–private partnership pilot program for students who have disabilities, provides intent & definitions, provides eligibility requirements for private schools, nonprofit organizations, & home education program parents; provides for flexibility in educating students, provides for payment of funds, requires certain funds to be sent to direct–support organization for specified use, provides student eligibility, etc Effective Date 07/01/1998
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Education, Ways and Means
03/03/98 SENATE Introduced, referred to Education, Ways and Means –SJ 00043
05/01/98 SENATE Died in Committee on Education

S 616 GENERAL BILL by McKay
Education/Employee Leave, provides for payment into pretax annuities for accumulated sick leave to certain employees of district school systems, limits amount of pay certain employees of district school systems may receive for unused sick leave upon termination of employment, limits amount of pay certain employees of district school systems may earn for unused vacation leave upon termination of employment, etc Amends 231 40, 481, 240 343 Effective Date 07/01/1998
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Education, Governmental Reform and Oversight, Ways and Means
03/03/98 SENATE Introduced, referred to Education, Governmental Reform and Oversight, Ways and Means –SJ 00043
05/01/98 SENATE Died in Committee on Education

S 618 GENERAL BILL by Brown–Waite (Identical H 3529)
Regional Planning Councils prescribes membership in councils Amends 186 504 Effective Date Upon becoming law
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Community Affairs, Governmental Reform and Oversight
03/03/98 SENATE Introduced, referred to Community Affairs, Governmental Reform and Oversight –SJ 00043
05/01/98 SENATE Died in Committee on Community Affairs

S 620 GENERAL BILL by Grant
Bright Futures Scholarship Program amends certain provisions re Florida Bright Futures Scholarship Program to provide for Second Chance Scholars award, provides eligibility requirements, provides amount of awards, provides renewal requirements Effective Date Contingent
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Education, Ways and Means
03/03/98 SENATE Introduced, referred to Education, Ways and Means –SJ 00043
05/01/98 SENATE Died in Committee on Education

S 622 GENERAL BILL by Meadows (Similar CS/H 0625)
Practice of Professional Biology, creates certain provisions to provide for regulation of said practice, specifies requirements for practice, creates Board of Professional Biologists within DBPR, provides rulemaking authority, requires development of test, provides for code of ethics, provides for fees & for disposition of moneys collected, requires preparation & submission of proposed budget, provides licensure requirements, etc. Creates Ch 485, amends 20 165 Effective Date 07/01/1998
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Regulated Industries, Governmental Reform and Oversight, Ways and Means

S 622 (CONTINUED)
03/03/98 SENATE Introduced, referred to Regulated Industries, Governmental Reform and Oversight, Ways and Means –SJ 00043
05/01/98 SENATE Died in Committee on Regulated Industries

S 624 GENERAL BILL by Silver
Felony Offenses/Enhanced Penalties, revises requirements for court re sentencing defendant as habitual felony offender or habitual violent felony offender Amends 775 084 Effective Date 07/01/1998
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Criminal Justice, Ways and Means
03/03/98 SENATE Introduced, referred to Criminal Justice, Ways and Means –SJ 00043
05/01/98 SENATE Died in Committee on Criminal Justice

S 626 GENERAL BILL/CS/CS by Judiciary; Regulated Industries; Silver; (CO–SPONSORS) Dyer (Similar CS/CS/H 1565, Compare CS/CS/1ST ENG/H 3321, CS/S 0336, CS/CS/2ND ENG/S 0760)
Timeshare Plans, revises provisions re scope of chapter, provides for certain rules, defines term "regulated short–term product", revises provisions re contracts for purchase of timeshare periods, requires disclosure statements for purchase agreements, revises provisions re management & assessments for common expenses, creates "Timeshare Lien Foreclosure Act", provides for registered agent, creates timeshare commissioners of deeds, etc Amends Ch. 721 Effective Date 04/30/1998
01/07/98 SENATE Prefiled
01/23/98 SENATE Referred to Regulated Industries, Judiciary
03/03/98 SENATE Introduced, referred to Regulated Industries, Judiciary –SJ 00043, On Committee agenda—Regulated Industries, 03/05/98, 9 00 am, Room–EL
03/05/98 SENATE Comm Action CS by Regulated Industries –SJ 00136, CS read first time on 03/09/98 –SJ 00140
03/09/98 SENATE Now in Judiciary –SJ 00136
03/16/98 SENATE On Committee agenda—Judiciary, 03/19/98, 10 30 am, Room–309C
03/19/98 SENATE Comm Action –CS/CS by Judiciary –SJ 00304, CS read first time on 03/25/98 –SJ 00313
03/23/98 SENATE Placed on Calendar –SJ 00304
04/01/98 SENATE Placed on Special Order Calendar –SJ 00343
04/02/98 SENATE Placed on Special Order Calendar –SJ 00343
04/08/98 SENATE Placed on Special Order Calendar –SJ 00406
04/09/98 SENATE Placed on Special Order Calendar –SJ 00406
04/13/98 SENATE Placed on Special Order Calendar –SJ 00424, Read second time –SJ 00450
04/15/98 SENATE Read third time –SJ 00467, CS passed, YEAS 38 NAYS 0 –SJ 00467, Immediately certified –SJ 00467
04/15/98 HOUSE In Messages, Received –HJ 00612, Placed on Consent Calendar –HJ 00612
04/16/98 HOUSE Substituted for CS/CS/HB 1565 –HJ 00632, Read second and third times –HJ 00632, CS passed, YEAS 113 NAYS 0 –HJ 00632, Immediately certified –HJ 00677
04/16/98 SENATE Ordered enrolled –SJ 00505
04/22/98 Signed by Officers and presented to Governor –SJ 00827
04/30/98 Became Law without Governor's Signature, Chapter No 98–36, See also CS/CS/HB 3321 (Ch 98–322) –SJ 01522

S 628 GENERAL BILL by Williams (Similar 2ND ENG/H 3077, H 3087, CS/S 1192, Compare S 1412)
Medicaid Provider Fraud (THIS BILL COMBINED IN CS/S1192,628,1412) limits scope of liability for which Medicaid benefits must be repaid, conforms cross–reference, bars certain civil actions, provides for retroactive application Amends 409 910, 624 424 Effective Date Upon becoming law
01/07/98 SENATE Prefiled
02/19/98 SENATE Referred to Rules and Calendar
03/03/98 SENATE Introduced, referred to Rules and Calendar –SJ 00043
03/16/98 SENATE On Committee agenda—Rules and Calendar, 03/19/98, 2 00 pm, Room–A(LL–37)—Temporarily postponed
03/23/98 SENATE On Committee agenda—Rules and Calendar, 03/26/98, 10 00 am, Room–A(LL–37)—Not considered
04/13/98 SENATE On Committee agenda—Rules and Calendar, 04/16/98, 2 30 pm, Room–A(LL–37)
04/16/98 SENATE CS combines this bill with 1192 & 1412 –SJ 00743, Comm Action CS by Rules and Calendar –SJ 00743, Original bill laid on Table, refer to combined CS/SB 1192 (Laid on Table in Senate), Refer to HB 3077 (Ch 98–411)

S 630 GENERAL BILL by Lee (Similar H 1055, Compare CS/CS/S 2104)
Culpable Negligence/Pack of Dogs, provides that person commits offense of exposing another to personal injury through culpable negligence, when such person knowingly has permitted person's dog to run at large as "pack of dogs," as defined, & pack of dogs inflicts significant personal injury or death of any

(CONTINUED ON NEXT PAGE)

H 3077 (CONTINUED)

04/28/98	SENATE	In returning messages
05/01/98	SENATE	Refused to concur, requested House to recede –SJ 01632
05/01/98	HOUSE	In returning messages, Receded –HJ 02390, Passed as amended, YEAS 113 NAYS 0 –HJ 02390, Ordered engrossed, then enrolled –HJ 02391
06/01/98		Signed by Officers and presented to Governor
06/17/98		Became Law without Governor's Signature, Chapter No 98–411

H 3079 LOCAL BILL by Andrews (Identical S 0056)
Relief/Julie McGinnes/Palm Beach Co , compensates Julie McGinnes for injuries & damages sustained as result of negligence of Palm Beach County Claim $1,025,000 Effective Date Upon becoming law

09/15/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Civil Justice & Claims (JC)
03/03/98	HOUSE	Introduced, referred to Civil Justice & Claims (JC) –HJ 00012
03/04/98	HOUSE	On Committee agenda—Civil Justice & Claims (JC), 03/10/98, 1 30 pm, 102–HOB
03/10/98	HOUSE	Comm Action –Unanimously Favorable by Civil Justice & Claims (JC) –HJ 00245
03/17/98	HOUSE	Placed on Calendar –HJ 00245
04/01/98	HOUSE	Placed on Local Calendar, Senate Bill substituted, Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to SB 56 (Ch 98–446) –HJ 00425

H 3081 LOCAL BILL by Casey (Similar 1ST ENG/S 0070)
Relief/Matthew White/Alachua Co , compensates Matthew White for injuries & damages sustained as result of negligence of Alachua County Sheriff's Department Claim $401,116 Effective Date Upon becoming law

09/15/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Civil Justice & Claims (JC)
03/03/98	HOUSE	Introduced, referred to Civil Justice & Claims (JC) –HJ 00012
03/04/98	HOUSE	On Committee agenda—Civil Justice & Claims (JC), 03/10/98, 1 30 pm, 102–HOB
03/10/98	HOUSE	Comm Action –Unanimously Favorable by Civil Justice & Claims (JC) –HJ 00245
03/17/98	HOUSE	Placed on Calendar –HJ 00245
04/01/98	HOUSE	Placed on Local Calendar, Senate Bill substituted, Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to SB 70 (Ch 98–448) –HJ 00425

H 3083 LOCAL BILL/CS by Civil Justice & Claims (JC); Eggelletion (Similar S 0064)
Relief/Jose & Johammes Pena/Hialeah, provides for relief of Jose Pena, as Personal Representative of Estate of Carmen Pena, deceased, & individually, as surviving father of Katherine Pena & Richard Pena, minor children of Carmen Pena & Jose Pena, deceased, provides for relief of Johammes Pena, surviving son of Carmen Pena, compensates them for death of Carmen Pena, Katherine Pena, & Richard Pena as result of negligence of City of Hialeah Claim $1,101,061 Effective Date Upon becoming law

09/15/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Civil Justice & Claims (JC)
03/03/98	HOUSE	Introduced, referred to Civil Justice & Claims (JC) –HJ 00012
03/04/98	HOUSE	On Committee agenda—Civil Justice & Claims (JC), 03/11/98, 3 45 pm, 102–HOB
03/11/98	HOUSE	Comm Action –Unanimously CS by Civil Justice & Claims (JC) –HJ 00312
03/23/98	HOUSE	CS read first time on 03/23/98 –HJ 00311, Placed on Calendar –HJ 00312
04/01/98	HOUSE	Placed on Local Calendar, Read second and third times –HJ 00425, CS passed, YEAS 91 NAYS 23 –HJ 00425
04/01/98	SENATE	In Messages
04/15/98	SENATE	Received, referred to The Special Master on Claim Bills, Community Affairs, Ways and Means –SJ 00485
05/01/98	SENATE	Died in Committee on The Special Master on Claim Bills

H 3085 LOCAL BILL/CS/1ST ENG by Civil Justice & Claims (JC); Healey (Similar CS/S 0058)
Relief/Kimberly L. Gonzalez, provides for relief of Kimberly L Gonzalez, compensates her for injuries & damages sustained as result of negligence of Palm Beach County Sheriff's Department, provides for payment of Medicaid liens Claim $71,791 Effective Date 06/17/1998

09/15/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Civil Justice & Claims (JC)
03/03/98	HOUSE	Introduced, referred to Civil Justice & Claims (JC) –HJ 00012
03/04/98	HOUSE	On Committee agenda—Civil Justice & Claims (JC), 03/10/98, 1 30 pm, 102–HOB
03/10/98	HOUSE	Comm Action –Unanimously CS by Civil Justice & Claims (JC) –HJ 00245
03/17/98	HOUSE	CS read first time on 03/17/98 –HJ 00241, Placed on Calendar –HJ 00245

H 3085 (CONTINUED)

04/01/98	HOUSE	Placed on Local Calendar, Read second and third times –HJ 00425, CS passed, YEAS 94 NAYS 22 –HJ 00425
04/01/98	SENATE	In Messages
04/15/98	SENATE	Received, referred to The Special Master on Claim Bills, Community Affairs, Ways and Means –SJ 00485
04/28/98	SENATE	Withdrawn from The Special Master on Claim Bills, Community Affairs, Ways and Means –SJ 01003, Substituted for CS/SB 58 –SJ 01003, Read second time –SJ 01003, Amendment(s) adopted –SJ 01003
04/29/98	SENATE	Read third time –SJ 01152, CS passed as amended, YEAS 38 NAYS 0 –SJ 01152
04/29/98	HOUSE	In returning messages
04/30/98	HOUSE	Concurred –HJ 01752, CS passed as amended, YEAS 106 NAYS 10 –HJ 01753, Ordered engrossed, then enrolled –HJ 01753
06/01/98		Signed by Officers and presented to Governor
06/17/98		Became Law without Governor's Signature, Chapter No 98–459

H 3087 GENERAL BILL by Geller (Similar 2ND ENG/H 3077, S 0628, CS/S 1192, Compare S 1412)
Medicaid Provider Fraud, reduces & limits scope of liability for which Medicaid benefits must be repaid, conforms cross–reference to changes made by act, provides for retroactive application Amends 409 910, 624 424 Effective Date Upon becoming law

09/15/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Governmental Rules & Regulations (GRC)
03/03/98	HOUSE	Introduced, referred to Governmental Rules & Regulations (GRC) –HJ 00013
03/19/98	HOUSE	Withdrawn from Governmental Rules & Regulations (GRC), Withdrawn from further cons ,Iden/Sim/Compare Bill(s) passed, refer to HB 3077 (Ch 98–411) –HJ 00308

H 3089 GENERAL BILL/CS/2ND ENG by Elder Affairs & Long Term Care (GSC); Brooks; Diaz de la Portilla, Littlefield, (CO–SPONSORS) Jacobs, Fasano; Feeney; Constantine; Byrd; Culp; Argenziano; Tamargo; Silver; Crist; Murman (Similar CS/CS/S 0208, Compare H 0171, CS/H 4123, 1ST ENG/H 4445, CS/S 1986)
Nursing Facility Personnel Screening; (THIS BILL COMBINES H3089,171) provides procedure for administrative hearings on certain actions to deny, suspend, or revoke nursing facility's license, requires background screening for certain nursing employees, authorizes conditional status for certain employees, requires AHCA to establish & maintain database & provide certain information, etc Amends 400 121, creates 400 215, repeals 400 211(5) Effective Date 07/01/1998

09/16/97	HOUSE	Prefiled
10/16/97	HOUSE	Referred to Elder Affairs & Long Term Care (GSC), Health & Human Services Appropriations
12/17/97	HOUSE	On Committee agenda—Elder Affairs & Long Term Care (GSC), 01/05/98, 1 00 pm, 413C—Workshop
01/16/98	HOUSE	On Committee agenda—Elder Affairs & Long Term Care (GSC), 02/02/98, Upon adjournment of Council, 413C—Not considered
01/30/98	HOUSE	On Committee agenda—Elder Affairs & Long Term Care (GSC), 02/16/98, 2 00 pm, 413C
02/16/98	HOUSE	CS combines this bill with 171, Comm Action Unanimously CS by Elder Affairs & Long Term Care (GSC)
02/26/98	HOUSE	Now in Health & Human Services Appropriations
03/03/98	HOUSE	Introduced, referred to Elder Affairs & Long Term Care (GSC), Health & Human Services Appropriations –HJ 00013, On Committee agenda—Elder Affairs & Long Term Care (GSC), 01/05/98, 1 00 pm, 413C—Workshop, On Committee agenda—Elder Affairs & Long Term Care (GSC), 02/02/98, Upon adjournment of Council, 413C—Not considered, On Committee agenda—Elder Affairs & Long Term Care (GSC), 02/16/98, 2 00 pm, 413C, CS combines this bill with 171, Comm Action Unanimously CS by Elder Affairs & Long Term Care (GSC) –HJ 00082, CS read first time on 03/03/98 –HJ 00074, Now in Health & Human Services Appropriations –HJ 00082
03/20/98	HOUSE	On Committee agenda—Health & Human Services Appropriations, 03/26/98, 9 30 am, 317C
03/26/98	HOUSE	Comm Action –Unanimously Favorable with 2 amendment(s) by Health & Human Services Appropriations –HJ 00388
03/27/98	HOUSE	Pending Consent Calendar –HJ 00388
04/01/98	HOUSE	Available for Consent Calendar
04/16/98	HOUSE	Placed on Consent Calendar, Read second time –HJ 00644, Amendment(s) adopted –HJ 00644, Read third time –HJ 00644, CS passed as amended, YEAS 113 NAYS 0 –HJ 00644, Immediately certified –HJ 00677
04/16/98	SENATE	In Messages
04/21/98	SENATE	Received, referred to Health Care, Ways and Means –SJ 00753

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CITATOR—BILLS INTRODUCED AND PASSED

(Citator reflects Florida Statute numbers listed in final passed bill—not necessarily final statutory placement. Verify with F.S. tracing tables.)

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408 08	S 314(98-89), S 1232(98-120), H 3565	S 714, H 349,
408 085	S 314(98-89), H 349,	S 714, H 3565
408 15	S 1036, S 2240, H 3355	S 1440(98-200), H 1509,
408 20	S 2128(98-166),	H 4681
408 40	S 314(98-89), H 349,	S 714, H 3565
408 50	H 349	
408 601	S 642,	H 4483(98-224)
408 602	S 642,	H 4483(98-224)
408 603	S 642,	H 4483(98-224)
408 604	S 642,	H 4483(98-224)
408 701	H 4415(98-288)	
408 702	H 1809,	H 1999
408 703	H 1809	
408 704	S 2128(98-166),	H 4681
408 705	H 1809	
408 7056	S 162, H 1437(98-256)	S 166,
408 7057	S 162,	H 1005
408 7059	H 1809	
408 706	S 1636, H 1021	S 2146,
408 904	S 402,	H 3207

FLORIDA STATUTE CHAPTER 409

409 145	S 1302, H 4833(98-280)	S 2330,
409 166	S 842,	H 1513
409 167	H 1513	
409 1671	S 352, H 3217(98-180)	S 1050,
409 1672	S 2170, H 3883	H 1019(98-403),
409 1685	S 1302,	H 4833(98-280)
409 175	S 108,	H 1849(98-29)
409 176	S 2170, H 3883	H 1019(98-403),
409 178	S 1878, H 3727,	S 2092(98-165), H 3765
409 212	S 1706(98-148), H 4517	S 1720(98-152),
409 2355	S 798,	H 3489
409 2554	S 2170, H 2113,	H 1019(98-403), H 3883
409 2557	S 2244, H 4771	H 271(98-397),
409 2558	S 2244, H 4771	H 271(98-397),
409 2559	S 2244, H 4771	H 271(98-397),
409 2561	S 2244, H 4771	H 271(98-397),
409 2564	S 1302, H 271(98-397), H 4833(98-280)	S 2244, H 4771,
409 25641	S 2244, H 4771	H 271(98-397),
409 25658	S 2244, H 4771	H 271(98-397),
409 2567	S 2244, H 4771	H 271(98-397),
409 2572	S 2244, H 2113,	H 271(98-397), H 4771
409 2575	S 2244, H 4771	H 271(98-397),
409 2576	S 2244, H 4771	H 271(98-397),
409 2577	S 2170, H 3883	H 1019(98-403),
409 2578	S 2244, H 4771	H 271(98-397),
409 2579	S 2244, H 4771	H 271(98-397),
409 2598	S 2128(98-166),	H 4681
409 2673	S 314(98-89), H 349,	S 714, H 3565
409 285	S 1720(98-152)	

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409 803	S 1302,	H 4833(98-280)
409 810	S 1228,	H 4415(98-288)
409 811	S 1228,	H 4415(98-288)
409 812	S 1228,	H 4415(98-288)
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409 8135	S 1228,	H 4415(98-288)
409 814	S 1228,	H 4415(98-288)
409 815	S 1228,	H 4415(98-288)
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409 817	S 1228,	H 4415(98-288)
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409 8177	H 4415(98-288)	
409 818	S 1228,	H 4415(98-288)
409 819	S 1228,	H 4415(98-288)
409 8195	H 4415	
409 820	S 1228,	H 4415(98-288)
409 821	H 4415	
409 903	S 484(98-191), H 1455,	S 2348, H 4535
409 904	S 1228, H 4415(98-288)	H 1455,
409 9045	S 1228	
409 905	S 314(98-89), H 349,	S 714, H 3565
409 906	S 402, S 2128(98-166), H 4415(98-288),	S 650, H 3207, H 4681
409 908	S 484(98-191), S 2128(98-166), H 4205(98-46),	S 2126, H 3973, H 4681
409 910	S 484(98-191), S 1192, H 3077(98-411), H 4535	S 628, S 1412, H 3087,
409 9113	S 314(98-89), H 349,	S 714, H 3565
409 9115	H 1833,	H 4205(98-46)
409 9116	S 268(98-14), H 1519, H 4205(98-46)	S 2502, H 1833,
409 912	S 484(98-191), S 1432, H 1019(98-403), H 3895,	S 650, S 2170, H 3883, H 4535
409 9122	S 484(98-191)	
409 91221	S 1584,	H 1843
409 9125	S 642	
409 9126	S 1228, H 1019(98-403), H 4415(98-288)	S 2170, H 3883,

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410 0245	S 2348, H 4565,	H 4121, H 4707
410 032	S 2348,	H 4707
410 502	S 2348, H 4707	H 4121,
410 504	H 4121,	H 4707
410.602	S 2348,	H 4707
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410 702	S 1786,	H 551
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410 705	S 1786,	H 551
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411 01	H 683,	H 4385
411 015	H 4387	
411 02	H 683	
411 03	H 683	
411 04	H 683	
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411 09	H 4383	

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411 201	H 683	
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411 203	H 683, H 2019	H 1991,
411 204	H 683, H 2019,	H 1991, H 4223
411 205	H 683	
411 21	H 4223	
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411 221	H 683,	H 4223
411 222	S 182, H 4223	H 683,
411 223	H 683	
411 224	H 683	
411 23	S 642,	H 683
411 231	S 642,	H 683
411 232	S 642,	H 683
411 24	H 683	
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411 243	S 798,	H 3489
411 301	H 683	
411 3015	H 683	
411 302	H 683	
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411 313	H 683	
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411 315	H 683	
411 316	H 683	
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411 45	H 683	

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413 011	S 1708(98-149), H 3147(98-19)	S 1712,
413 0115	S 1352,	H 3661(98-47)
413 034	H 4565	
413 051	S 1708(98-149),	S 1712
413 08	S 136,	H 3147(98-19)
413 20	S 2550,	H 3741
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413 405	H 1625	
413 445	H 4565	
413 49	S 188(98-12)	
413 605	S 188(98-12),	H 1625
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414 025	H 3277	
414 0252	S 1114(98-57), S 2524, H 3391	S 1984, H 2113,
414 026	S 666, S 2524, H 4679,	S 1114(98-57), H 2113, H 4753
414 0262	S 2524	
414 027	H 683, H 2113,	H 1587, H 3277
414 028	S 484(98-191), S 1984, H 683, H 3391, H 4753	S 1114(98-57), S 2524, H 2113, H 4535,
414 029	H 2113	

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(BILLS UNDERLINED HAVE PASSED BOTH CHAMBERS)
(CITATOR INCLUDES COMMITTEE SUBS & AMENDED BILLS)

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S 484 : Health Care

S 484 GENERAL BILL/CS/CS/2ND ENG by Ways and Means; Health Care; Health Care (Similar 1ST ENG/H 4535, Compare CS/CS/CS/H 0349, CS/H 3715, CS/1ST ENG/H 3895, 1ST ENG/H 4495, CS/1ST ENG/S 0314, CS/S 0506, CS/2ND ENG/S 1114, CS/CS/CS/S 1432, CS/S 1716, CS/CS/2ND ENG/S 2524)

Health Care; amends provisions re health care responsibility for indigents; limits applicability of copayments under Primary Care for Children & Families Challenge Grant Program; provides penalty & increases existing penalties re HIV testing; provides that Health Dept. is designated state agency for receiving federal funds for Child Care Food Program; names Carl S. Lytle, M.D., Memorial Health Facility in Marion County, etc. Amends FS. APPROPRIATION: $2,000,000. EFFECTIVE DATE: 07/01/1998 except as otherwise provided.

12/08/97 SENATE Prefiled
01/06/98 SENATE Referred to Health Care; Ways and Means
01/12/98 SENATE On Committee agenda-- Health Care, 01/22/98, 9:00 am, Room-EL
01/22/98 SENATE Comm. Action: CS by Health Care
01/27/98 SENATE Now in Ways and Means
03/03/98 SENATE Introduced, referred to Health Care; Ways and Means -SJ 00036; On Committee agenda-- Health Care, 01/22/98, 9:00 am, Room-EL; Comm. Action: CS by Health Care -SJ 00008; CS read first time on 03/03/98 -SJ 00100; Now in Ways and Means -SJ 00008
03/23/98 SENATE On Committee agenda-- Ways and Means, 03/26/98, 2:30 pm, Room-EL --Not considered
03/27/98 SENATE On Committee agenda-- Ways and Means, 04/01/98, 12:30 pm, Room-EL
04/01/98 SENATE Comm. Action:-CS/CS by Ways and Means -SJ 00408; CS read first time on 04/08/98 -SJ 00409
04/03/98 SENATE Placed on Calendar -SJ 00408
04/17/98 SENATE Placed on Special Order Calendar -SJ 00528
04/21/98 SENATE Placed on Special Order Calendar -SJ 00528
04/22/98 SENATE Placed on Special Order Calendar -SJ 00741
S0431SJ423 04/23/98 SENATE Placed on Special Order Calendar -SJ 00812; Read second time -SJ 00843; Amendment(s) adopted -SJ 00844, -SJ 00848; Ordered engrossed -SJ 00849
S0434SJ429 04/24/98 SENATE Read third time -SJ 00877; CS passed as amended; YEAS 33 NAYS 0 -SJ 00877; Immediately certified -SJ 00877
04/24/98 HOUSE In Messages
S0434HJ428 04/28/98 HOUSE Received -HJ 01443; In Government Services Council, pending ranking -HJ 01444; Substituted for HB 4535 -HJ 01512; Read second time -HJ 01512; Amendment(s) adopted -HJ 01512; Read third time -HJ 01523; CS passed as amended; YEAS 117 NAYS 0 -HJ 01523
04/28/98 SENATE In returning messages
04/30/98 SENATE Was taken up -SJ 01273; Concurred -SJ 01283; CS passed as amended; YEAS 39 NAYS 1 -SJ 01283; Ordered engrossed, then enrolled -SJ 01283
05/08/98 Signed by Officers and presented to Governor
05/24/98 Became Law without Governor's Signature; Chapter No. 98-191; See also CS/SB 314 (Ch. 98-89), CS/SB 1114 (Ch. 98-57), CS/SB 1716 (Ch. 98-151)

BILL TEXT: (Top)

sb0484(View As: HTML, As Printed)
sb0484c1(View As: HTML, As Printed)
sb0484c2(View As: HTML, As Printed)
sb0484e1(View As: HTML, As Printed)
sb0484e2(View As: HTML, As Printed)
sb0484er(View As: HTML, As Printed)

AMENDMENTS: (Top)

Amendment 050716: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 093180: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 170228: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 180810: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 195348: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 275840: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 304096: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 390644: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 462262: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 503020: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 590194: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 641812: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 643910: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 801288: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 872598: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 882540: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 905014: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 982044: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 802267: An Amendment to sb0484(View As: HTML,As Printed)
Amendment 984281: An Amendment to sb0484(View As: HTML,As Printed)

STAFF ANALYSIS/BILL RESEARCH: (Top)

SB0484 by hc(View As: As Printed)
SB0484 by hms(View As: As Printed)
SB0484 by wm(View As: As Printed)

VOTE HISTORY: (Top)

04/28/98
HOUSE:
SB0484 Rollcall:0137

04/24/98
SENATE:
SB0484 Rollcall:0002

04/30/98
SENATE:
SB0484 Rollcall:0016

Section 4. Subsection (18) of section 409.910, Florida Statutes, is amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid within 30 days after settlement, or to place the full amount of the third-party benefits in an interest-bearing ~~a~~ trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for

payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsection (1) of section 414.28, Florida Statutes, is amended to read:

414.28 Public assistance payments to constitute debt of recipient.--

(1) CLAIMS.--The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient. The debt thereby created is enforceable only by claim filed against the estate of the recipient after his or her death or by suit to set aside a fraudulent conveyance, as defined in subsection (3). After the death of the recipient and within the time prescribed by law, the department may file a claim against the estate of the recipient for the total amount of public assistance paid to or for the benefit of such recipient, reimbursement for which has not been made. Claims so filed shall take priority as class 3 ~~class 7~~ claims as provided by s. 733.707(1)(g).

Section 6. Section 198.30, Florida Statutes, is amended to read:

198.30 Circuit judge to furnish department with names of decedents, etc.--Each circuit judge of this state shall, on or before the 10th day of every month, notify the department of the names of all decedents; the names and addresses of the respective personal representatives, administrators, or curators appointed; the amount of the bonds, if any, required by the court; and the probable value of the estates, in all estates of decedents whose wills have been probated or propounded for probate before the circuit judge or upon which letters testamentary or upon whose estates letters of administration or curatorship have been sought or granted,

agency fails to act within the specified timeframe, the recipient's request to disenroll is deemed to be approved as of the date agency action was required. Recipients who disagree with the agency's finding that cause does not exist for disenrollment shall be advised of their right to pursue a Medicaid fair hearing to dispute the agency's finding.

(j) The agency shall apply for a federal waiver from the Health Care Financing Administration to lock eligible Medicaid recipients into a managed care plan or MediPass for 12 months after an open enrollment period. After 12 months' enrollment, a recipient may select another managed care plan or MediPass provider. However, nothing shall prevent a Medicaid recipient from changing primary care providers within the managed care plan or MediPass program during the 12-month period.

~~(k) In order to provide increased access to managed care, the agency may request from the Health Care Financing Administration a waiver of the regulation requiring health maintenance organizations to have one commercial enrollee for each three Medicaid enrollees.~~

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, the department shall reduce its recovery to take account of the cost of procuring the judgment, award, or settlement amount as provided in this section.

1. In the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from third-party benefits, excluding medical coverage as defined in sub-subparagraph d. ~~subparagraph 4.~~, after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of the amount recovered shall be as follows:

a.~~1.~~ Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.

b.~~2.~~ After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.

c.~~3.~~ The remaining amount from the recovery shall be paid to the recipient.

d. As used in ~~4. For purposes of~~ this paragraph, the term "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under

coverage for workers' compensation, personal injury protection, and casualty.

2. In the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from the third-party benefits, excluding medical coverage as defined in sub-subparagraph 1.d., after reasonable costs and expenses of litigation, is an amount more than 200 percent of the amount of medical assistance provided by Medicaid, less any medical coverage paid or payable to the department, then distribution of the amount of recovery must be computed as follows:

a. Determine the ratio of the procurement costs to the total judgment or settlement payment. Procurement costs must include reasonable costs and expenses of litigation and attorney's fees. The total amount of attorney's fees used to determine the procurement costs attributable to Medicaid must not exceed 25 percent of the award, judgment, or settlement from third-party benefits, excluding medical coverage as defined in sub-subparagraph 1.d., and after reasonable costs and expenses of litigation.

b. Apply the ratio to the Medicaid payment. The product is the Medicaid share of procurement costs.

c. Subtract the Medicaid share of procurement costs from the Medicaid payments. The remainder is the department's recovery amount.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual

knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days after receipt of settlement proceeds, the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control

Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsection (1) of section 414.28, Florida Statutes, is amended to read:

414.28 Public assistance payments to constitute debt of recipient.--

(1) CLAIMS.--The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient. The debt thereby created is enforceable only by claim filed

for disenrollment shall be advised of their right to pursue a Medicaid fair hearing to dispute the agency's finding.

(j) The agency shall apply for a federal waiver from the Health Care Financing Administration to lock eligible Medicaid recipients into a managed care plan or MediPass for 12 months after an open enrollment period. After 12 months' enrollment, a recipient may select another managed care plan or MediPass provider. However, nothing shall prevent a Medicaid recipient from changing primary care providers within the managed care plan or MediPass program during the 12-month period.

~~(k) In order to provide increased access to managed care, the agency may request from the Health Care Financing Administration a waiver of the regulation requiring health maintenance organizations to have one commercial enrollee for each three Medicaid enrollees.~~

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, the department shall reduce its recovery to take account of the cost of procuring the judgment, award, or settlement amount as provided in this section.

1. In the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from third-party benefits, excluding medical coverage as defined in sub-subparagraph d. ~~subparagraph 4.~~, after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of the amount recovered shall be as follows:

a.~~1.~~ Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.

b.~~2.~~ After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.

c.~~3.~~ The remaining amount from the recovery shall be paid to the recipient.

d. As used in ~~4. For purposes of~~ this paragraph, the term "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

2. In the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any

judgment, award, or settlement from the third-party benefits, excluding medical coverage as defined in sub-subparagraph 1.d., after reasonable costs and expenses of litigation, is an amount more than 200 percent of the amount of medical assistance provided by Medicaid, less any medical coverage paid or payable to the department, then distribution of the amount of recovery must be computed as follows:

a. Determine the ratio of the procurement costs to the total judgment or settlement payment. Procurement costs must include reasonable costs and expenses of litigation and attorney's fees. The total amount of attorney's fees used to determine the procurement costs attributable to Medicaid must not exceed 25 percent of the award, judgment, or settlement from third-party benefits, excluding medical coverage as defined in sub-subparagraph 1.d., and after reasonable costs and expenses of litigation.

b. Apply the ratio to the Medicaid payment. The product is the Medicaid share of procurement costs.

c. Subtract the Medicaid share of procurement costs from the Medicaid payments. The remainder is the department's recovery amount.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days after receipt of settlement proceeds, the full amount of the

third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsection (1) of section 414.28, Florida Statutes, is amended to read:

414.28 Public assistance payments to constitute debt of recipient.--

(1) CLAIMS.--The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient. The debt thereby created is enforceable only by claim filed against the estate of the recipient after his or her death or by suit to set aside a fraudulent conveyance, as defined in subsection (3). After the death of the recipient and within the time prescribed by law, the department may file a claim

Pursuant to Rule 4.19, **CS for SB 1440** was placed on the calendar of Bills on Third Reading

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Consideration of **CS for SB 1908** was deferred.

On motion by Senator Kurth—

CS for SB 368—A bill to be entitled An act relating to motorcycle safety education; amending s 215 22, F S , providing an exemption from a required deduction for that portion of the Highway Safety Operating Trust Fund funded by the motorcycle safety education fee; amending s 322 0255, F S ; deleting a limitation on the reimbursement of certain fees; providing an effective date

—was read the second time by title.

Pursuant to Rule 4 19, **CS for SB 368** was placed on the calendar of Bills on Third Reading

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On motion by Senator Lee, by two-thirds vote **HB 3951** was withdrawn from the Committees on Education; and Ways and Means

On motion by Senator Lee—

HB 3951—A bill to be entitled An act relating to school attendance; amending s 228 041, F S ; clarifying definition of the term "home education program", amending s 229 808, F.S., providing that definition of the term "nonpublic school" does not include home education program for purpose of survey requirements; amending s 232 01, F S , relating to school attendance, clarifying provisions relating to state or school district control of home education programs, amending s. 232 02, F S , providing that private tutoring may be used to meet regular school attendance requirements, revising provisions relating to home education programs; clarifying inspection of portfolio, providing for parental selection of method of evaluation, revising process for reporting and submitting written evaluation and test results to superintendent, creating s 232.0202, F S , providing requirements for private tutoring programs, amending s 232 021, F S , providing that attendance reporting requirements do not apply to home education programs, amending ss 232 425, 240 116, 240 321, 240 40202, 240 40205, and 240 40206, F S , correcting cross references and conforming provisions; providing an effective date

—a companion measure, was substituted for **CS for SB 2110** and read the second time by title

MOTION

On motion by Senator Bankhead, the rules were waived and time of recess was extended until completion of **HB 3951**, motions and announcements

Senator Lee moved the following amendments which were adopted.

Amendment 1 (with title amendment)—On page 3, lines 9-25, delete those lines and insert

Section 3 Paragraphs (b) and (c) of subsection (1) of section 232 01, Florida Statutes, are amended to read

232 01 School attendance —

(1)

(b) Any child who has attained the age of 6 years on or before September 1 of the school year and who has been enrolled in a public school or who has attained the age of 6 years on or before September 1 and has satisfactorily completed the requirements for kindergarten in a nonpublic school from which the district school board accepts transfer of academic credit, or who otherwise meets the criteria for admission or transfer in a manner similar to that applicable to other grades, shall progress according to the district's pupil progression plan However, nothing in this section shall authorize the state or any school district to oversee or exercise control over the curricula or academic programs of nonpublic schools *or home education programs*

(c) A child who attains the age of 16 years during the school year is not subject to compulsory school attendance beyond the date upon which he or she attains that age if the child files a formal declaration of intent to terminate school enrollment with the district school board The declaration must acknowledge that terminating school enrollment is likely to reduce the student's earning potential and must be signed by the child *and the child's parent or legal guardian.* The school district must notify the child's parent or legal guardian *of receipt* of the child's declaration of intent to terminate school enrollment A child who attains the age of 18 years during the school year is not subject to compulsory school attendance beyond the date upon which he or she attains that age

And the title is amended as follows

On page 1, line 11, after the semicolon (;) insert revising provisions relating to compulsory school attendance,

Amendment 2—On page 6, line 9, after "*teacher*" insert *, at a location and under testing conditions approved by the school district*

Pursuant to Rule 4 19, **HB 3951** as amended was placed on the calendar of Bills on Third Reading

RECESS

On motion by Senator Bankhead, the Senate recessed at 12:02 p m to reconvene at 2 45 p m.

AFTERNOON SESSION

The Senate was called to order by the President at 3 02 p m A quorum present—39:

Madam President	Crist	Holzendorf	Myers
Bankhead	Diaz-Balart	Horne	Ostalkiewicz
Bronson	Dudley	Kirkpatrick	Rossin
Brown-Waite	Dyer	Klein	Scott
Burt	Forman	Kurth	Silver
Campbell	Geller	Latvala	Sullivan
Casas	Grant	Laurent	Thomas
Childers	Gutman	Lee	Turner
Clary	Hargrett	McKay	Williams
Cowin	Harris	Meadows	

SPECIAL ORDER CALENDAR, continued

CS for CS for SB 484—A bill to be entitled An act relating to public assistance, amending s 409 908, F S , requiring the agency to establish a reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents, specifying requirements for the methodology; providing legislative intent, prescribing guidelines for Medicaid payment of Medicare deductibles and coinsurance; eliminating a prohibition on specified contracts, repealing redundant provisions, amending s. 409.912, F S , authorizing the agency to include disease-management initiatives in providing and monitoring Medicaid services, authorizing the agency to competitively negotiate home health services, authorizing the agency to seek necessary federal waivers that relate to the competitive negotiation of such services, amending s 409 9122, F S , specifying the departments that are required to make certain information available to Medicaid recipients, extending the period during which a Medicaid recipient may disenroll from a managed care plan or MediPass provider; deleting authorization for the agency to request a federal waiver from the requirement that a Medicaid managed care plan include a specified ratio of enrollees; amending s 409 910, F.S ; providing for the distribution of amounts recovered in certain tort suits involving intervention by the Agency for Health Care Administration, requiring that certain third-party benefits received by a Medicaid recipient be remitted within a specified period, amending s 414 28, F S ; revising the order under which a claim may be made against the estate of a recipient of public assistance; amending s 198 30, F S ; requiring that each circuit judge provide a report of decedents to the Agency for Health Care Administration; amending s 154 504, F.S , providing certain restrictions on the use of copayments by public health facilities, creating ss 381 0022, 402 115, F S , authorizing the Department of Health and the Department of Children and Family Services to share certain confidential information, amending s 414 028, F S , providing for a representative of a county health department or Healthy Start Coalition to serve on the local

WAGES coalition; amending s 766 101, F S ; redefining the term "medical review committee" to include a committee of the Department of Health, amending s 383 04, F S , revising the requirements for the prophylactic to be used for the eyes of infants, repealing s 383 05, F.S., relating to the free distribution of such prophylactic, providing an effective date

—was read the second time by title

Senator Bankhead moved the following amendments which were adopted.

Amendment 1—On page 5, lines 4 and 5, delete those lines and insert access to such care. *Effective no earlier than the rate-setting period beginning April 1, 1999, the agency shall establish a*

Amendment 2—On page 5, line 19, after the period ( ) insert *In the event adequate data are not available, the agency is authorized to adjust the patient's care component or the per diem rate to more adequately cover the cost of services provided in the patient's care component.*

Senator Brown-Waite moved the following amendment which was adopted.

Amendment 3 (with title amendment)—On page 7, lines 13-31, delete those lines and insert

Section 2 Paragraph (c) of subsection (4) of section 409 912, Florida Statutes, is repealed, paragraphs (b) and (d) of subsection (3) and subsection (13) of that section are amended, and subsection (34) is added to that section to read

409 912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s 287 057, designed to facilitate the cost-effective purchase of a case-managed continuum of care The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.

(3) The agency may contract with

(b) 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 by s 409 905(5) Such an entity must become licensed under chapter 624, *chapter 636,* or chapter 641 by December 31, 1998, and is exempt from the provisions of part I of chapter 641 until then However, if the entity assumes risk, the Department of Insurance shall develop appropriate regulatory requirements by rule under the insurance code before the entity becomes operational

And the title is amended as follows.

On page 1, between lines 12 and 13, insert modifying the licensure requirements for a provider of services under a pilot project;

Senator Bankhead moved the following amendment which was adopted:

Amendment 4 (with title amendment)—On page 7, line 13 through page 9, line 12, delete those lines and insert

Section 2 Paragraph (c) of subsection (4) of section 409 912, Florida Statutes, is repealed, paragraph (d) of subsection (3) and subsection (13) of that section are amended, and subsections (34) and (35) are added to that section, to read

409 912 Cost-effective purchasing of health care —The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s 287 057, designed to facilitate the cost-effective purchase of a case-managed continuum of care The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services

(3) The agency may contract with:

(d) No more than four provider service networks for demonstration projects to test Medicaid direct contracting ~~However, no such demonstration project shall be established with a federally qualified health center nor shall any provider service network under contract with the agency pursuant to this paragraph include a federally qualified health center in its provider network.~~ One demonstration project must be located in Orange County The demonstration projects may be reimbursed on a fee-for-service or prepaid basis A provider service network which is reimbursed by the agency on a prepaid basis shall be exempt from parts I and III of chapter 641, but must meet appropriate financial reserve, quality assurance, and patient rights requirements as established by the agency The agency shall award contracts on a competitive bid basis and shall select bidders based upon price and quality of care Medicaid recipients assigned to a demonstration project shall be chosen equally from those who would otherwise have been assigned to prepaid plans and MediPass The agency is authorized to seek federal Medicaid waivers as necessary to implement the provisions of this section A demonstration project awarded pursuant to this paragraph shall be for 2 years from the date of implementation

(13) The agency shall identify health care utilization and price patterns within the Medicaid program *which* ~~that~~ are not cost-effective or medically appropriate and assess the effectiveness of new or alternate methods of providing and monitoring service, and may implement such methods as it considers appropriate *Such methods may include disease-management initiatives, an integrated and systematic approach for managing the health care needs of recipients who are at risk of or diagnosed with a specific disease by using best practices, prevention strategies, clinical-practice improvement, clinical interventions and protocols, outcomes research, information technology, and other tools and resources to reduce overall costs and improve measurable outcomes*

(34) The agency may provide for cost-effective purchasing of home health services through competitive negotiation pursuant to s 287 057 The agency may request appropriate waivers from the federal Health Care Financing Administration in order to competitively bid home health services

(35) The Agency for Health Care Administration is directed to issue a request for proposal or intent to negotiate to implement on a demonstration basis an outpatient specialty services pilot project in a rural and urban county in the state. As used in this subsection, the term "outpatient specialty services" means clinical laboratory, diagnostic imaging, and specified home medical services to include durable medical equipment, prosthetics and orthotics, and infusion therapy

(a) The entity that is awarded the contract to provide Medicaid managed care outpatient specialty services must, at a minimum, meet the following criteria.

1 The entity must be licensed by the Department of Insurance under part II of chapter 641

2. The entity must be experienced in providing outpatient specialty services

3 The entity must demonstrate to the satisfaction of the agency that it provides high-quality services to its patients

4. The entity must demonstrate that it has in place a complaints and grievance process to assist Medicaid recipients enrolled in the pilot managed care program to resolve complaints and grievances

(b) The pilot managed care program shall operate for a period of 3 years The objective of the pilot program shall be to determine the cost-effectiveness and effects on utilization, access, and quality of providing outpatient specialty services to Medicaid recipients on a prepaid, capitated basis

(c) The agency shall conduct a quality-assurance review of the prepaid health clinic each year that the demonstration program is in effect. The prepaid health clinic is responsible for all expenses incurred by the agency in conducting a quality assurance review

(d) The entity that is awarded the contract to provide outpatient specialty services to Medicaid recipients shall report data required by the agency in a format specified by the agency, for the purpose of conducting the evaluation required in paragraph (e)

(e) The agency shall conduct an evaluation of the pilot managed care program and report its findings to the Governor and the Legislature by no later than January 1, 2001

(f) Nothing in this subsection is intended to conflict with the provision of the 1997-1998 General Appropriations Act which authorizes competitive bidding for Medicaid home health, clinical laboratory, or x-ray services

And the title is amended as follows

On page 1, line 19, after the semicolon (;) insert directing the Agency for Health Care Administration to establish an outpatient specialty services pilot project, providing definitions; providing criteria for participation; requiring an evaluation and a report to the Governor and Legislature;

Senator Myers moved the following amendment which was adopted

Amendment 5 (with title amendment)—On page 10, lines 4-24, delete those lines and insert The agency shall develop rules to establish policies by which exceptions to the mandatory managed care enrollment requirement may be made on a case-by-case basis The rules shall include the specific criteria to be applied when making a determination as to whether to exempt a recipient from mandatory enrollment in a managed care plan or MediPass School districts participating in the certified school match program pursuant to ss 236 0812 and 409 908(21) shall be reimbursed by Medicaid, subject to the limitations of s 236 0812(1) and (2), for a Medicaid-eligible child participating in the services as authorized in s 236 0812, as provided for in s 409 9071, regardless of whether the child is enrolled in MediPass or a managed care plan Managed care plans shall make a good faith effort to execute agreements with school districts ~~and county health departments~~ regarding the coordinated provision of services authorized under s 236 0812 *County health departments delivering school-based services pursuant to ss 381.0056 and 381.0057 shall be reimbursed by Medicaid, subject to s. 409 908(19), for a Medicaid-eligible child participating in the services as authorized in s. 381 0056 and 381 0057, regardless of whether the child is enrolled in MediPass or a managed care plan. Managed care plans shall make a good faith effort to execute agreements with county health departments regarding the coordinated provision of services authorized under ss. 381.0056 and 381.0057* To ensure continuity of care for Medicaid patients, the agency, *the Department of Health,* and the Department of Education shall develop procedures for ensuring that a student's managed care plan or MediPass provider receives information relating to services provided in accordance with ss 236 0812, *381.0056, 381 0057,* and 409 9071

And the title is amended as follows

On page 1, line 20, after the semicolon (;) insert requiring the Agency for Health Care Administration to reimburse county health departments for school-based services, requiring Medicaid managed-care contractors to attempt to enter agreements with school districts and county health departments for specified services;

Senator Bankhead moved the following amendments which were adopted:

Amendment 6—On page 7, line 8, before the period (.) insert *provided by ambulances licensed pursuant to chapter 401*

Amendment 7—On page 15, line 28 through page 17, line 21, delete those lines and insert

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party *which results in a* ~~and in which the amount of any~~ judgment, award, or settlement from *a third party,* ~~third party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be *distributed* as follows

1 After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2 The remaining amount of the recovery shall be paid to the recipient.

3 For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

4 Notwithstanding any provision of this section to the contrary, the department shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid.

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

~~4.~~ For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

Amendment 8—On page 21, lines 14-21, delete those lines and insert.

381 0022 Sharing confidential or exempt information.—Notwithstanding any other provision of law to the contrary, the Department of Health and the Department of Children and Family Services may share confidential information or information exempt from disclosure under chapter 119 on any individual who is or has been the subject of a program within the jurisdiction of each agency Information so exchanged remains confidential or exempt as provided by law

Amendment 9—On page 21, lines 24-31, delete those lines and insert

402.115 Sharing confidential or exempt information.—Notwithstanding any other provision of law to the contrary, the Department of Health and the Department of Children and Family Services may share confidential information or information exempt from disclosure under chapter 119 on any individual who is or has been the subject of a program within the jurisdiction of each agency Information so exchanged remains confidential or exempt as provided by law.

Senator Sullivan moved the following amendment which was adopted

Amendment 10 (with title amendment)—On page 25, between lines 2 and 3, insert

Section 14 *The amount of $2 million is appropriated from tobacco settlement revenues to the Grants and Donations Trust Fund of the Agency for Health Care Administration to be matched at an appropriate level with federal Medicaid funds available under Title XIX of the Social Security Act to provide prosthetic and orthotic devices for Medicaid recipients when such devices are prescribed by licensed practitioners participating in the Medicaid program*

(Redesignate subsequent sections.)

And the title is amended as follows.

On page 2, line 27, after the semicolon (;) insert providing an appropriation to be matched by federal Medicaid funds,

~~maintenance organizations to have one commercial enrollee for each three Medicaid enrollees.~~

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a ~~and in which the amount of any~~ judgment, award, or settlement from a third party, ~~third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

4. Notwithstanding any provision of this section to the contrary, the department shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid.

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

~~4.~~ For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits

under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days after receipt of settlement proceeds, the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state

attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsection (1) of section 414.28, Florida Statutes, is amended to read:

414.28 Public assistance payments to constitute debt of recipient.--

(1) CLAIMS.--The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient. The debt thereby created is enforceable only by claim filed against the estate of the recipient after his or her death or

insert

Section 2 Subsection (1) of section 194 035, Florida Statutes, is amended to read

194 035 Special masters; property evaluators —

(1) The board is authorized to appoint special masters, *with regard to questions of both valuation and law,* for the purpose of taking testimony and making recommendations to the board, which recommendations the board may act upon without further hearing Such special masters may not be elected or appointed officials or employees of the county but shall be selected from a list of those qualified individuals who are willing to serve as special masters The clerk of the board shall annually notify such individuals or their professional associations to make known to them that opportunities to serve as special masters exist A special master *making recommendations on questions of law must* ~~shall~~ be ~~either~~ a member of The Florida Bar and knowledgeable in the area of ad valorem taxation, *and a special master making recommendations on questions of valuation must be* ~~or~~ a designated member of a professionally recognized ~~real estate~~ appraisers' organization and have not less than 5 years' experience in property valuation A special master need not be a resident of the county in which he or she serves No special master shall be permitted to represent a person before the board in any tax year during which he or she has served that board as a special master The board shall appoint such masters from the list so compiled prior to convening of the board The expense of hearings before special masters and any compensation of special masters shall be borne three-fifths by the board of county commissioners and two-fifths by the school board

And the title is amended as follows

On page 1, line 5, after the semicolon

insert amending s 194 035, F S , providing for appointment of special masters to take testimony and make recommendations on questions of valuation and law and providing requirements for such appointments,

Rep Tamargo moved the adoption of the amendment, which was adopted by the required two-thirds vote

The question recurred on the passage of HB 4779 The vote was:

Yeas—116

The Chair	Constantine	Horan	Prewitt, D
Albright	Cosgrove	Jacobs	Pruitt, K
Alexander	Crist	Jones	Putnam
Andrews	Crow	Kelly	Rayson
Argenziano	Culp	King	Reddick
Arnall	Dawson-White	Kosmas	Ritchie
Arnold	Dennis	Lacasa	Ritter
Bainter	Diaz de la Portilla	Lawson	Roberts-Burke
Ball	Dockery	Lippman	Rodriguez-Chomat
Barreiro	Edwards	Littlefield	Rojas
Betancourt	Effman	Livingston	Safley
Bitner	Eggelletion	Logan	Sanderson
Bloom	Fasano	Lynn	Saunders
Boyd	Feeney	Mackenzie	Sembler
Bradley	Fischer	Mackey	Silver
Brennan	Flanagan	Maygarden	Sindler
Bronson	Frankel	Meek	Smith
Brooks	Fuller	Melvin	Spratt
Brown	Futch	Merchant	Stabins
Bullard	Garcia	Miller	Stafford
Burroughs	Gay	Minton	Starks
Bush	Gottlieb	Morroni	Sublette
Byrd	Hafner	Morse	Tamargo
Carlton	Harrington	Murman	Thrasher
Casey	Healey	Ogles	Tobin
Chestnut	Heyman	Peaden	Trovillion
Clemons	Hill	Posey	Turnbull
Valdes	Wallace	Wasserman Schultz	Wise
Villalobos	Warner	Westbrook	Ziebarth

Nays—None

Excused from time to time for Conference Committee—Bitner, Bradley, Byrd, Clemons, Lippman, Safley, Thrasher, Warner

Votes after roll call
Yeas—Goode, Wiles

So the bill passed, as amended, and was immediately certified to the Senate after engrossment

HB 4535 was taken up On motion by Rep Albright, the rules were suspended and—

CS for CS for SB 484—A bill to be entitled An act relating to public assistance, amending s 409 908, F S ; requiring the agency to establish a reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents, specifying requirements for the methodology; providing legislative intent, prescribing guidelines for Medicaid payment of Medicare deductibles and coinsurance, eliminating a prohibition on specified contracts, repealing redundant provisions, amending s 409 912, F S ; authorizing the agency to include disease-management initiatives in providing and monitoring Medicaid services; authorizing the agency to competitively negotiate home health services, authorizing the agency to seek necessary federal waivers that relate to the competitive negotiation of such services, directing the Agency for Health Care Administration to establish an outpatient specialty services pilot project, providing definitions; providing criteria for participation, requiring an evaluation and a report to the Governor and Legislature, modifying the licensure requirements for a provider of services under a pilot project, amending s 409 9122, F S , requiring the Agency for Health Care Administration to reimburse county health departments for school-based services, requiring Medicaid managed-care contractors to attempt to enter agreements with school districts and county health departments for specified services, specifying the departments that are required to make certain information available to Medicaid recipients, extending the period during which a Medicaid recipient may disenroll from a managed care plan or MediPass provider, deleting authorization for the agency to request a federal waiver from the requirement that a Medicaid managed care plan include a specified ratio of enrollees, amending requirements for the mandatory assignment of Medicaid recipients, amending s 409.910, F S ; providing for the distribution of amounts recovered in certain tort suits involving intervention by the Agency for Health Care Administration, requiring that certain third-party benefits received by a Medicaid recipient be remitted within a specified period, amending s 414 28, F S , revising the order under which a claim may be made against the estate of a recipient of public assistance, amending s 198 30, F S ; requiring that each circuit judge provide a report of decedents to the Agency for Health Care Administration, amending s 154 504, F S , providing certain restrictions on the use of copayments by public health facilities; creating ss 381 0022, 402 115, F S ; authorizing the Department of Health and the Department of Children and Family Services to share certain confidential information, amending s 414 028, F S , providing for a representative of a county health department or Healthy Start Coalition to serve on the local WAGES coalition; amending s 766 101, F S., redefining the term "medical review committee" to include a committee of the Department of Health; amending s 383 011, F S ; providing that the Department of Health is the designated state agency for receiving federal funds for the Child Care Food Program, requiring the department to adopt rules for administering the program, amending s 383 04, F.S , revising the requirements for the prophylactic to be used for the eyes of infants, repealing s 383 05, F S , relating to the free distribution of such prophylactic; amending s 409 903, F.S , providing Medicaid eligibility standards for certain persons, conforming references; providing an appropriation to be matched by federal Medicaid funds; providing an effective date

—was substituted for HB 4535 and read the second time by title Under Rule 99, the House bill was laid on the table.

Representative(s) Albright offered the following:

Amendment 1 (with title amendment)—
Remove from the bill Everything after the enacting clause

and insert in lieu thereof

Section 1. *The Legislature finds that the provisions of this act which amend ss 154.301 through 154 316, Florida Statutes, fulfill the important state interest of promoting the legislative intent of the Florida Health Care Responsibility Act, as that intent is expressed in s 154 302, Florida Statutes*

Section 2 Section 154 301, Florida Statutes, is amended to read

154.301 Short title —Sections 154 301-154 316 may be cited as "The Florida Health Care Responsibility Act ~~of 1988~~ "

Section 3 Section 154 302, Florida Statutes, is amended to read.

154 302 Legislative intent —The Legislature finds that certain hospitals provide a disproportionate share of charity care for persons who are indigent, ~~and~~ not able to pay their medical bills, and ~~who are~~ not eligible for government-funded programs The burden of absorbing the cost of this uncompensated charity care is borne by the hospital, the private pay patients, and, many times, by the taxpayers in the county when the hospital is subsidized by tax revenues The Legislature further finds that it is inequitable for hospitals and taxpayers of one county to be expected to subsidize the care of out-of-county indigent persons Finally, the Legislature declares that the state and the counties must share the responsibility of assuring that adequate and affordable health care is available to all Floridians Therefore, it is the intent of the Legislature to place the ultimate financial obligation for the out-of-county hospital care of qualified indigent patients on the county in which the indigent patient resides

Section 4 Section 154 304, Florida Statutes, is amended to read:

154.304 Definitions.—*As used in this part, the term* ~~For the purpose of this act~~:

(1) "Agency" means the Agency for Health Care Administration

~~(1) "Board" means the Health Care Board as established in chapter 408~~

(2) "Certification determination procedures" means the process used by the county of residence or the *agency* ~~department~~ to determine a person's county of residence

(3) "Certified resident" means a United States citizen or lawfully admitted alien who has been certified as a resident of the county by a person designated by the county governing body to provide certification determination procedures for the county in which the patient resides; by the *agency* ~~department~~ if such county does not make a determination of residency within 60 days *after* ~~of~~ receiving a certified letter from the treating hospital; or by the *agency* ~~department~~ if the hospital appeals the decision of the county making such determination

(4) "Charity care obligation" means the minimum amount of uncompensated charity care as reported to the agency ~~for Health Care Administration~~, based on the hospital's most recent audited actual experience, which must be provided by a participating hospital or a regional referral hospital before the hospital is eligible to be reimbursed by a county under ~~the provisions of~~ this *part* ~~act~~ That amount shall be the ratio of uncompensated charity care days compared to total acute care inpatient days, which shall be equal to or greater than 2 percent

(5) "Department" means the Department of Health

(6) "Eligibility determination procedures" means the process used by a county or the *agency* ~~department~~ to evaluate a person's financial eligibility, eligibility for state-funded or federally funded programs, and the availability of insurance, in order to document a person as a qualified indigent for the purpose of this *part* ~~act~~

(7) "Hospital," ~~for the purposes of this act,~~ means an establishment as defined in s 395 002 and licensed by the *agency* ~~department~~ which qualifies as either a participating hospital or as a regional referral hospital pursuant to this section; except that, hospitals operated by the department shall not be considered participating hospitals for purposes of this *part* ~~act~~

(8) "Participating hospital" means a hospital which is eligible to receive reimbursement under the provisions of this *part* ~~act~~ because it has been certified by the *agency* ~~board~~ as having met its charity care obligation and has either

(a) A formal signed agreement with a county or counties to treat such county's indigent patients; or

(b) Demonstrated to the *agency* ~~board~~ that at least 2.5 percent of its uncompensated charity care, as reported to the *agency* ~~board~~, is generated by out-of-county residents

(9) "Qualified indigent person" or "qualified indigent patient" means a person who has been determined pursuant to s 154 308 to have an average family income, for the 12 months preceding the determination, which is below 100 percent of the federal nonfarm poverty level, who is not eligible to participate in any other government program *that* ~~which~~ provides hospital care, who has no private insurance or has inadequate private insurance; and who does not reside in a public institution as defined under the medical assistance program for the needy under Title XIX of the Social Security Act, as amended

(10) "Regional referral hospital" means any hospital *that* ~~which~~ is eligible to receive reimbursement under the provision of this *part* ~~act~~ because it has met its charity care obligation and it meets the definition of teaching hospital as defined in s 408 07

Section 5 Section 154 306, Florida Statutes, is amended to read:

154.306 Financial responsibility for certified residents who are qualified indigent patients treated at an out-of-county participating hospital or regional referral hospital —Ultimate financial responsibility for treatment received at a participating hospital or a regional referral hospital by a qualified indigent patient who is a certified resident of a county in the State of Florida, but is not a resident of the county in which the participating hospital or regional referral hospital is located, *is* ~~shall be~~ the obligation of the county of which the qualified indigent patient is a resident. Each county *shall* ~~is directed to~~ reimburse participating hospitals or regional referral hospitals as provided for in this *part* ~~act~~, and shall provide or arrange for indigent eligibility determination procedures and resident certification determination procedures as provided for in rules developed to implement this *part* ~~act~~ The *agency* ~~department~~, or any county determining eligibility of a qualified indigent, shall provide to the county of residence, upon request, a copy of any documents, forms, or other information, as determined by rule, which may be used in making an eligibility determination

(1) A county's financial obligation for each certified resident who qualifies as an indigent patient under this *part* ~~act~~, and who has received treatment at an out-of-county hospital, shall not exceed 45 days per county fiscal year at a rate of payment equivalent to 100 percent of the per diem reimbursement rate currently in effect for the out-of-county hospital under the medical assistance program for the needy under Title XIX of the Social Security Act, as amended, except that those counties that are at their 10-mill cap on October 1, 1991, shall reimburse hospitals for such services at not less than 80 percent of the hospital Medicaid per diem However, nothing in this section shall preclude a hospital *that* ~~which~~ has a formal signed agreement with a county to treat such county's indigents from negotiating a higher or lower per diem rate with the county ~~In addition,~~ No county shall be required ~~by this act~~ to pay more than the equivalent of $4 per capita in the county's fiscal year The *agency* ~~department~~ shall calculate and certify to each county by March 1 of each year, the maximum amount the county may be required to pay ~~under this act~~ by multiplying the most recent official state population estimate for the total population of the county by $4 per capita Each county shall certify to the *agency* ~~department~~ within 60

networks and 50 percent in managed care plans is achieved. Once equal enrollment is achieved, the assignments shall be divided in order to maintain an equal enrollment in MediPass and managed care plans for the 1998-99 fiscal year. ~~In the first period that assignment begins, the assignments shall be divided equally between the MediPass program and managed care plans.~~ Thereafter, assignment of Medicaid recipients who fail to make a choice shall be based proportionally on the preferences of recipients who have made a choice in the previous period Such proportions shall be revised at least quarterly to reflect an update of the preferences of Medicaid recipients When making assignments, the agency shall take into account the following criteria.

1 A managed care plan has sufficient network capacity to meet the need of members

2 The managed care plan or MediPass has previously enrolled the recipient as a member, or one of the managed care plan's primary care providers or MediPass providers has previously provided health care to the recipient

3 The agency has knowledge that the member has previously expressed a preference for a particular managed care plan or MediPass provider as indicated by Medicaid fee-for-service claims data, but has failed to make a choice

4 The managed care plan's or MediPass primary care providers are geographically accessible to the recipient's residence

(i) After a recipient has made a selection or has been enrolled in a managed care plan or MediPass, the recipient shall have *90* ~~60~~ days in which to voluntarily disenroll and select another managed care plan or MediPass provider After *90* ~~60~~ days, no further changes may be made except for cause Cause shall include, but not be limited to, poor quality of care, lack of access to necessary specialty services, an unreasonable delay or denial of service, or fraudulent enrollment The agency shall develop criteria for good cause disenrollment for chronically ill and disabled populations who are assigned to managed care plans if more appropriate care is available through the MediPass program. The agency must make a determination as to whether cause exists However, the agency may require a recipient to use the managed care plan's or MediPass grievance process prior to the agency's determination of cause, except in cases in which immediate risk of permanent damage to the recipient's health is alleged The grievance process, when utilized, must be completed in time to permit the recipient to disenroll no later than the first day of the second month after the month the disenrollment request was made If the managed care plan or MediPass, as a result of the grievance process, approves an enrollee's request to disenroll, the agency is not required to make a determination in the case The agency must make a determination and take final action on a recipient's request so that disenrollment occurs no later than the first day of the second month after the month the request was made. If the agency fails to act within the specified timeframe, the recipient's request to disenroll is deemed to be approved as of the date agency action was required Recipients who disagree with the agency's finding that cause does not exist for disenrollment shall be advised of their right to pursue a Medicaid fair hearing to dispute the agency's finding

~~(ii) In order to provide increased access to managed care, the agency may request from the Health Care Financing Administration a waiver of the regulation requiring health maintenance organizations to have one commercial enrollee for each three Medicaid enrollees.~~

Section 30 Paragraph (f) of subsection (12) and subsection (18) of section 409 910, Florida Statutes, are amended to read

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable —

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party *which results in a* ~~and in which the amount of any~~ judgment, award, or settlement from *a third party,* ~~third party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be *distributed* as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

4. Notwithstanding any provision of this section to the contrary, the department shall be entitled to all medical coverage benefits up to the total amount of medical assistance provided by Medicaid

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

~~4.~~ For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, *within 60 days after receipt of settlement proceeds,* the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s 414 39(4)(b), and acted with the intent set forth in s 812 014(1)

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected

criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss 409 325 and 812 014 Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney Pursuant to s 409 913, the Attorney General has primary responsibility to investigate and control Medicaid fraud

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s 119 07(1)

1 Until such time as the department takes final agency action,

2 Until such time as the Attorney General refers the case for criminal prosecution,

3 Until such time as an indictment or criminal information is filed by a state attorney in a criminal case, or

4 At all times if otherwise protected by law

Section 31. Subsection (1) of section 414 28, Florida Statutes, is amended to read·

414.28 Public assistance payments to constitute debt of recipient —

(1) CLAIMS —The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient The debt thereby created is enforceable only by claim filed against the estate of the recipient after his or her death or by suit to set aside a fraudulent conveyance, as defined in subsection (3) After the death of the recipient and within the time prescribed by law, the department may file a claim against the estate of the recipient for the total amount of public assistance paid to or for the benefit of such recipient, reimbursement for which has not been made Claims so filed shall take priority as *class 3* ~~class 7~~ claims as provided by s 733 707(1)(g)

Section 32 Subsection (1) of section 627 912, Florida Statutes, is amended, and subsection (5) is added to said section, to read·

627 912 Professional liability claims and actions, reports by insurers —

(1) Each self-insurer authorized under s 627 357 and each insurer or joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatrist licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, to an ambulatory surgical center as defined in s 395 002, or to a member of The Florida Bar shall report in duplicate to the Department of Insurance any claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent, if the claim resulted in

(a) A final judgment in any amount

(b) A settlement in any amount.

~~(c) A final disposition not resulting in payment on behalf of the insured.~~

Reports shall be filed with the department and, if the insured party is licensed under chapter 458, chapter 459, chapter 461, or chapter 466, with the Agency for Health Care Administration, no later than 30 days following the occurrence of any event listed in paragraph (a) *or* paragraph (b) ~~, or paragraph (c)~~ The Agency for Health Care Administration shall review each report and determine whether any of the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary action, in which case the provisions of s 455 225 shall apply The Agency for Health Care Administration, as part of the annual report required by s 455 2285, shall publish annual statistics, without identifying licensees, on the reports it receives, including final action taken on such reports by the agency or the appropriate regulatory board

(5) Any self-insurance program established under s 240 213 shall report in duplicate to the Department of Insurance any claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of professional services provided by the Board of Regents through an employee or agent of the Board of Regents, including practitioners of medicine licensed under chapter 458, practitioners of osteopathic medicine licensed under chapter 459, podiatrists licensed under chapter 461, and dentists licensed under chapter 466, or based on a claimed performance of professional services without consent if the claim resulted in a final judgment in any amount, or a settlement in any amount. The reports required by this subsection shall contain the information required by subsection (3) and the name, address, and specialty of the employee or agent of the Board of Regents whose performance or professional services is alleged in the claim or action to have caused personal injury

Section 33 *Upon completion, the Marion County Health Department building to be constructed in Belleview, Florida, shall be known as the "Carl S Lytle, M D , Memorial Health Facility."*

Section 34 *The amount of $2 million is appropriated from tobacco settlement revenues to the Grants and Donations Trust Fund of the Agency for Health Care Administration to be matched at an appropriate level with federal Medicaid funds available under Title XIX of the Social Security Act to provide prosthetic and orthotic devices for Medicaid recipients when such devices are prescribed by licensed practitioners participating in the Medicaid program.*

Section 35 Except as otherwise provided herein, this act shall take effect July 1 of the year in which enacted

And the title is amended as follows

On page ,
remove from the title of the bill the entire title

and insert in lieu thereof· An act relating to health care, providing an important state interest; amending ss 154 301, 154 302, 154 304, 154 306, 154 308, 154.309, 154 31, 154 3105, 154.312, 154 314, and 154 316, F S , relating to health care responsibility for indigents, revising short title; revising definitions, limiting the maximum amount a county may be required to pay an out-of-county hospital; providing hospitals additional time to notify counties of admission or treatment of out-of-county patients, revising language and conforming references, providing penalties, amending s 154 504, F S , limiting applicability of copayments under the Primary Care for Children and Families Challenge Grant Program, amending s 198 30, F S , requiring certain reports of estates of decedents to be provided to the Agency for Health Care Administration, amending ss 240 4075 and 240 4076, F S., relating the Nursing Student Loan Forgiveness Program, the Nursing Student Loan Forgiveness Trust Fund, and the nursing scholarship program, transferring powers, duties, and functions with respect thereto from the Department of Health to the Department of Education; creating ss 381 0022 and 402 115, F S , authorizing the Department of Health and the Department of Children and Family Services to share confidential and exempt information; amending s 414 028, F S., providing for a representative of a county health department or Healthy Start Coalition to serve on the local WAGES coalition; amending s 766 101, F S., redefining the term "medical review committee" to include a committee of the Department of Health; amending s 383 011, F.S ; providing that the Department of Health is the designated state agency

Florida Legislature Online Sunshine

Bill By Hundreds | Bill Text Amendments | Staff Analysis/Bill Research | Vote History | Citations

PCB HCS 98-02
98-09

H 4535: Health Care Responsibility

H 4535 GENERAL BILL/1ST ENG by Health Care Services (GSC); Albright; (CO-SPONSORS) Casey; Bloom; Gottlieb; Tamargo; Goode; Arnall; Peaden; Flanagan (Similar CS/CS/2ND ENG/S 0484, Compare CS/CS/CS/H 0349, CS/1ST ENG/H 3895, CS/1ST ENG/S 0314, CS/S 0506, CS/2ND ENG/S 1114, CS/CS/CS/S 1432)

Health Care Responsibility; amends provisions re health care responsibility for indigents; limits maximum amount county may be required to pay out-of-county hospital; limits applicability of copayments under Primary Care for Children & Families Challenge Grant Program; requires certain reports of estates of decedents to be provided to AHCA; authorizes competitive negotiations for home health services, etc. Amends FS. EFFECTIVE DATE: Contingent.

03/31/98	HOUSE	Filed; Introduced -HJ 00378
04/06/98	HOUSE	Referred to Governmental Operations (GRC); Finance & Taxation (FRC); Health & Human Services Appropriations -HJ 00464
04/22/98	HOUSE	Withdrawn from Governmental Operations (GRC) -HJ 00967; Now in Finance & Taxation (FRC)
04/24/98	HOUSE	Withdrawn from Finance & Taxation (FRC); Health & Human Services Appropriations -HJ 01094; Placed on General Calendar; Read second time -HJ 01140; Amendment(s) adopted -HJ 01141
04/28/98	HOUSE	Senate Bill substituted; Laid on Table, Iden./Sim./Compare Bill(s) passed, refer to CS/CS/SB 484 (Ch. 98-191); See also CS/SB 314 (Ch. 98-89), CS/SB 1114 (Ch. 98-57) -HJ 01512

BILL TEXT: (Top)

hb4535(View As: HTML, As Printed)
hb4535e1(View As: HTML, As Printed)

AMENDMENTS: (Top)

NO AMENDMENTS AVAILABLE

STAFF ANALYSIS/BILL RESEARCH: (Top)

HB4535 by HCS(View As: As Printed)
HB4535Z by HCS(View As: As Printed)

VOTE HISTORY: (Top)

NO VOTE DATA AVAILABLE

House of Representatives
Government Services Council

HEALTH CARE SERVICES COMMITTEE

AGENDA

February 16, 1998
2:00 - 5:00 PM
Morris Hall

I Opening Remarks from the Chair

II Consideration of the Following Proposed Committee Bills

- PCB HCS 98-01 — Health Care
- PCB HCS 98-02 — Medicaid
- PCB HCS 98-03 — Health Insurance
- PCB HCS 98-04 — Health Care Responsibility Act

III Discussion and Testimony on the Child Health Insurance Program

IV. Adjournment

19 2933

Series 419, Box 1161

HOUSE OF REPRESENTATIVES
Health Care Services Committee
February 16, 1998 TAPE 1 OF 1

2 25 PCB HCS 98-01
2 30 Jim Eaton
Special Committee for Health Care Reform
2 37 Jerome Hoffman
Group Practice Coalition
2 43 Alison Tant
Group Practice Coalition
2 46 Jim Eaton
2.47 John Knight
Florida Medical Assoc.
2 55 PCB HCS 98-02
2 57 Debra Zappi
Academy of Fla Trial Lawyers
3 08 Les Beitsch, M D
Dept. of Health
3 10 Bob Sharpe
Agency for Health Care Admin.
3:12 SIDE B
3 20 Children's Health Insurance
3:20 Paul Belcher
Governor's Office
3.28 PCB HCS 98-02
3 28 Gerald Wester
Humana, CIGNA, et al
3 34 Suzanne Murphy
Dept. of Insurance
3 35 Perry McClung
Universal Standard Health Care
3.39 Children's Health Insurance

House of Representatives

COMMITTEE BILL ACTION WORK SHEET

Committee on Health Care Services Committee Bill No. PCB HCS 98-02

Meeting Date 2/14/98 Time 2:00 pm Subject

Place Mons Hall Date Received Date Reported

FULL COMMITTEE ACTION:

_____ Favorable
_____ Favorable with _____ Amendments
_____ Favorable with Committee Substitute
_____ Unfavorable
_____ Temporarily Passed
_____ Reconsidered

Other Action:

Final Vote on Bill		MEMBERS	#2A		#4		#5		#6	
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Arnall, Joseph								
		Bloom, Elaine								
		Byrd, Johnnie B								
		Casey, Bob, M.D.								
		Flanagan, Mark								
		Geller, Steven								
		Goode, Harry C., Jr.								
		Heyman, Sally								
		Peaden, Durell, M.D.								
		Rodriguez-Chomat, Jorge								
		Tamargo, Deborah								
		Albright, George, Chair								
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		TOTALS	(A)		(4)		W/D		(4)	

APPEARANCE RECORD

Name	Representing	Address

House of Representatives

COMMITTEE BILL ACTION WORK SHEET

Committee on Health Care Services Committee Bill No. PCB HCS 98-02

Meeting Date 2/16/98 Time 2:00 PM Subject

Place Morris Hall Date Received Date Reported

FULL COMMITTEE ACTION:

- ____ Favorable
- ____ Favorable with ____ Amendments
- ____ Favorable with Committee Substitute
- ✓ Unfavorable
- ____ Temporarily Passed
- ____ Reconsidered

Other Action.

Final Vote on Bill		MEMBERS	#7		#8		#7A			
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Arnall, Joseph								
		Bloom, Elaine				✓				
		Byrd, Johnnie B								
		Casey, Bob, M D.								
		Flanagan, Mark								
		Geller, Steven								
		Goode, Harry C., Jr								
		Heyman, Sally								
		Peaden, Durell, M D.								
		Rodriguez-Chomat, Jorge								
		Tamargo, Deborah								
		Albright, George, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
					(A)		(A)			

APPEARANCE RECORD

Name	Representing	Address

SUMMARY OF PCB HCS 98-02
MEDICAID

PCB HCS 98-02 makes numerous changes affecting the Florida Medicaid Program. This PCB does the following things:

- Makes it easier for the Agency for Health Care Administration (AHCA) to recover funds owed to Florida from the estates of former Medicaid recipients.

- Authorizes AHCA and the Department of Health to seek federal waivers to secure Title XIX matching funds for the Healthy Start programs.

- Provides an accurate description of the eligibility requirements for Medicaid.

- Authorizes AHCA to seek federal waivers to allow competitive negotiating in providing cost-effective purchasing of home health services.

- Authorizes AHCA to establish separate pharmacy provider type parenteral/enteral pharmacy services to lower the costs of these infusion therapy services.

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PCB HCS 98-02 AMENDMENTS

NUMB	PAGE/LINE	SPONSOR	SUMMARY
1	3/14 **Adopted 2/2/98**		Removes reference to nonexistent definition in Medicaid statutes.
2	4/1		Requires Medicaid to deduct from the amount of its lien on third-party benefits its proportionate share of the attorney fees and other necessary collection costs.
3	2/24 **Adopted 2/2/98**		Inserts the word "any" to ensure that local contributions are not limited to existing local contributions.
4		Rep. Casey	Public Health Legislation **(see following for summary)**
5	7/19		Repeals s. 455.661, F.S., requiring that all designated health care services be licensed by AHCA.
6	7/19	Rep. Arnall	Amends s. 381.004, F.S. and s. 384.34, F.S., providing that any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease, including HIV or AIDS, is guilty of a third degree felony. Currently, an individual who violates confidentiality provisions regarding blood tests is guilty of a first degree misdemeanor. Economic & Demographic Research of the Joint Legislative Management Committee believes that the Criminal Justice Estimating Conference would most likely conclude that this amendment would have an insignificant impact and that third degree convictions of this type would probably not result in a great increase in the number of prison sentences.
7	7/19	Rep. Arnall	Directs AHCA to request for proposal to implement a pilot managed care program to determine the cost-effectiveness and effects of providing outpatient speciality services to Medicaid recipients on a prepaid capitated basis, and expands definition of limited health service.

NUMB	PAGE/LINE	SPONSOR	SUMMARY
8	7/19		This amendment places the ultimate financial obligation for out-of-county hospital care of qualified indigent patients on the county in which the indigent patient resides. In meeting this financial obligation, a county is capped at $4 per capita. For example, a county with a population 100,000 persons is limited to $400,000 in HCRA payments during any fiscal year. This amendment revises the "Health Care Responsibility Act of 1988" to reduce the maximum amount a county may be required to pay **out-of-county hospitals** for care provided to qualified indigent residents of the county by up to one-half (from $4 per capita to $2 per capita), provided the amount not paid has or is being spent for **in-county** hospital care provided to qualified indigent residents. In addition, this amendment increases the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient, from the current time period of 10 days to 30 days. This amendment also makes numerous technical revisions to HCRA. This amendment has no fiscal impact on state government. The fiscal impact on county government is more difficult to determine, since some counties may experience a small financial benefit, while other counties may experience a small financial loss.

Summary of PCB HCS 98-02
Amendment 4
Public Health Legislation

This amendment addresses issues relating to the Department of Health and other public health concerns. Specifically, the bill does the following:

- Adds language providing that copayments shall not apply to health care providers practicing under the provisions of s. 766.1115, F.S because s. 766.1115, F.S. states that there will be no charge to the patient and copayments would jeopardize the sovereign immunity provision in that section;

- Gives the Departments of Health and Children and Family Services the ability to share confidential information in the same manner as when the two departments were both part of the old Department of Health and Rehabilitative Services;

- Provides that one public health official sit on each local WAGES coalition as an ex officio member and permits county health departments and healthy start coalitions to be on WAGES coalitions as regular members at the option of the WAGES coalition;

- Adds the Department of Health to the definition of "medical review committee" for purpose of exemption from liability;

- Creates the Carl S. Lytle, M.D. Memorial Health Facility in Marion County;

- Removes language from s. 383.04, F.S., that requires silver nitrate to be instilled into the eyes of infants within an hour after birth and adds language that requires an effective prophylactic recommended by the Committee on Infectious Diseases of the American Academy of Pediatrics be instilled instead;

- Repeals s. 383.05, F.S., requiring the Department of Health to distribute free prophylactic for the eyes of newborns.

S:\H_HCS\BULLETS\98\PCB2AME.BUL

A bill to be entitled

An act relating to Medicaid; amending s. 198.30, F.S.; requiring a copy of the opening of estates be submitted to the Agency for Health Care Administration; amending s. 383.011, F.S.; directing the Agency for Health Care Administration to seek a federal waiver for the Healthy Start program; amending s. 409.903, F.S.; providing Medicaid eligibility standards for certain persons; amending s. 409.910, F.S.; revising Medicaid third party liability payment requirements; amending s. 409.912, F.S.; providing for authority to competitively negotiate home health services; authorizing the establishment of a separate pharmacy provider type entitled parenteral/enteral pharmacy; amending s. 414.28, F.S.; requiring that claims filed in the estate related to public assistance debt be class 3; providing an effective date.

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

Section 1. Section 198.30, Florida Statutes, is amended to read:

198.30 Circuit judge to furnish department with names of decedents, etc.--Each circuit judge of this state shall, on or before the 10th day of every month, notify the department of the names of all decedents; the names and addresses of the respective personal representatives, administrators, or curators appointed; the amount of the bonds, if any, required

by the court; and the probable value of the estates, in all estates of decedents whose wills have been probated or propounded for probate before the circuit judge or upon which letters testamentary or upon whose estates letters of administration or curatorship have been sought or granted, during the preceding month; and such report shall contain any other information which the circuit judge may have concerning the estates of such decedents. In addition, a copy of this report shall be provided to the Agency for Health Care Administration. A circuit judge shall also furnish forthwith such further information, from the records and files of the circuit court in regard to such estates, as the department may from time to time require.

Section 2. Subsection (3) is added to section 383.011, Florida Statutes, to read:

383.011 Administration of maternal and child health programs.--

(3) The Agency for Health Care Administration, working jointly with the Department of Health and the Florida Association of Healthy Start Coalitions, is directed to seek a federal waiver to secure Title XIX matching funds for the Healthy Start program. The federal waiver application shall seek Medicaid matching funds utilizing only existing appropriated general revenue and local contributions. Healthy Start program services are not to be considered an entitlement under this waiver.

Section 3. Subsection (1) of section 409.903, Florida Statutes, is amended to read:

409.903 Mandatory payments for eligible persons.--The agency department shall make payments for medical assistance and related services on behalf of the following persons who

the department determines 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) Low income families with children are eligible for Medicaid provided they meet the following requirements ~~Persons who receive payments from or are determined eligible to participate in the WAGES Program, and certain persons who would be eligible but do not meet certain technical requirements. This group includes, but is not limited to:~~

(a) The family includes a dependent child who is living with a caretaker relative as defined by the federal Medicaid statute ~~Low income, single parent families and their children.~~

(b) The family's income does not exceed the gross income test limit ~~Low income, two parent families in which at least one parent is disabled or otherwise incapacitated.~~

(c) The family's countable income and resources do not exceed the applicable Aid to Families With Dependent Children (AFDC) income and resource standards under the AFDC State Plan in effect in July 1996, except as amended in the Medicaid State Plan to conform as closely as possible to the requirements of the WAGES program, as created in s. 414.015, to the extent permitted by federal law ~~Certain unemployed two parent families and their children.~~

Section 4. Subsection (18) of section 409.910, Florida Statutes, is amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days of receipt of settlement proceeds, the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsections (8)-(13) and (14)-(33) of section 409.912, Florida Statutes, are renumbered as (9)-(14)

and (16)-(35), respectively, and new subsections (8) and (15) are added to said section, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.

(8) The agency may provide cost-effective purchasing of home health services through competitive negotiation pursuant to s. 287.057. The agency is authorized to request appropriate waivers from the Health Care Financing Administration in order to competitively bid home health services.

(14) The agency may establish a separate pharmacy provider type entitled parenteral/enteral pharmacy. The agency is authorized to request appropriate waivers if required from the Health Care Financing Administration in order to establish the pharmacy provider type entitled parenteral/enteral pharmacy. Reimbursement for parenteral/enteral pharmacy services must include the following components.

(a) A single, all inclusive fee to cover all costs except the cost of the primary therapeutic agent, and

(b) Reimbursement for the primary therapeutic agent which shall be based upon the estimated acquisition cost.

Section 6. Subsection (1) of section 414.28, Florida Statutes, is amended to read:

414.28 Public assistance payments to constitute debt of recipient.--

(1) CLAIMS.--The acceptance of public assistance creates a debt of the person accepting assistance, which debt is enforceable only after the death of the recipient. The debt thereby created is enforceable only by claim filed against the estate of the recipient after his or her death or by suit to set aside a fraudulent conveyance, as defined in subsection (3). After the death of the recipient and within the time prescribed by law, the department may file a claim against the estate of the recipient for the total amount of public assistance paid to or for the benefit of such recipient, reimbursement for which has not been made. Claims so filed shall take priority as class 3 7 claims as provided by s. 733.707(1)(g).

Section 7. This act shall take effect January 1, 1999.

CODING: Words stricken are deletions; words underlined are additions.

HOUSE AMENDMENT FOR COMMITTEE PURPOSES

Bill No. PCB HCS 98-02

Amendment No. 2 (for drafter's use only)

COMMITTEE ACTION

		Y	N			Y	N
ADOPTED	__	___	___	FAILED TO ADOPT	__	___	___
ADOPTED AS AMENDED	__	___	___	WITHDRAWN	__		
ADOPTED w/o OBJECTION	__			OTHER	_____		

Committee hearing bill: Health Care Services

Representative(s) _____

offered the following:

Amendment

On page 4, lines 1-4

remove from the bill: all of said lines

and insert in lieu thereof:

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, the department shall reduce its recovery to take account of the cost of procuring the judgment, award, or settlement amount as provided in this section.

1. In the event of an action in tort against a third

party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of the amount recovered shall be as follows:

a. ~~1.~~ Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.

b. ~~2.~~ After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.

c. ~~3.~~ The remaining amount from the recovery shall be paid to the recipient.

d. ~~4.~~ For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

2. In the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from the third-party benefits, excluding medical coverage as defined in subsubparagraph d.,

after reasonable costs and expenses of litigation, is an amount more than 200 percent of the amount of medical assistance provided by Medicaid, less any medical coverage paid or payable to the department, then distribution of the amount of recovery shall be computed as follows:

a. Determine the ratio of the procurement costs to the total judgment or settlement payment. Procurement costs shall include reasonable costs and expenses of litigation and attorney's fees. The total amount of attorney's fees used to determine the procurement costs attributable to Medicaid shall not exceed 25% of the award, judgment or settlement from third party benefits, excluding medical coverage as defined in subsubparagraph d., and after reasonable costs and expenses of litigation.

b. Apply the ratio to the Medicaid payment. The product is the Medicaid share of procurement costs.

c. Subtract the Medicaid share of procurement costs from the Medicaid payments. The remainder shall be the department's recovery amount.

Bill No.: PCB HCS 98-02A
Amendment No. _____

#2A

Rep. Peaden moved the following amendment:

Amendment (with title amendment)

On page 3, lines 28 & 29,

strike all of said lines

and insert:

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.—

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a judgment, award, or settlement from a third party, the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

(A)

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25% of the judgment, award, or settlement. ~~Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party and in which the amount of any judgment, award, or settlement from third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of the amount recovered shall be as follows:~~

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

~~4. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.~~

Delete Sections - Thereafter

Spoke 2:57

COMMITTEE APPEARANCE RECORD

Bill No. PCB-2 Date 2/16/98

Name Debra A. Zappi

Address 218 S. Monroe St.

City Tallahassee State/Zip FL 32301

Phone Number 224-9403

Representing Academy of Florida Trial Lawyers

Lobbyist (registered) Yes ☑ No ☐

State Employee Yes ☐ No ☑

I wish to speak: ☐ Proponent ☑

*I have been requested to speak: ☐ Opponent ☐

Information ☐

Subject matter: _____

_____

Committee: _____

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☐

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

Spoke 3:08

COMMITTEE APPEARANCE RECORD

Rep Casey amendment

Bill No. HB 2 Date 2/16/98

Name Lisa Bertoch, MD, JD

Address Winewood Blvd

City Tallahassee State /Zip

Phone Number 487-2945

Representing Dept of Health

Lobbyist (registered) Yes ☑ No ☐

State Employee Yes ☑ No ☐

I wish to speak: ☑ Proponent ☑

*I have been requested to speak: ☐ Opponent ☐

Information ☐

Subject matter:

Committee:

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☐

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

Spoke 3:10

COMMITTEE APPEARANCE RECORD

Bill No. 98-02 Date 2-16-98

Name Bob Sharpe

Address Agency for Health Care Administration

City Tallahassee State/Zip FL/32312

Phone Number 850/488-9347

Representing Agency for Health Care Admn.

Lobbyist (registered) Yes ☑ No ☐

State Employee Yes ☑ No ☐

I wish to speak: ☐ Proponent ☐

*I have been requested to speak: ☑ Opponent ☐

Information ☑

Subject matter: Pilot project on DME / lab / imaging

Committee: Health Care Services

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☑

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

Spoke
3:28

COMMITTEE APPEARANCE RECORD

Bill No. PCB HCS 98-02 Date 2/16/98

Name Gerald Wester

Address Highpt Center

City Tall FL State /Zip _____

Phone Number 850 224 9634

Representing Humana, CIGNA, AvMed, Prudential/ Aetna

Lobbyist (registered) Yes ☑ No ☐

State Employee Yes ☐ No ☐

I wish to speak: ☑ Proponent ☐

*I have been requested to speak: ☐ Opponent ☐

Information ☐

Subject matter: Amend #7

Committee: _____

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☐

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

spoke 3:34

COMMITTEE APPEARANCE RECORD

Bill No. PCB HC 98-02 Date 2-16-98

Name Susanne Murphy, Deputy Insurance Commissioner

Address The Capitol LL-25

City Tallahassee State /Zip FL

Phone Number 413-2868

Representing Dept. of Insurance

Lobbyist (registered) Yes ☑ No ☐

State Employee Yes ☑ No ☐

I wish to speak: ☐ Proponent ☐

*I have been requested to speak: ☐ Opponent ☐

Information ☑

Subject matter: Amendment #7 (Expansion of ch. 636 licensure)

Committee:

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☐

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

Spike
3:35

COMMITTEE APPEARANCE RECORD

Bill No. PCB08-02 Date 2/16/98

Name Perry McClung

Address 26500 NW Hwy

City Southfield State /Zip Michigan 48076

Phone Number 800-824-9689

Representing Universal Standard HealthCare, Inc.

Lobbyist (registered) Yes ☐ No ☑

State Employee Yes ☐ No ☑

I wish to speak: ☐ Proponent ☐

*I have been requested to speak: ☑ Opponent ☐

Information ☑

Subject matter: Amendment re: outpatient specialty services

Committee: House Health Care

*If you are appearing at the request of the Chair, you must get signature of the Chair before leaving.

Appearing at request of Chair ☐

Approved by _____ Chair

Copies:
Original - Committee
Copy - Person requested to appear

H-16 (1993, Revised)

House of Representatives

COMMITTEE BILL ACTION WORK SHEET

Committee on Health Care Services Committee Bill No. PCB 2

Meeting Date 3/3/98 Time 3:00 Pm Subject

Place Morris Hall Date Received Date Reported

FULL COMMITTEE ACTION:

_____ Favorable
_____ Favorable with _____ Amendments
_____ Favorable with Committee Substitute
__✓__ Unfavorable
_____ Temporarily Passed
_____ Reconsidered

11 2933

Other Action:

Final Vote on Bill		MEMBERS	#7		#9		#10			
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Arnall, Joseph								
		Bloom, Elaine								
		Byrd, Johnnie B								
		Casey, Bob, M D.								
		Flanagan, Mark								
		Geller, Steven								
		Goode, Harry C., Jr.								
		Heyman, Sally								
		Peaden, Durell, M.D								
		Rodriguez-Chomat, Jorge								
		Tamargo, Deborah								
		Albright, George, Chair								
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		TOTALS	(A)		(A)		TP			

APPEARANCE RECORD

Name	Representing	Address

SUMMARY OF PCB HCS 98-02
HEALTH CARE

This bill makes the following revisions with regard to the Medicaid program:

- Revises third party liability recovery procedures to facilitate collection by the Agency for Health Care Administration (AHCA);
- Sets requirements for payment of attorney's fees;
- Authorizes AHCA and the Department of Health (DOH) to seek a federal Medicaid waiver to obtain federal matching funds for Healthy Start;
- Authorizes competitive bidding for home health services;
- Revises eligibility standards to conform to WAGES requirements; and
- Authorizes AHCA to establish a separate pharmacy provider type for parenteral/enteral services.

In addition, this bill contains the following statutory revisions relating to DOH:

- Specifies that copayments collected by the department or its contractors do not apply to health care providers practicing under the "Access to Health Care Act" (s.766.1115, F.S.);
- Authorizes DOH and the Department of Children and Family Services to share confidential client information;
- Revises local WAGES coalition memberships to include a DOH person;
- Adds DOH to the definition of "medical review committee";
- Names the Carl S. Lytle, M.D. Memorial Health Facility in Marion County;
- Repeals outdated requirements regarding the instillation of silver nitrate into the eyes of newborns; and
- Increases the penalty from a third degree misdemeanor to a third degree felony for any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease.

Finally, with regard to the "Health Care Responsibility Act of 1988" this bill:

- Reduces the maximum amount a county may be required to pay out-of-county hospitals for care provided to qualified indigent residents of the county; and
- Increases the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient.

DOH calculates that this legislation will generate federal matching revenues for Healthy Start of $34.6 million annually. AHCA calculates savings relating to this legislation to be $430,649 for FY 1998-1999 and $564,355 for FY 1999-2000. The fiscal impact on local government of the HCRA portion of this bill may vary from county to county.

S:\H_HCS\BULLETS\98\PCB2.BUL

PCB HCS 98-02 AMENDMENTS

NUMB	PAGE/LINE	SPONSOR	SUMMARY
7	28/12	Rep. Arnall	Directs AHCA to request for proposal to implement a pilot managed care program to determine the cost-effectiveness and effects of providing outpatient speciality services to Medicaid recipients on a prepaid capitated basis, and expands definition of limited health service. Creates new licensure category, separately or in combination, under Chapter 636, F.S. for diagnostic imaging, clinical lab, and home care services.
7A	3/10 Adopted 2/16/98	Rep. Arnall	Amendment to Amendment 7 -- Provides that this subsection is not intended to conflict with the provision of the 1997-98 General Appropriations Act authorizing competitive bidding for Medicaid home health, clinical laboratory, or x-ray services.
9	28/12	Rep. Goode	Eliminates provisions that prohibit federal qualified health centers from participating in Medicaid provider services networks
10	28/12	Rep. Peaden	Creates the Equity in Contraceptive Coverage Act of 1998, requiring certain health insurance policies and health maintenance services to provide coverage for prescription contraceptive methods and outpatient contraceptive services.

A bill to be entitled

An act relating to Health Care; amending s. 198.30, F.S.; requiring a copy of the opening of estates be submitted to the Agency for Health Care Administration; amending s. 383.011, F.S.; directing the Agency for Health Care Administration to seek a federal waiver for the Healthy Start program; amending s. 409.903, F.S.; providing Medicaid eligibility standards for certain persons; amending s. 409.910, F.S.; setting requirements for payments of attorney's fees; revising Medicaid third party liability payment requirements; amending s. 409.912, F.S.; providing for authority to competitively negotiate home health services; authorizing the establishment of a separate pharmacy provider type entitled parenteral/enteral pharmacy; amending s. 414.28, F.S.; requiring that claims filed in the estate related to public assistance debt be class 3; amending s. 154.504, F.S.; limiting applicability of copayments; creating s. 318.0022, F.S.; allowing the Department of Health and the Department of Children and Family Services to share confidential and exempt information; creating s. 402.115, F.S., allowing the Department of Health and the Department of Children and Family Services to share confidential and exempt information; amending s. 414.028, F.S.; revising membership of local WAGES coalitions; amending s. 766.101,

F.S.; including the Department of Health in the definition of medical review committee for immunity from liability; creating the Carl S. Lytle, M.D. Memorial Health Facility; amending s. 383.04, F.S.; requiring effective and recommended prophylactic to be instilled in the eyes of newborns; repealing s. 383.05, F.S., repealing a requirement of the Department of Health to offer free distribution of prophylactic for the eyes of newborns; amending s. 381.004, F.S.; providing penalties; amending s. 384.34, F.S.; providing legislative findings; amending ss. 154.301, 154.302, 154.304, 154.306, 154.308, 154.309, 154.31, 154.3105, 154.312, 154.314, and 154.316, F.S.; revising definitions; limiting the maximum amount a county may be required to pay to out-of-county hospitals; providing hospitals additional time to notify counties of admission or treatment of an out-of-county patient; revising language and conforming references; providing penalties; providing an effective date.

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

Section 1. Section 198.30, Florida Statutes, is amended to read:

198.30 Circuit judge to furnish department with names of decedents, etc.--Each circuit judge of this state shall, on or before the 10th day of every month, notify the department

of the names of all decedents; the names and addresses of the respective personal representatives, administrators, or curators appointed; the amount of the bonds, if any, required by the court; and the probable value of the estates, in all estates of decedents whose wills have been probated or propounded for probate before the circuit judge or upon which letters testamentary or upon whose estates letters of administration or curatorship have been sought or granted, during the preceding month; and such report shall contain any other information which the circuit judge may have concerning the estates of such decedents. In addition, a copy of this report shall be provided to the Agency for Health Care Administration. A circuit judge shall also furnish forthwith such further information, from the records and files of the circuit court in regard to such estates, as the department may from time to time require.

Section 2. Subsection (3) is added to section 383.011, Florida Statutes, to read:

383.011 Administration of maternal and child health programs.--

(3) The Agency for Health Care Administration, working jointly with the Department of Health and the Florida Association of Healthy Start Coalitions, is directed to seek a federal waiver to secure Title XIX matching funds for the Healthy Start program. The federal waiver application shall seek Medicaid matching funds utilizing only existing appropriated general revenue and any local contributions. Healthy Start program services are not to be considered an entitlement under this waiver.

Section 3. Subsection (1) of section 409.903, Florida Statutes, is amended to read:

PCB HCS 98-02B

409.903 Mandatory payments for eligible persons.--The agency department shall make payments for medical assistance and related services on behalf of the following persons who the department determines 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) Low income families with children are eligible for Medicaid provided they meet the following requirements ~~Persons who receive payments from or are determined eligible to participate in the WAGES Program, and certain persons who would be eligible but do not meet certain technical requirements. This group includes, but is not limited to:~~

(a) The family includes a dependent child who is living with a caretaker relative ~~Low-income, single-parent families and their children.~~

(b) The family's income does not exceed the gross income test limit ~~Low-income, two-parent families in which at least one parent is disabled or otherwise incapacitated.~~

(c) The family's countable income and resources do not exceed the applicable Aid to Families With Dependent Children (AFDC) income and resource standards under the AFDC State Plan in effect in July 1996, except as amended in the Medicaid State Plan to conform as closely as possible to the requirements of the WAGES program, as created in s. 414.015, to the extent permitted by federal law ~~Certain unemployed two-parent families and their children.~~

CODING: Words stricken are deletions; words underlined are additions.

02/25/98
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PCB HCS 98-02B

Section 4. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a ~~and in which the amount of any~~ judgment, award, or settlement from a third party, ~~third party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for

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services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25% of the judgment, award, or settlement.

~~1.--Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2.--After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3.--The remaining amount from the recovery shall be paid to the recipient.~~

4. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days of receipt of settlement proceeds, the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount

CODING: Words stricken are deletions; words underlined are additions.

of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and,

through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 5. Subsections (8)-(13) and (14)-(33) of section 409.912, Florida Statutes, are renumbered as (9)-(14) and (16)-(35), respectively, and new subsections (8) and (15) are added to said section, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute

STORAGE NAME pcb02d.hcs
DATE February 17, 1998

HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
BILL RESEARCH & ECONOMIC IMPACT STATEMENT

BILL #: PCB HCS 98-02

RELATING TO: Health Care

SPONSOR(S): Committee on Health Care Services

COMPANION BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:
(1) HEALTH CARE SERVICES
(2)
(3)
(4)
(5)

19 2933

I. SUMMARY:

This bill makes the following revisions with regard to the Medicaid program: 1) revises third party liability recovery procedures to facilitate collection by the Agency for Health Care Administration (AHCA) and sets requirements for payment of attorney's fees; 2) authorizes AHCA and the Department of Health (DOH) to seek a federal Medicaid waiver to obtain federal matching funds for Healthy Start and to authorize competitive bidding for home health services; 3) revises eligibility standards to conform to WAGES requirements; and 4) authorizes AHCA to establish a separate pharmacy provider type for parenteral/enteral services.

In addition, this bill contains the following statutory revisions relating to DOH: 1) specifies that copayments collected by the department or its contractors do not apply to health care providers practicing under the "Access to Health Care Act" (s.766.1115, F.S.); 2) authorizes DOH and the Department of Children and Family Services to share confidential client information, 3) revises local WAGES coalition memberships to include a DOH person; 4) adds DOH to the definition of "medical review committee"; 5) names the Carl S. Lytle, M.D. Memorial Health Facility in Marion County; and 6) repeals outdated requirements regarding the instillation of silver nitrate into the eyes of newborns. This bill also increases the penalty from a third degree misdemeanor to a third degree felony for any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease.

Finally, this bill revises the "Health Care Responsibility Act of 1988" to reduce the maximum amount a county may be required to pay **out-of-county hospitals** for care provided to qualified indigent residents of the county by up to one-half (from $4 per capita to $2 per capita), provided the amount not paid has or is being spent for **in-county** hospital care provided to qualified indigent residents. In addition, this bill increases the time (from 10 to 30 days) a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient.

DOH calculates that this legislation will generate federal matching revenues for Healthy Start of $34.6 million annually. AHCA calculates savings relating to this legislation to be $430,649 for FY 1998-1999 and $564,355 for FY 1999-2000. The fiscal impact on local government of the HCRA portion of this bill may vary from county to county.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

Medicaid Third Party Liability

Under provision of the federal Omnibus Budget Reconciliation Act of 1993, the Medicaid Estate Recovery Program is required to recover Medicaid payments from estates of certain deceased Medicaid recipients. In Florida, the Agency for Health Care Administration (AHCA) is responsible for identifying the estates of former Medicaid recipients and recovering any funds the estate might owe Florida as reimbursement for Medicaid expenditures made on behalf of the decedent. Currently, there is no time limitation as to when the estate's representative must pay AHCA the amount of the Medicaid expenditures.

The agency is presently classed as one of the last creditors to receive payment from an estate. Section 733.707, F.S., ranks the payment of expenses and obligations of estates in the following order:

- Class 1.--Costs, expenses of administration, and compensation of personal representatives and their attorneys' fees;
- Class 2.--Reasonable funeral, interment, and grave marker expenses, whether paid by a guardian under s. 744.441(16), the personal representative, or any other person, not to exceed the aggregate of $6,000;
- Class 3.--Debts and taxes with preference under federal law;
- Class 4.--Reasonable and necessary medical and hospital expenses of the last 60 days of the last illness of the decedent, including compensation of persons attending him or her;
- Class 5.--Family allowance;
- Class 6.--Arrearage from court-ordered child support;.
- Class 7.--Debts acquired after death by the continuation of the decedent's business, in accordance with s. 733.612(22), but only to the extent of the assets of that business;
- Class 8.--All other claims, including those founded on judgments or decrees rendered against the decedent during the decedent's lifetime, and any excess over the sums allowed in paragraphs (b) and (d).

The agency's claims relating to public assistance are now categorized as Class 7 (debts acquired after death).

Florida's Healthy Start Program

The Healthy Start initiative, signed into law in 1991, involves local communities in maternal and child health needs assessments and service prioritization decisions, increases access to prenatal and infant health care services and provides specialized services to women and infants identified as at-risk for poor birth outcomes.

The Florida Healthy Start program has three components: improved funding for obstetrical and infant health care through expanded Medicaid eligibility and increased

Medicaid reimbursement for obstetrical fees; Universal Healthy Start Risk Assessment and Screening for all pregnant women and newborns in the state, with care coordination and enhanced services for those women and infants who need more than primary care to have healthy outcomes; and community-based perinatal and infant health-care coalitions.

Since the start of the program, Florida's infant mortality rate has fallen by 16 percent. The 1996 Healthy Start annual report showed that women who have high-risk pregnancies have 30 percent fewer low-birth weight babies if they receive Healthy Start services.

In 1992, state funding for local Healthy Start coalitions began. Members of these Healthy Start coalitions include business, professional and political leaders, health care providers, consumers, and educators. The coalitions have the authority to plan and develop improved local maternal and child health service delivery systems. Key components of the Healthy Start program are funded through the local coalitions. The local coalitions assess local maternity and child health needs and recommend the most effective use of the public maternal and child health care funds allocated to the area.

The different programs and initiatives included in the Healthy Start program receive funding from several different sources. Some programs are funded solely by federal grants, while other programs receive funds from the state, federal grants, and the local coalitions.

Nearly 75% of the funding for delivery of services for the Florida Healthy Start program comes from General Revenue. The rest of the funding is received through federal block grants. There are 44 other states that now receive Title XIX matching funds through federal waivers for programs similar to Florida's Healthy Start. These waivers enable other states to receive funding from Medicaid for up to 55% of their services that are comparable to Florida's Healthy Start.

If Florida were to seek a waiver to secure Title XIX matching funds for the Healthy Start program, approximately $23 million would be available for use for matching funds. Each local coalition would be able to determine on its own what percentage of their funding they want to use for matching funds.

Medicaid Eligibility

In 1996, Congress passed the Personal Responsibility and Work Opportunity Act, which replaced the federal Aid to Families with Dependent Children (AFDC) program with a new program called Temporary Assistance to Needy Families (TANF).

The major change from AFDC is that TANF limits the amount of time a person can receive financial assistance and sets work requirements for the program's participants. The link between Medicaid and the cash assistance program was eliminated. Persons eligible for TANF will no longer be automatically eligible for Medicaid as they were under AFDC. Parents and children receiving TANF must meet separate eligibility income and asset rules.

Florida's family assistance program under TANF is the Work and Gain Economic Self-Sufficiency (WAGES) program. The current State Medicaid eligibility requirements do not conform to WAGES program requirements.

Medicaid Home Health Services

The FY 1997-1998 General Appropriations Act authorized AHCA to competitively negotiate for home health services to Medicaid recipients. In the past, methods such as prior authorization have been effective in decreasing the number of home health providers, but the number of home health providers is beginning to increase again.

According to AHCA, when an excessive number of home health service providers exists, an increase in rates occurs and a high incidence of fraud and abuse emerges. Competitive negotiating gives AHCA the ability to control costs and fraud by allowing the agency to seek out qualified and cost-efficient bidders without imposing strict constraints on bid scoring.

Medicaid Prescribed Drug Services

Until recently, the administration of intravenous/intramuscular medications was extremely complicated and limited to inpatient hospital settings. Improvements in the administration of these drugs created a trend towards self-administration and has helped to allow patients to receive these medical services in their own homes or other community placement.

Infusion therapy is the intravenous administration of enteral or parenteral drugs. Enteral drugs are administered directly into the gastrointestinal tract through a tube in the stomach or intestine. Parenteral products involve specially mixed solutions that are administered intravenously with methods such as hypodermic needles or implanted catheters.

The number of services provided and time and skill levels required for infusion therapy is much greater than those required for traditional community service pharmacies. The current Medicaid prescribed drug program was designed to reimburse providers for traditional community service pharmacies. Because technological advances now allow infusion therapy to be administered in the patient's home, the program is forced to reimburse for both traditional and infusion services. Dispensing fees and product costs for administration of these intravenous/intramuscular medications are extremely high. The current Medicaid program is based on a monthly service limit with a dispensing fee tailored to community service pharmacies and was not designed to handle the needs of this new treatment modality.

Primary Care Challenge Grant Program

The Primary Care for Children & Families Challenge Grant Program was created to stimulate partnership between the state and local governments for the development of coordinated primary health care delivery systems for low-income children and families. Children and families with incomes up to 150% of the federal poverty level are eligible. Successful applicant counties for the grant have to contribute a local match which

consists of a combination of in-kind and cash contributions. Currently, participants pay no monthly premium for participation, but shall be required to pay a copayment at the time the service is provided. These primary care challenge grant program copayments jeopardize the sovereign immunity protections for providers covered under the Access to Care Act who provide care for free.

Sharing of Confidential Information between Departments

Since the Department of Health and Rehabilitative Services was split into the Department of Health and the Department of Children and Family Services, the two departments have not had the ability to share confidential information in the same manner as when they were both part of the same department. Currently, a waiver request is presented to clients before services are provides by each agency. If a client refuses to sign a waiver, the departments cannot share the confidential information. The Department of Health believes that sharing confidential information improves child protection activities and helps reduce the incidence of abuse.

Local WAGES Coalitions

Local WAGES coalitions are designed to plan and coordinate the delivery of WAGES Program services specified in the statewide implementation plan at the local level. The local delivery of services under the WAGES Program are coordinated as much as possible with the local services and activities of the local service providers designated by the regional workforce development boards.

Currently, each local WAGES coalition must have a minimum of 11 members, of which at least one-half must be from the business community. The composition of the coalition membership must generally reflect the racial, gender, and ethnic diversity of the community as a whole. Members are appointed to 3-year terms, and the composition of the coalition membership must generally reflect the racial, gender, and ethnic diversity of the community. The membership of each coalition must include:

- Representatives of the principal entities that provide funding for the employment, education, training, and social service programs that are operated in the service area, including, but not limited to, representatives of local government, the regional workforce development board, and the United Way;
- A representative of the health and human services board;
- A representative of a community development board;
- Three representatives of the business community who represent a diversity of sizes of businesses;
- Representatives of other local planning, coordinating, or service-delivery entities;
- A representative of a grassroots community or economic development organization that serves the poor of the community.

Medical Review Committee - Exemption from Liability

Section 766.101(1)(a) defines a medical review committee for the purpose of exemption from liability. County health departments and healthy start coalitions are currently

included in this definition. The Department of Health, however, was inadvertently left out of this definition.

Prophylactic for Newborns' Eyes

Section 383.04 and 383.05, F.S., involve requirements that all newborns receive a prophylactic agent containing silver nitrate in the eyes within one hour of birth. These sections require that the prophylactic is to be prepared and distributed for free by DOH. This statute has not been enforced in many years because silver nitrate is no longer readily available and other more effective and less harmful eye prophylactics are used in place of silver nitrate. In addition, DOH does not receive funding to make the silver nitrate solution available.

Confidentiality of Sexually Transmissible Disease Information

According to section 384.34(2), F.S., any person who breaches the confidentiality of sexually transmissible disease information held by the department, including information related to contact investigation, is subject to the penalty of a first degree misdemeanor. In the enforcement of this statute, questions have arisen regarding the applicability of these penalties to persons not employed by the department.

Section 384.34(3), F.S., establishes that any person who maliciously disseminates false information concerning the existence of any sexually transmissible disease is subject to the penalty of a second degree misdemeanor. Section 381.004(6), F.S., establishes the penalty of a first degree misdemeanor for any person who breaches the confidentiality of information related to testing for human immunodeficiency virus (HIV), including the HIV testing of inmates.

According to the Department of Health, maintaining the security and privacy of sensitive client records is essential to the department's public health efforts. The department believes that increased penalties would enhance the ability of law enforcement to hold persons accountable for violations of this law, and that more severe penalties would reinforce public trust in the safety of these records and serve as a deterrent to mishandling or misuse.

Health Care Responsibility Act

The "Florida Health Care Responsibility Act" or HCRA was created in 1977 and was designed to ensure that the county of residence of an indigent person who receives inpatient hospital services in a county other than the county of residence, will reimburse the hospital for those services. The statutory provisions were revised in 1988 as part of chapter 88-294, Laws of Florida, to strengthen provisions requiring counties to fulfill their financial obligations for their indigent residents who are provided out-of-county hospital care. At that time, the act was renamed as the "Florida Health Care Responsibility Act of 1988."

The intent language that is part of HCRA, as specified in s. 154.302, F.S., places the ultimate financial obligation for hospital treatment for qualified out-of-county indigent

patients on the county in which the indigent patient resides. Under s. 154.309, F.S., the county known or thought to be the county of residence is given first opportunity to certify that a treated indigent is a resident of the county. If that county fails to make such a determination within 60 days of written notification by the hospital, the agency is to determine the indigent's county of residency. This determination is then binding on the county of residence.

Under s. 154.304, F.S., a hospital qualifies as "participating" in HCRA if it meets two criteria. First, the hospital has to have reported to the Agency for Health Care Administration (AHCA or agency) that it provided charity care, based on the hospital's most recent audited actual experience, in an amount where the ratio of uncompensated charity care days compared to total acute care inpatient days equals or exceeds 2 percent. Second, the hospital is required to either sign a formal agreement with a county to treat the county's indigent patients, or demonstrate to the agency that at least 2.5 percent of its uncompensated charity care, as reported to the agency, is generated by out-of-county residents. Under this section of statute, "regional referral hospitals" are hospitals which have met the 2 percent charity care obligation and which meet the definition of a teaching hospital as defined in s. 408.07, F.S. The act defines "qualified indigent person" to mean a person who has been determined pursuant to s. 154.308, F.S., to have an average family income, for the 12 months preceding the determination, which is below 100 percent of the federal nonfarm poverty level; who is not eligible to participate in any other government program which provides hospital care; who has no private insurance or has inadequate private insurance; and who does not reside in a public institution. Section 154.316, F.S., requires any hospital admitting or treating any out-of-county patient who may qualify as indigent under HCRA to notify the county known or thought to be the county of residency within 10 days of the treatment or admission, or the county forfeits its right to reimbursement. Hospitals have indicated that this 10 day period is insufficient.

Under s. 154.306, F.S., a county's financial obligation for qualified applicants does not exceed 45 days per county fiscal year The rate of payment set by this act is 100 percent of the per diem reimbursement rate currently in effect for the out-of-county hospital under Medicaid, except that those counties that were at their 10-mil cap on October 1, 1991, reimburse hospitals for such services at not less than 80 percent of the hospital Medicaid per diem. If a county has negotiated a formal agreement with a hospital, the payment rate set by the agreement is substituted for the payment rate set by the statute. The maximum a county is required to pay is equivalent to $4 multiplied by the most recent official state population estimate for the county.

Current county compliance with statutory requirements varies widely. Figures compiled by the Agency for Health Care Administration and the Florida Association of Counties indicate that the following amounts have been expended by counties under the Health Care Responsibility Act of 1988 in recent years: 1991-92, $3,029,637; 1992-93, $3,419,623; 1993-94, $5,028,883; 1994-95, $2,620,975; 1995-96, $2,849,861; and 1996-97, $2,074,076.

As stated, there is a $4 per capita limit on the liability of any county for payments under HCRA. However, very few counties actually reach this cap. No county reached the cap during the 1996-97 fiscal year, and only 7 counties reached the cap between fiscal years 1991-92 and 1993-94 (DeSoto, Franklin, Gilchrist, Hardee, Madison, Nassau, and Wakulla). Total collections in fiscal year 1996-97 was only 3.6 percent of the total liability.

There are 8 counties in the state with no hospital within their boundary. These are Dixie, Gilchrist, Glades, Jefferson, Lafayette, Liberty, Sumter, and Wakulla. While 46 counties report paying at least some amount under the act during the past 3 fiscal years, 21 counties report no expenditures.

A. EFFECT OF PROPOSED CHANGES:

Medicaid Third Party Liability

AHCA will be able to more efficiently identify and recover funds owed to the state of Florida from the estates of former Medicaid recipients. Agency claims relating to public assistance debts will be removed from Class 7 (debts acquired after death) and categorized as Class 3 (debts and taxes with preferences under federal law). A significant increase in revenue for increased Medicaid spending should result.

Florida Healthy Start Program

AHCA will be given the authority to seek a federal waiver to secure Title XIX matching funds for the Healthy Start program. Only existing appropriated General Revenue and local contributions may be used in matching funds. Each local coalition will determine what percentage of its funding may be used for matching funds. Up to 55% of costs for Healthy Start program services will be funded by Medicaid.

Medicaid Eligibility

Medicaid eligibility will be described as:

- A low income family with a child who is living with a caretaker relative as defined by the federal Medicaid statute;
- Family income does not exceed the gross income test limit;
- Family countable income and resources do not exceed the applicable AFDC standards under the AFDC State Plan in effect in July 1996, except as amended in the Medicaid State Plan to conform to the WAGES program requirement as permitted by federal law.

Medicaid Home Health Services

AHCA will be authorized to seek federal waivers to allow competitive negotiation in providing cost-effective purchasing of home health services. AHCA believes that competitive negotiation may help Medicaid in efforts to control spending, growth, and fraud in the home health program.

Medicaid Prescribed Drug Services

AHCA will be permitted to establish a separate pharmacy provider type for parenteral/enteral pharmacy services and pursue any necessary federal waivers. A separate provider type for parental/enteral pharmacy services will lower the cost of these drugs by eliminating the monthly cap limit and dispensing fee for these services. The new pharmacy provider will reimburse based on actual cost of ingredients plus a patient management stipend for the time period rather than a dispensing fee per unit of service.

Primary Care Challenge Grant Programs

Copayments will not apply to health care providers practicing under the provisions of s. 766.1115, F.S.

Sharing of Confidential Information Between Departments

The Department of Health and Children and Family Services will have the ability to share confidential information in the same manner as when the two departments were both part of the former Department of Health and Rehabilitative Services.

Local WAGES Coalitions

One public health official will sit on each local WAGES coalition as an ex officio member. At the option of the WAGES coalition, county health departments and healthy start coalitions are permitted to be on WAGES coalitions as regular members.

Medical Review Committee - Exemption from Liability

The Department of Health is included in the defintion of "medical review committee" for purpose of exemption from liability.

The Carl S. Lytle, M.D. Memorial Health Facility

Upon completion, the Marion County Health Department building to be constructed in Belleview, FL, will be known as the "Carl S. Lytle, M.D. Memorial Health Facility.

Prophylactic for Newborns' Eyes

Instilling Silver nitrate into the eyes of newborns will no longer be required. An effective prophylactic recommended by the Committee on Infectious Diseases of the American Academy of Pediatrics will be instilled in place of the silver nitrate.

The Department of Health will no longer be required to prepare and distribute for free prophylactics for the eyes of newborns.

Confidentiality of Sexually Transmissible Disease Information

Any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease, including HIV or AIDS, will be guilty of a third degree felony.

Health Care Responsibility Act

County governments that have a hospital within the county may reduce the total liability under HCRA by one-half if the funds are spent on in-county hospital care for qualified indigent residents. Also, hospitals will have increased the time to notify the county of residence of a HCRA patient that the hospital provided health care to the patient, from the current time period of 10 days to 30 days.

B. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

AHCA will be given the authority to seek federal waivers allowing the agency to competitively negotiate in purchasing home health services and to establish a separate pharmacy provider for parenteral/enteral pharmacy services. AHCA will also be given the authority to seek federal waivers to secure Title XIX matching funds for the Healthy Start program. Finally, AHCA will have to modify its policies related to HCRA to reflect the changes in the bill.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

The Clerk of Court will provide AHCA with a copy of a monthly estate report already provided for the Department of Revenue.

County governments and hospitals that participate in HCRA will have to modify their procedures to comply with the bill.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Yes, county governments which benefit will have to cover any associated administrative expenses.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Access to parenteral/enteral pharmacy services will be improved allowing more patients to receive these services in home settings.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

Approval of the bill may result in the closing of some home health agencies whose business is primarily devoted to providing services to Medicaid recipients.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

N/A

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

C. STATUTE(S) AFFECTED:

Sections 198.30, 383.011, 409.903, 409.910, 409.912, 414.28, 154.504, 318.0022, 402.115, 414.028, 766.101, 383.04, 383.05, 381.004, 383.34, 154.301, 154.302, 154.304, 154.306, 154.308. 154.309, 154.314, and 154.316, F.S.

D. SECTION-BY-SECTION RESEARCH:

Section 1. Amends section 198.30, F.S., relating to estate recovery, to require that the circuit judge provide a copy of a monthly report containing the estate information of all decedents whose wills have been probated or propounded for probate before the circuit judge to the Agency for Health Care Administration.

Section 2. Amends section 383.011, F.S., relating to maternal and child health programs, to direct the Agency for Health Care Administration to seek a federal waiver to secure Title XIX matching funds for the Healthy Start program.

Section 3. Amends section 409.903, F.S., relating to mandatory payments for eligible persons, to update Medicaid eligibility requirements to conform to WAGES requirements as permitted by federal law.

Section 4. Amends section 409.910, F.S., relating to payments on behalf of Medicaid-eligible persons when other parties are liable, to require that after attorney's fees and taxable costs, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid and the remaining amount shall be paid to the recipient with the fee for services of an attorney calculated at 25% of the judgment, award, or settlement, and to require that third-party beneficiaries pay the agency the full amount of the received benefit within 60 days of settlement.

Section 5. Creates new subsections 409.912(8)and(15), F.S., relating to cost-effective purchasing of health care, to authorize the Agency for Health Care Administration to seek federal waivers allowing the agency to competitively negotiate to provide cost-effective purchasing of home health services and to permit the Agency for Health Care Administration to establish a separate pharmacy provider type for parenteral/enteral services.

Section 6. Amends section 414.28, F.S., relating to public assistance debts, to categorize claims relating to public assistance debts as Class 3 (debts and taxes with preferences under federal law) instead of Class 7 (debts acquired after death).

Section 7. Amends section 154.504, F.S., relating to the primary care for children and families challenge grant, to add language providing that copayments shall not apply to health care providers practicing under the provisions of s. 766.1115, F.S.

Section 8. Creates section 381.0022, F.S., relating to sharing of confidential or exempt information, to give the Department of Health and Children and Family Services the ability to share confidential information.

Section 9. Creates section 402.115, F.S., relating to sharing of confidential or exempt information, to give the Department of Health and the Department of Children and Family Services the ability to share confidential information.

Section 10. Amends section 414.028, F.S., relating to local WAGES coalitions, to provide that one public health official sit on each local WAGES coalition as an ex officio member and to permit county health departments and healthy start coalitions to be on WAGES coalitions as regular members at the option of the WAGES coalition.

Section 11. Amends section 766.101, F.S., relating to "medical review committee", immunity from liability, to add the Department of Health to the definition of "medical review committee" for purpose of exemption from liability.

Section 12. Provides that upon completion, the Marion County Health Department building to be constructed in Belleview, Florida, shall be known as the "Carl S. Lytle, M.D. Memorial Health Facility".

Section 13. Amends section 383.04, F.S., relating to prophylactic required for eyes of infants, to remove language that requires silver nitrate to be instilled into the eyes of infants within an hour after birth and to require that an effective prophylactic recommended by the Committee on Infectious Diseases of the American Academy of Pediatrics be instilled instead.

Section 14. Repeals section 383.05, F.S., relating to Department of Health preparation and free distribution of infant eye prophylactic.

Section 15. Amends section 381.004., relating to testing for human immunodeficiency virus, to establish the penalty of a third degree felony for any person who obtains and disseminates information that identifies an individual who has a sexually transmissible disease, including HIV and AIDS.

Section 16. Amends section 384.34, F.S., relating to penalties, to establish the penalty of a third degree felony for any person who obtains and disseminates information that identifies an individual who has a sexually transmissible disease.

Section 17 . Provides that the Legislature finds that amendments to ss. 154.301 through 154.316, F.S., contained in this act fulfill an important state interest.

Sections 18 - 20 and 22 - 27. Amend ss. 154.301 - 154.314, F.S., relating to HCRA, to make technical and conforming changes.

Section 21. Amends s. 154.306, F.S., relating to financial responsibility for certified residents who are qualified indigent patients treated at an out-of-county participating hospital, to specify that the maximum amount a county may be required to pay to out-of-county hospitals for HCRA may be reduced by up to one-half (from $4 per capita to $2 per capita) provided that the amount not paid has or is being spent for in-county hospital care provided to qualified indigent residents.

Section 28. Amends s. 154.316, F.S., relating to hospital's responsibility to notify of admission of indigent patients, to change from 10 to 30 the number of days a hospital has after admitting or treating a HCRA patient to notify the county of residency.

Section 29. Provides an effective date of January 1, 1999.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

There will be a reduction in licensure fees collected by AHCA as a result of a decrease in home health services agencies due to competitive negotiating.

	FY 98-99	FY 99-00
Agency for Health Care Administration Total Non-recurring Expenditures	$10,589	$ -0-

2. Recurring Effects:

	FY 98-99	FY 99-00
Department of Health		
General Revenue (existing funding)	$27,600,000	$27,600,000
Federal Grants Trust Fund (Title XIX)	$34,632,244	$34,632,244
Total Healthy Start	$62,232,244	$62,232,244
Agency for Health Care Administration		
Total Recurring Expenditures	$1,000,869	$1,326,991
	$63,233,113	$63,559,235

(Includes $27,600,000 of General Revenue currently funded for Healthy Start.)

3. Long Run Effects Other Than Normal Growth:

Indeterminate.

4. Total Revenues and Expenditures

	FY 98-99	FY 99-00
Total Revenue	$35,438,394	$35,634,343
Total Expenditures	$63,469,037	$63,798,698

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

Indeterminate.

2. Recurring Effects:

Local Healthy Start coalitions will receive a significant amount of their funding from Medicaid. Also, see fiscal comments.

3. Long Run Effects Other Than Normal Growth:

Indeterminate.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

   A number of home health agencies may lose business as a result of competitive negotiation.

   Certain hospitals may experience a small reduction in HCRA payments.

2. Direct Private Sector Benefits:

   The costs of home health care services may be controlled and possibly reduced.

   Certain hospitals may experienced increased reimbursement from county government for in-county indigent patients. Indigent patients may experience increased access to hospital care.

3. Effects on Competition, Private Enterprise and Employment Markets:

   Indeterminate.

D. FISCAL COMMENTS:

A reduction in the cap to $2 per capita would not appear to have a significant fiscal impact because so few counties exceed 50 percent of the liability. In fiscal year 1996-97, only 7 counties expended more than 50% of their HCRA responsibility, amounting to $217,400, or 10.5% of total HCRA payments that year.

The chart which follows lists funding amounts by county under HCRA for the 1996-97 fiscal year, and the amount available for in county use if this bill were to become law.

HEALTH CARE RESPONSIBILITY ACT
FY 1996-97

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Alachua	201,257	$805,028	$2,944	0	*	$402,514
Baker	20,618	$82,472	$78,552	95.25%		$0
Bay	141,342	$565,369	$0	0 00%	*	$282,684
Bradford	24,557	$98,228	$58,655	59.71%		$0
Brevard	454,174	$1,816,696	$60,247	3.32%	*	$908,348
Broward	1,383,624	$5,534,496	$225,590	4 08%	*	$2,767,248
Calhoun	12,113	$48,452	$0	0 00%	*	$24,226

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Charlotte	131,419	$525,676	$7,182	1.37%	*	$262,838
Citrus	108,181	$432,724	$55,396	12.80%	*	$216,362
Clay	123,852	$495,408	$14,713	2.97%	*	$247,704
Collier	192,813	$771,252	$14,363	1 86%	*	$385,626
Columbia	51,314	$205,256	$0	0.00%	*	$102,628
Dade	2,037,305	$8,149,220	$0	0.00%	*	$4,074,610
Desoto	27,323	$109,292	$10,335	9.46%	*	$54,646
Dixie	12,722	$50,888	$32,132	63.14%		$0
Duval	726,898	$2,907,592	$0	0.00%	*	$1,453,796
Escambia	286,768	$1,147,072	$0	0.00%	*	$573,536
Flagler	38,556	$154,224	$14,083	9.13%	*	$77,112
Franklin	10,390	$41,560	$40,944	98.52%		$0
Gadsden	45,214	$180,856	$2,944	1.63%	*	$90,428
Gilchrist	12,270	$49,080	$39,665	80.82%		$0
Glades	8,827	$35,308	$0	0.00%	*	$17,654
Gulf	13,617	$54,468	$0	0.00%	*	$27,234
Hamilton	12,859	$51,436	$0	0.00%	*	$25,718
Hardee	23,027	$92,108	$0	0 00%	*	$46,054
Hendry	30,126	$120,504	$31,128	25.83%	*	$60,252
Hernando	121,777	$487,108	$40,014	8.21%	*	$243,554
Highlands	78,938	$315,752	$25,883	8.20%	*	$157,876
Hillsborough	905,364	$3,621,456	$27,237	0.75%	*	$1,810,728
Holmes	17,516	$70,064	$0	0.00%	*	$35,032
Indian River	102,412	$409,648	$0	0.00%	*	$204,824
Jackson	46,968	$187,872	$0	0 00%	*	$93,936
Jefferson	13,659	$54,636	$0	0.00%	*	$27,318
Lafayette	6,698	$26,792	$0	0.00%	*	$13,396
Lake	181,341	$725,364	$26,452	3.65%	*	$362,682
Lee	385,513	$1,542,052	$21,887	1.42%	*	$771,026

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Leon	221,367	$885,468	$0	0.00%	*	$442,734
Levy	30,418	$121,672	$107,606	88 44%		$0
Liberty	6,991	$27,964	$2,944	10 53%	*	$13,982
Madison	18,503	$74,012	$0	0.00%	*	$37,006
Manatee	237,630	$950,520	$30,570	3.22%	*	$475,260
Marion	230,221	$920,884	$98,068	10 65%	*	$460,442
Martin	114,567	$458,268	$80,429	17 55%	*	$229,134
Monroe	84,488	$337,952	$0	0.00%	*	$168,976
Nassau	50,066	$200,264	$181,928	90.84%		$0
Okaloosa	165,712	$662,848	$0	0.00%	*	$331,424
Okeechobee	33,699	$134,796	$45,000	33 38%	*	$67,398
Orange	775,789	$3,103,156	$0	0 00%	*	$1,551,578
Osceola	141,727	$566,908	$17,337	3.06%	*	$283,454
Palm Beach	983,052	$3,932,208	$21,511	0.55%	*	$1,966,104
Pasco	311,273	$1,245,092	$246,830	19.82%	*	$622,546
Pinellas	882,495	$3,529,980	$70,704	2.00%	*	$1,764,990
Polk	450,091	$1,800,364	$48,212	2.68%	*	$900,182
Putnam	70,510	$282,040	$33,911	12.02%	*	$141,020
St Johns	100,778	$403,112	$0	0 00%	*	$201,556
St. Lucie	175,643	$702,572	$33,013	4.70%	*	$351,286
Santa Rosa	98,821	$395,284	$89,234	22.57%	*	$197,642
Sarasota	306,502	$1,226,008	$18,579	1.52%	*	$613,004
Seminole	332,158	$1,328,632	$15,119	1.14%	*	$664,316
Sumter	37,761	$151,044	$54,901	36.35%	*	$75,522
Suwannee	31,094	$124,376	$22,834	18.36%	*	$62,188
Taylor	18,516	$74,064	$0	0.00%	*	$37,032
Union	12,795	$51,180	$7,519	14.69%	*	$25,590
Volusia	410,705	$1,642,820	$17,681	1.08%	*	$821,410

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Wakulla	17,568	$70,272	$0	0.00%	*	$35,136
Walton	34,163	$136,652	$0	0 00%	*	$68,326
Washington	19,396	$77,584	$0	0 00%	*	$38,792
State Total	**14,395,851**	**$57,583,404**	**$2,074,275**	**Average = 13.25%**	**7 Counties exceed 50%**	**$28,469,620**

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues. However, the bill may reduce the revenues collected under HCRA for certain government-owned hospitals if counties choose to allocate a portion of their HCRA funds to in-county hospitals.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

In conducting their analysis of the HCRA portion of this bill, AHCA staff contacted several counties and hospitals, including Orange and Pinellas counties and HCRA participating hospitals in Leon and Hillsborough counties. According to AHCA, comments regarding the legislation were favorable, suggesting that perhaps the bill would result in increased funding for in-county indigent hospital care.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 2, 1998, the Health Care Services Committee passed the following amendments:

- Removed reference in Section 2 to a nonexistent definition in the Medicaid statutes.

- Inserted the word "any" on page 2, line 24, to ensure that local contributions used to seek Medicaid matching funds are not limited to existing local contributions.

The HCRA section of this bill was discussed before the Health Care Services Committee on January 5, 1998 in the form of PCB HCS 98-04, and an amendment was added to increase the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient, from the current time period of 10 days to 30 days. On February 16, 1998, the Health Care Services Committee adopted an amendment to incorporate PCB HCS 98-04 into PCB HCS 98-02.

On February 16, 1998, the Health Care Services Committee also adopted amendments to require distribution of attorney's fees for recovery of third party benefits, to address issues relating to public health concerns and the Department of Health, and to establish that any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease is guilty of a third degree felony.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Amy K. Guinan

Legislative Research Director:

Michael P. Hansen

A bill to be entitled

An act relating to health care; amending s. 198.30, F.S.; requiring a copy of the opening of estates be submitted to the Agency for Health Care Administration; amending ss. 240.4075 and 240.4076, F.S., transferring the Nursing Student Loan Forgiveness Program and the Nursing scholarship program from the Department of Health to the Department of Education; specifying such transfer by type II transfer; amending s. 383.011, F.S.; directing the Agency for Health Care Administration to seek a federal waiver for the Healthy Start program; amending s. 409.903, F.S.; providing Medicaid eligibility standards for certain persons; amending s. 409.910, F.S.; setting requirements for payments of attorney's fees; revising Medicaid third party liability payment requirements; amending s. 409.912, F.S.; eliminating a prohibition on specified contracts; repealing redundant language; providing for authority to competitively negotiate home health services; authorizing the establishment of a separate pharmacy provider type entitled parenteral/enteral pharmacy; directing the Agency for Health Care Administration to establish an outpatient specialty services pilot project; providing definitions; providing criteria for participation; requiring an evaluation and a report to the Governor and Legislature;

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

(1) Low income families with children are eligible for Medicaid provided they meet the following requirements ~~Persons who receive payments from or are determined eligible to participate in the WAGES Program, and certain persons who would be eligible but do not meet certain technical requirements. This group includes, but is not limited to:~~

(a) The family includes a dependent child who is living with a caretaker relative ~~Low-income, single-parent families and their children~~.

(b) The family's income does not exceed the gross income test limit ~~Low-income, two-parent families in which at least one parent is disabled or otherwise incapacitated~~.

(c) The family's countable income and resources do not exceed the applicable Aid to Families With Dependent Children (AFDC) income and resource standards under the AFDC State Plan in effect in July 1996, except as amended in the Medicaid State Plan to conform as closely as possible to the requirements of the WAGES program, as created in s. 414.015, to the extent permitted by federal law ~~Certain unemployed two-parent families and their children~~.

Section 7. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a ~~and in which the amount of any~~ judgment, award, or settlement from a third party, ~~third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25% of the judgment, award, or settlement.

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

4. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days of receipt of settlement proceeds,the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold

the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 8. Subsections (3) and (4) of section 409.912, Florida Statutes, are amended, subsections (8)-(13) and (14)-(33) are renumbered as (9)-(14) and (16)-(35), respectively, and new subsections (8), (15), and (36) are added to said section, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.

(3) The agency may contract with:

(a) An entity that provides no prepaid health care services other than Medicaid services under contract with the agency and which is owned and operated by a county, county health department, or county-owned and operated hospital to provide health care services on a prepaid or fixed-sum basis to recipients, which entity may provide such prepaid services

(1) Low-income families with children are eligible for Medicaid provided they meet the following requirements: ~~Persons who receive payments from or are determined eligible to participate in the WAGES Program, and certain persons who would be eligible but do not meet certain technical requirements. This group includes, but is not limited to:~~

(a) The family includes a dependent child who is living with a caretaker relative. ~~Low-income, single-parent families and their children.~~

(b) The family's income does not exceed the gross income test limit. ~~Low-income, two-parent families in which at least one parent is disabled or otherwise incapacitated.~~

(c) The family's countable income and resources do not exceed the applicable aid-to-families-with-dependent-children (AFDC) income and resource standards under the AFDC state plan in effect in July 1996, except as amended in the Medicaid state plan to conform as closely as possible to the requirements of the WAGES Program as created in s. 414.015, to the extent permitted by federal law. ~~Certain unemployed two-parent families and their children.~~

(8) A person who is age 65 or over or is determined by the agency ~~department~~ to be disabled, whose income is at or below 100 percent of the most current federal poverty level and whose assets do not exceed limitations established by the agency ~~department~~. However, the agency ~~department~~ may only pay for premiums, coinsurance, and deductibles, as required by federal law, unless additional coverage is provided for any or all members of this group by s. 409.904(1).

Section 25. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute, intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a ~~and in which the amount of any~~ judgment, award, or settlement from a third party, ~~third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

4. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days after receipt of settlement proceeds, the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that

any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 26. Paragraph (c) of subsection (3), paragraph (c) of subsection (4), paragraph (c) of present subsection (18), and present subsection (26) of section 409.912, Florida Statutes, are amended, subsections (8) through (13) and (14) through (33) are renumbered as subsections (9) through (14) and (16) through (35), respectively, and new subsections (8), (15), and (36) are added to said section, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute

~~would be eligible but do not meet certain technical requirements. This group includes, but is not limited to:~~

(a) The family includes a dependent child who is living with a caretaker relative.~~Low-income, single-parent families and their children.~~

(b) The family's income does not exceed the gross income test limit.~~Low-income, two-parent families in which at least one parent is disabled or otherwise incapacitated.~~

(c) The family's countable income and resources do not exceed the applicable aid-to-families-with-dependent-children (AFDC) income and resource standards under the AFDC state plan in effect in July 1996, except as amended in the Medicaid state plan to conform as closely as possible to the requirements of the WAGES Program as created in s. 414.015, to the extent permitted by federal law.~~Certain unemployed two-parent families and their children.~~

(8) A person who is age 65 or over or is determined by the agency ~~department~~ to be disabled, whose income is at or below 100 percent of the most current federal poverty level and whose assets do not exceed limitations established by the agency ~~department~~. However, the agency ~~department~~ may only pay for premiums, coinsurance, and deductibles, as required by federal law, unless additional coverage is provided for any or all members of this group by s. 409.904(1).

Section 24. Paragraph (f) of subsection (12) and subsection (18) of section 409.910, Florida Statutes, are amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.--

(12) The department may, as a matter of right, in order to enforce its rights under this section, institute,

intervene in, or join any legal or administrative proceeding in its own name in one or more of the following capacities: individually, as subrogee of the recipient, as assignee of the recipient, or as lienholder of the collateral.

(f) Notwithstanding any provision in this section to the contrary, in the event of an action in tort against a third party in which the recipient or his or her legal representative is a party which results in a ~~and in which the amount of any~~ judgment, award, or settlement from a third party, ~~third-party benefits, excluding medical coverage as defined in subparagraph 4., after reasonable costs and expenses of litigation, is an amount equal to or less than 200 percent of the amount of medical assistance provided by Medicaid less any medical coverage paid or payable to the department, then distribution of~~ the amount recovered shall be distributed as follows:

1. After attorney's fees and taxable costs as defined by the Florida Rules of Civil Procedure, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid.

2. The remaining amount of the recovery shall be paid to the recipient.

3. For purposes of calculating the department's recovery of medical assistance benefits paid, the fee for services of an attorney retained by the recipient or his or her legal representative shall be calculated at 25 percent of the judgment, award, or settlement.

~~1. Any fee for services of an attorney retained by the recipient or his or her legal representative shall not exceed an amount equal to 25 percent of the recovery, after~~

~~reasonable costs and expenses of litigation, from the judgment, award, or settlement.~~

~~2. After attorney's fees, two-thirds of the remaining recovery shall be designated for past medical care and paid to the department for medical assistance provided by Medicaid.~~

~~3. The remaining amount from the recovery shall be paid to the recipient.~~

4. For purposes of this paragraph, "medical coverage" means any benefits under health insurance, a health maintenance organization, a preferred provider arrangement, or a prepaid health clinic, and the portion of benefits designated for medical payments under coverage for workers' compensation, personal injury protection, and casualty.

(18) A recipient or his or her legal representative or any person representing, or acting as agent for, a recipient or the recipient's legal representative, who has notice, excluding notice charged solely by reason of the recording of the lien pursuant to paragraph (6)(d), or who has actual knowledge of the department's rights to third-party benefits under this section, who receives any third-party benefit or proceeds therefrom for a covered illness or injury, is required either to pay the department, within 60 days after receipt of settlement proceeds,the full amount of the third-party benefits, but not in excess of the total medical assistance provided by Medicaid, or to place the full amount of the third-party benefits in a trust account for the benefit of the department pending judicial or administrative determination of the department's right thereto. Proof that any such person had notice or knowledge that the recipient had received medical assistance from Medicaid, and that third-party benefits or proceeds therefrom were in any way

related to a covered illness or injury for which Medicaid had provided medical assistance, and that any such person knowingly obtained possession or control of, or used, third-party benefits or proceeds and failed either to pay the department the full amount required by this section or to hold the full amount of third-party benefits or proceeds in trust pending judicial or administrative determination, unless adequately explained, gives rise to an inference that such person knowingly failed to credit the state or its agent for payments received from social security, insurance, or other sources, pursuant to s. 414.39(4)(b), and acted with the intent set forth in s. 812.014(1).

(a) The department is authorized to investigate and to request appropriate officers or agencies of the state to investigate suspected criminal violations or fraudulent activity related to third-party benefits, including, without limitation, ss. 409.325 and 812.014. Such requests may be directed, without limitation, to the Medicaid Fraud Control Unit of the Office of the Attorney General, or to any state attorney. Pursuant to s. 409.913, the Attorney General has primary responsibility to investigate and control Medicaid fraud.

(b) In carrying out duties and responsibilities related to Medicaid fraud control, the department may subpoena witnesses or materials within or outside the state and, through any duly designated employee, administer oaths and affirmations and collect evidence for possible use in either civil or criminal judicial proceedings.

(c) All information obtained and documents prepared pursuant to an investigation of a Medicaid recipient, the recipient's legal representative, or any other person relating

to an allegation of recipient fraud or theft is confidential and exempt from s. 119.07(1):

1. Until such time as the department takes final agency action;

2. Until such time as the Attorney General refers the case for criminal prosecution;

3. Until such time as an indictment or criminal information is filed by a state attorney in a criminal case; or

4. At all times if otherwise protected by law.

Section 25. Paragraph (c) of subsection (3), paragraph (c) of subsection (4), paragraph (c) of present subsection (18), and present subsection (26) of section 409.912, Florida Statutes, are amended, subsections (8) through (13) and (14) through (33) are renumbered as subsections (9) through (14) and (16) through (35), respectively, and new subsections (8), (15), and (36) are added to said section, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services.

(3) The agency may contract with:

STORAGE NAME: h4535z.hcs ****FINAL ACTION****
DATE: May 27, 1998 ****SEE FINAL ACTION STATUS SECTION****

HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
FINAL BILL RESEARCH & ECONOMIC IMPACT STATEMENT

BILL #. HB 4535 (Passed as CS/CS/SB 484)

RELATING TO: Health Care

SPONSOR(S). Committee on Health Care Services, Rep. Albright & others

COMPANION BILL(S) SB 484 (similar)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

(1) HEALTH CARE SERVICES YEAS 10 NAYS 1
(2) GOVERNMENTAL OPERATIONS (W/D)
(3) FINANCE & TAXATION (W/D)
(4) HEALTH & HUMAN SERVICES APPROPRIATIONS (W/D)

I. FINAL ACTION STATUS:

05/24/98 Became Law without Governor's Signature; Chapter No. 98-191

II. SUMMARY:

With regard to the Medicaid program, this bill: revises third party liability recovery procedures by the Agency for Health Care Administration (AHCA), revises payment schedules for persons dually eligible for Medicare and Medicaid, revises mandatory assignment provisions for Medicaid recipients to insure equal enrollment in MediPass and PSN's and managed care plans; requires AHCA to establish a revised Medicaid reimbursement methodology for long-term-care services for nursing home residents; authorizes AHCA to competitively negotiate for home health services; revises eligibility standards to conform to WAGES requirements; extends time Medicaid recipients may disenroll from a managed care plan or MediPass provider; creates a Medicaid outpatient specialty services pilot project, eliminates prohibition of federally qualified health centers participating in Medicaid provider services networks; limits reimbursement under District 6 Mental Health Pilot Projects to entities licensed under chs. 624, 641, or 636, F.S.; provides $2 million from tobacco settlement revenues to provide Medicaid recipients with prosthetic and orthotic devices; requires Medicaid reimbursement to county health departments for school based services for patients enrolled in managed care plans.

With regard to the Department of Health and other health care issues, this bill: specifies that copayments collected by DOH or its contractors do not apply to health care providers practicing under the "Access to Health Care Act"; authorizes certain departments to share confidential client information; revises local WAGES coalition memberships; adds DOH to the definition of "medical review committee"; names the Carl S. Lytle, M.D. Memorial Health Facility in Marion County; repeals outdated silver nitrate requirements, transfers the Nursing Student Loan Forgiveness Program and scholarship program from the DOH to the Department of Education; increases the penalties for maliciously disseminating information identifying individuals who have a sexually transmissible disease and for persons committing multiple violations of s. 384.24(2); revises professional liability reporting requirements by certain insurers; provides that DOH is the designated state agency for receiving federal funds for the Child Care Food Program.

Finally, this bill revises the "Health Care Responsibility Act of 1988" to reduce the maximum amount a county may be required to pay out-of-county hospitals for care provided to qualified indigent residents of the county and increases the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient.

The fiscal impact on local government of the HCRA portion of this bill may vary from county to county. An appropriation of $2 million from tobacco settlement revenues will be matched with federal Medicaid funds to provide Medicaid recipients with prosthetic and orthotic devices.

III. SUBSTANTIVE RESEARCH:

A PRESENT SITUATION:

Health Care Responsibility Act

The "Florida Health Care Responsibility Act" or HCRA was created in 1977 and was designed to ensure that the county of residence of an indigent person who receives inpatient hospital services in a county other than the county of residence, will reimburse the hospital for those services. The statutory provisions were revised in 1988 as part of chapter 88-294, Laws of Florida, to strengthen provisions requiring counties to fulfill their financial obligations for their indigent residents who are provided out-of-county hospital care. At that time, the act was renamed as the "Florida Health Care Responsibility Act of 1988."

The intent language that is part of HCRA, as specified in s 154.302, F.S., places the ultimate financial obligation for hospital treatment for qualified out-of-county indigent patients on the county in which the indigent patient resides. Under s 154.309, F.S , the county known or thought to be the county of residence is given first opportunity to certify that a treated indigent is a resident of the county. If that county fails to make such a determination within 60 days of written notification by the hospital, the agency is to determine the indigent's county of residency This determination is then binding on the county of residence

Under s 154 304, F.S., a hospital qualifies as "participating" in HCRA if it meets two criteria. First, the hospital has to have reported to the Agency for Health Care Administration (AHCA or agency) that it provided charity care, based on the hospital's most recent audited actual experience, in an amount where the ratio of uncompensated charity care days compared to total acute care inpatient days equals or exceeds 2 percent. Second, the hospital is required to either sign a formal agreement with a county to treat the county's indigent patients, or demonstrate to the agency that at least 2.5 percent of its uncompensated charity care, as reported to the agency, is generated by out-of-county residents. Under this section of statute, "regional referral hospitals" are hospitals which have met the 2 percent charity care obligation and which meet the definition of a teaching hospital as defined in s. 408 07, F.S. The act defines "qualified indigent person" to mean a person who has been determined pursuant to s. 154.308, F.S., to have an average family income, for the 12 months preceding the determination, which is below 100 percent of the federal nonfarm poverty level; who is not eligible to participate in any other government program which provides hospital care; who has no private insurance or has inadequate private insurance; and who does not reside in a public institution. Section 154 316, F.S., requires any hospital admitting or treating any out-of-county patient who may qualify as indigent under HCRA to notify the county known or thought to be the county of residency within 10 days of the treatment or admission, or the county forfeits its right to reimbursement. Hospitals have indicated that this 10 day period is insufficient.

Under s. 154 306, F.S., a county's financial obligation for qualified applicants does not exceed 45 days per county fiscal year. The rate of payment set by this act is 100 percent of the per diem reimbursement rate currently in effect for the out-of-county hospital under Medicaid, except that those counties that were at their 10-mil cap on October 1, 1991, reimburse hospitals for such services at not less than 80 percent of the hospital Medicaid per diem If a county has negotiated a formal agreement with a hospital, the payment rate set by the agreement is substituted for the payment rate set by the statute. The maximum a county is required to pay is equivalent to $4 multiplied by the most recent official state population estimate for the county

Current county compliance with statutory requirements varies widely. Figures compiled by the Agency for Health Care Administration and the Florida Association of Counties indicate that the following amounts have been expended by counties under the Health Care Responsibility Act of 1988 in recent years: 1991-92, $3,029,637; 1992-93, $3,419,623; 1993-94, $5,028,883; 1994-95, $2,620,975; 1995-96, $2,849,861; and 1996-97, $2,074,076.

As stated, there is a $4 per capita limit on the liability of any county for payments under HCRA. However, very few counties actually reach this cap. No county reached the cap during the 1996-97 fiscal year, and only 7 counties reached the cap between fiscal years 1991-92 and 1993-94 (DeSoto, Franklin, Gilchrist, Hardee, Madison, Nassau, and Wakulla). Total collections in fiscal year 1996-97 was only 3 6 percent of the total liability.

There are 8 counties in the state with no hospital within their boundary. These are Dixie, Gilchrist, Glades, Jefferson, Lafayette, Liberty, Sumter, and Wakulla. While 46 counties report paying at least some amount under the act during the past 3 fiscal years, 21 counties report no expenditures

Medicaid Third Party Liability

Under provision of the federal Omnibus Budget Reconciliation Act of 1993, the Medicaid Estate Recovery Program is required to recover Medicaid payments from estates of certain deceased Medicaid recipients. In Florida, the Agency for Health Care Administration (AHCA) is responsible for identifying the estates of former Medicaid recipients and recovering any funds the estate might owe Florida as reimbursement for Medicaid expenditures made on behalf of the decedent Currently, there is no time limitation as to when the estate's representative must pay AHCA the amount of the Medicaid expenditures.

The agency is presently classed as one of the last creditors to receive payment from an estate. Section 733.707, F.S., ranks the payment of expenses and obligations of estates in the following order.

- Class 1.--Costs, expenses of administration, and compensation of personal representatives and their attorneys' fees;
- Class 2.--Reasonable funeral, interment, and grave marker expenses, whether paid by a guardian under s. 744.441(16), the personal representative, or any other person, not to exceed the aggregate of $6,000;
- Class 3.--Debts and taxes with preference under federal law;

- Class 4.--Reasonable and necessary medical and hospital expenses of the last 60 days of the last illness of the decedent, including compensation of persons attending him or her,
- Class 5.--Family allowance;
- Class 6.--Arrearage from court-ordered child support;.
- Class 7.--Debts acquired after death by the continuation of the decedent's business, in accordance with s. 733.612(22), but only to the extent of the assets of that business;
- Class 8.--All other claims, including those founded on judgments or decrees rendered against the decedent during the decedent's lifetime, and any excess over the sums allowed in paragraphs (b) and (d).

The agency's claims relating to public assistance are now categorized as Class 7 (debts acquired after death).

Medicaid Programs and Medicaid Eligibility

In 1996, Congress passed the Personal Responsibility and Work Opportunity Act, which replaced the federal Aid to Families with Dependent Children (AFDC) program with a new program called Temporary Assistance to Needy Families (TANF).

The major change from AFDC is that TANF limits the amount of time a person can receive financial assistance and sets work requirements for the program's participants. The link between Medicaid and the cash assistance program was eliminated. Persons eligible for TANF will no longer be automatically eligible for Medicaid as they were under AFDC. Parents and children receiving TANF must meet separate eligibility income and asset rules.

Florida's family assistance program under TANF is the Work and Gain Economic Self-Sufficiency (WAGES) program. The current State Medicaid eligibility requirements do not conform to WAGES program requirements

Medicaid Home Health Services

The FY 1997-1998 General Appropriations Act authorized AHCA to competitively negotiate for home health services to Medicaid recipients. In the past, methods such as prior authorization have been effective in decreasing the number of home health providers, but the number of home health providers is beginning to increase again

According to AHCA, when an excessive number of home health service providers exists, an increase in rates occurs and a high incidence of fraud and abuse emerges. Competitive negotiating gives AHCA the ability to control costs and fraud by allowing the agency to seek out qualified and cost-efficient bidders without imposing strict constraints on bid scoring

Local WAGES Coalitions

Local WAGES coalitions are designed to plan and coordinate the delivery of WAGES Program services specified in the statewide implementation plan at the local level. The local delivery of services under the WAGES Program are coordinated as much as

possible with the local services and activities of the local service providers designated by the regional workforce development boards.

Currently, each local WAGES coalition must have a minimum of 11 members, of which at least one-half must be from the business community. The composition of the coalition membership must generally reflect the racial, gender, and ethnic diversity of the community as a whole. Members are appointed to 3-year terms, and the composition of the coalition membership must generally reflect the racial, gender, and ethnic diversity of the community. The membership of each coalition must include:

- Representatives of the principal entities that provide funding for the employment, education, training, and social service programs that are operated in the service area, including, but not limited to, representatives of local government, the regional workforce development board, and the United Way,
- A representative of the health and human services board;
- A representative of a community development board;
- Three representatives of the business community who represent a diversity of sizes of businesses;
- Representatives of other local planning, coordinating, or service-delivery entities;
- A representative of a grassroots community or economic development organization that serves the poor of the community.

Medical Review Committee - Exemption from Liability

Section 766.101(1)(a) defines a medical review committee for the purpose of exemption from liability. County health departments and healthy start coalitions are currently included in this definition The Department of Health, however, was inadvertently left out of this definition.

Primary Care Challenge Grant Program

The Primary Care for Children & Families Challenge Grant Program was created to stimulate a partnership between the state and local governments for the development of coordinated primary health care delivery systems for low-income children and families. Children and families with incomes up to 150% of the federal poverty level are eligible. Successful applicant counties for the grant have to contribute a local match which consists of a combination of in-kind and cash contributions. Currently, participants pay no monthly premium for participation, but may be required to pay a copayment at the time the service is provided. These primary care challenge grant program copayments jeopardize the sovereign immunity protections for providers covered under the Access to Care Act as created in s. 766.1115, F.S.

Nursing Student Loan Forgiveness Program and scholarship program

The Nursing Student Loan Forgiveness Program (s. 240.4075, F.S.) and the Nursing scholarship program (s. 240 4076) were created to attract capable and promising individuals to the nursing profession. The scholarship program offers individuals an opportunity to receive scholarship money for an approved nursing program if the individual agrees to work at a health care facility in a medically under served area for each year that scholarship assistance was received. The primary function of the loan

forgiveness program is to increase the employment and retention of registered nurses and licensed practical nurses in state and state-operated medical and health care facilities by making repayments toward loans received by the nurses from federal or state programs or commercial lending institutions for post-secondary study in nursing programs. Both programs are administered by the Department of Health.

Sharing of Confidential Information between Departments

Since the Department of Health and Rehabilitative Services was split into the Department of Health and the Department of Children and Family Services, the two departments have not had the ability to share confidential information in the same manner as when they were both part of the same department. Currently, a waiver request is presented to clients before services are provides by each agency. If a client refuses to sign a waiver, the departments cannot share the confidential information. The Department of Health believes that sharing confidential information improves child protection activities and helps reduce the incidence of abuse.

Prophylactic for Newborns' Eyes

Section 383.04 and 383.05, F.S., involve requirements that all newborns receive a prophylactic agent containing silver nitrate in the eyes within one hour of birth. These sections require that the prophylactic is to be prepared and distributed for free by DOH. This statute has not been enforced in many years because silver nitrate is no longer readily available and other more effective and less harmful eye prophylactics are used in place of silver nitrate. In addition, DOH does not receive funding to make the silver nitrate solution available.

Sexually Transmissible Diseases

According to section 384.34(2), F S , any person who breaches the confidentiality of sexually transmissible disease information held by the department, including information related to contact investigation, is subject to the penalty of a first degree misdemeanor. In the enforcement of this statute, questions have arisen regarding the applicability of these penalties to persons not employed by the department.

Section 384.34(3), F.S., establishes that any person who maliciously disseminates false information concerning the existence of any sexually transmissible disease is subject to the penalty of a second degree misdemeanor. Section 381.004(6), F.S., establishes the penalty of a first degree misdemeanor for any person who breaches the confidentiality of information related to testing for human immunodeficiency virus (HIV), including the HIV testing of inmates.

According to the Department of Health, maintaining the security and privacy of sensitive client records is essential to the department's public health efforts. The department believes that increased penalties would enhance the ability of law enforcement to hold persons accountable for violations of this law, and that more severe penalties would reinforce public trust in the safety of these records and serve as a deterrent to mishandling or misuse.

Section 384.24, F.S., provides that it is unlawful for any person who has HIV to knowingly expose other person to the disease through sexual intercourse unless the person has been informed of the sexually transmitted disease and has consented to the sexual intercourse.

A. EFFECT OF PROPOSED CHANGES:

Health Care Responsibility Act

County governments that have a hospital within the county may reduce the total liability under HCRA by one-half if the funds are spent on in-county hospital care for qualified indigent residents. Also, hospitals will have increased the time to notify the county of residence of a HCRA patient that the hospital provided health care to the patient, from the current time period of 10 days to 30 days.

Medicaid Third Party Liability

AHCA will be able to more efficiently identify and recover funds owed to the state of Florida from the estates of former Medicaid recipients. Attorney's fees will be provided for in the distribution of amounts recovered in certain torts suits Agency claims relating to public assistance debts will be removed from Class 7 (debts acquired after death) and categorized as Class 3 (debts and taxes with preferences under federal law). A significant increase in revenue for increased Medicaid spending should result.

Medicaid Programs and Medicaid Eligibility

Medicaid eligibility will be described as:

- A low income family with a child who is living with a caretaker relative as defined by the federal Medicaid statute;
- Family income does not exceed the gross income test limit;
- Family countable income and resources do not exceed the applicable AFDC standards under the AFDC State Plan in effect in July 1996, except as amended in the Medicaid State Plan to conform to the WAGES program requirement as permitted by federal law.

An appropriation of $2 million from tobacco settlement revenues to be matched with federal Medicaid funds will be used to provide Medicaid recipients with prosthetic and orthotic devices.

The Department of Health will be the designated state agency for receiving federal funds for the Child Care Food Program

Medicaid reimbursement to county health departments for school based services for patients enrolled in managed care plans will be required.

Mandatory assignment provisions for Medicaid recipients will be revised to insure equal enrollment in MediPass and PSN's and managed care plans.

The period during which a Medicaid recipient may disenroll from a managed care plan or Medipass provider will be extended from 60 to 90 days.

Medicaid Home Health Services

AHCA will be authorized to seek federal waivers to allow competitive negotiation in providing cost-effective purchasing of home health services. AHCA believes that competitive negotiation may help Medicaid in efforts to control spending, growth, and fraud in the home health program. AHCA is directed to issue a request for proposal to implement a pilot managed care program to determine the cost-effectiveness and effects of providing outpatient speciality services to Medicaid recipients on a prepaid, capitated basis. A new licensure category, separately or in combination, under part II of Chapter 641, F S. for diagnostic imaging, clinical lab, and Medicaid home health services is created, and a provision that prohibits federally qualified health centers from participating in Medicaid provider services networks is repealed

Local WAGES Coalitions

One public health official will sit on each local WAGES coalition as an ex officio member. At the option of the WAGES coalition, county health departments and healthy start coalitions are permitted to be on WAGES coalitions as regular members

Medical Review Committee - Exemption from Liability

The Department of Health is included in the defintion of "medical review committee" for purpose of exemption from liability

Reimbursement of Medicaid Providers

Reimbursement under District 6 Mental Health Pilot Projects to entities licensed under chs. 624, 641, or 636, F.S., will be limited, effective January 1, 1999. AHCA will be required to establish a reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents. Payment provisions for persons dually eligible for Medicare and Medicaid will be revise.

Professional Liability Claims

Professional liability reporting requirements by certain insurers will be revised, and health care providers who obtain professional liability insurance from the Board of Regents will be required to report to the Department of Insurance claims for damages.

Primary Care Challenge Grant Programs

Copayments will not apply to health care providers practicing under the provisions of s. 766.1115, F.S.

Nursing Student Loan Forgiveness Program and scholarship program

The Nursing Student Loan Forgiveness Program and the Nursing scholarship program will be transferred from the Department of Health to the Department of Education. The transfer is specified as a type II transfer as provided in s 20 06, F.S , which provides the method of reorganization of the executive branch of government

Sharing of Confidential Information Between Departments

The Department of Health and Children and Family Services will have the ability to share confidential information in the same manner as when the two departments were both part of the former Department of Health and Rehabilitative Services.

The Carl S. Lytle, M.D. Memorial Health Facility

Upon completion, the Marion County Health Department building to be constructed in Belleview, FL, will be known as the "Carl S. Lytle, M.D. Memorial Health Facility.

Prophylactic for Newborns' Eyes

Instilling Silver nitrate into the eyes of newborns will no longer be required. An effective prophylactic recommended by the Committee on Infectious Diseases of the American Academy of Pediatrics will be instilled in place of the silver nitrate.

The Department of Health will no longer be required to prepare and distribute for free prophylactics for the eyes of newborns

Sexually Transmissible Diseases

Any person who obtains and maliciously, or for monetary gain, disseminates information identifying an individual who has a sexually transmissible disease, including HIV or AIDS, will be guilty of a third degree felony. Any person who commits multiple violations of s. 384.24(2) -- knowingly exposing an individual to HIV infection through sexual intercourse unless the other person has been informed of the HIV infection and consents to the sexual intercourse -- is guilty of a first degree felony.

B APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

AHCA will be given the authority to seek federal waivers allowing the agency to competitively negotiate in purchasing home health services and

will have to modify its policies related to HCRA to reflect the changes in the bill.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

The Clerk of Court will provide AHCA with a copy of a monthly estate report already provided for the Department of Revenue.

County governments and hospitals that participate in HCRA will have to modify their procedures to comply with the bill.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced.

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Yes, county governments which benefit will have to cover any associated administrative expenses.

4. Individual Freedom:

a Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Certain hospitals may experience increased reimbursement from county government for in-county indigent patients, and indigent patients may experience increased access to hospital care.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

Approval of the bill may result in the closing of some home health agencies whose business is primarily devoted to providing services to Medicaid recipients.

5. Family Empowerment:

a. If the bill purports to provide services to families or children.

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

N/A

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

C. STATUTE(S) AFFECTED:

Sections 154.301,154.302, 154.304, 154.306, 154 308, 154.309, 154.31, 154.3105, 154.312, 154.314, 154.316, 154.504, 198.30, 240.4075, 240.4076, 381.0022, 402.115,

381.004, 384 34, 414 028, 766.101, 383.011, 383.04, 383.05, 409 903, 409 908, 409.912, 409.12, 409.9122, 409.910, 414.28, 627.912, F.S.

D. SECTION-BY-SECTION RESEARCH:

Section 1. Provides that the Legislature finds that amendments to ss 154.301 through 154.316, F.S., contained in this act fulfill an important state interest.

Sections 2 - 4 and 6 - 11 Amend ss. 154 301 - 154.314, F.S., relating to HCRA, to make technical and conforming changes.

Section 5. Amends s. 154.306, F.S., relating to financial responsibility for certified residents who are qualified indigent patients treated at an out-of-county participating hospital, to specify that the maximum amount a county may be required to pay to out-of-county hospitals for HCRA may be reduced by up to one-half (from $4 per capita to $2 per capita) provided that the amount not paid has or is being spent for in-county hospital care provided to qualified indigent residents.

Section 12. Amends s. 154.316, F.S., relating to hospital's responsibility to notify of admission of indigent patients, to change from 10 to 30 the number of days a hospital has after admitting or treating a HCRA patient to notify the county of residency

Section 13. Amends s. 154.504, F.S , relating to the primary care for children and families challenge grant, to add language providing that copayments shall not apply to health care providers practicing under the provisions of s. 766.1115, F.S.

Section 14. Amends s. 198.30, F S., relating to estate recovery, to require that the circuit judge provide a copy of a monthly report containing the estate information of all decedents whose wills have been probated or propounded for probate before the circuit judge to the Agency for Health Care Administration.

Section 15. Amends s. 240 4075, F.S., relating to the Nursing Student Loan Forgiveness Program, transferring the Program from the Department of Health to the Department of Education.

Section 16. Amends s. 240 4076, F.S., relating to the Nursing scholarship program, transferring the program from the Department of Health to the Department of Education

Section 17. Specifies that the transfers of the Nursing Student Loan Forgiveness Program and the Nursing scholarship program to the Department of Education are type II transfers.

Section 18. Creates s. 381 0022, F.S , relating to sharing of confidential or exempt information, to give the Department of Health and Children and Family Services the ability to share confidential information.

Section 19. Creates s. 402.115, F.S., relating to sharing of confidential or exempt information, to give the Department of Health and the Department of Children and Family Services the ability to share confidential information.

Section 20. Amends s. 381.004., relating to testing for human immunodeficiency virus, to establish the penalty of a third degree felony for any person who obtains and disseminates information that identifies an individual who has a sexually transmissible disease, including HIV and AIDS.

Section 21. Amends s. 384.34, F S., relating to penalties, to establish the penalty of a third degree felony for any person who obtains and disseminates information that identifies an individual who has a sexually transmissible disease, and to establish the penalty of a first degree felony for any person who commits multiple violations of s 384.24(2)

Section 22. Amends s. 414.028, F.S., relating to local WAGES coalitions, to provide that one public health official sit on each local WAGES coalition as an ex officio member and to permit county health departments and healthy start coalitions to be on WAGES coalitions as regular members at the option of the WAGES coalition.

Section 23. Amends s. 766.101, F S , relating to "medical review committee", immunity from liability, to add the Department of Health to the definition of "medical review committee" for purpose of exemption from liability.

Section 24. Amends s 383.011, F.S., relating to maternal and child health programs, to establish that the Department of Health is the designated state agency for receiving federal funds for the Child Care Food Program.

Section 25. Amends s. 383.04, F.S., relating to prophylactic required for eyes of infants, to remove language that requires silver nitrate to be instilled into the eyes of infants within an hour after birth and to require that an effective prophylactic recommended by the Committee on Infectious Diseases of the American Academy of Pediatrics be instilled instead.

Section 26. Repeals s. 383.05, F.S., relating to Department of Health preparation and free distribution of infant eye prophylactic.

Section 27. Amends s. 409.903, F.S., relating to mandatory payments for eligible persons, to update Medicaid eligibility requirements to conform to WAGES requirments as permitted by federal law

Section 28. Amends s. 409.908(2), F.S., relating to reimbursement of Medicaid providers, to require the agency to establish a reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents. Amends 409.908(13), to revise payment provisions for persons dually eligible for Medicare and Medicaid

Section 29. Amends s. 409.912, F.S., relating to cost-effective purchasing of health care, to authorize the Agency for Health Care Administration to seek federal waivers allowing the agency to competitively negotiate to provide cost-effective purchasing of

home health services Limits reimbursement, effective July 1, 1999, under District 6 Mental Health Pilot Projects to entities licensed under chs. 624, 641, or 636, F S. Directs AHCA to issue a request for proposal to implement a pilot managed care program to determine the cost-effectiveness and effects of providing outpatient speciality services to Medicaid recipients on a prepaid, capitated basis, and creates new licensure category, separately or in combination, under part II of Chapter 641, F.S. for diagnostic imaging, clinical laboratory, and Medicaid home care services. Provides that this subsection is not intended to conflict with the provision of the 1997-98 General Appropriations Act authorizing competitive bidding for diagnostic imaging, clinical laboratory, or Medicaid home care services.

Section 30. Amends s. 409.12, F.S., effective January 1, 1999, to eliminate provisions that prohibit federally qualified health centers from participating in Medicaid provider services networks.

Section 31. Amends s 409.9122, F.S , relating to mandatory Medicaid managed care enrollment programs and procedures, to: require Medicaid reimbursement to county health departments for school based services for patients enrolled in managed care plans; revise mandatory assignment provisions for Medicaid recipients to insure a 50% enrollment in MediPass and provider services networks and 50% enrollment in managed care plans; and extend the period during which a Medicaid recipient may disenroll from managed care plan or MediPass provider from 60 to 90 days.

Section 32. Amends s. 409.910, F S., relating to payments on behalf of Medicaid-eligible persons when other parties are liable, to require that after attorney's fees and taxable costs, one-half of the remaining recovery shall be paid to the department up to the total amount of medical assistance provided by Medicaid and the remaining amount shall be paid to the recipient with the fee for services of an attorney calculated at 25% of the judgment, award, or settlement, and to require that third-party beneficiaries pay the agency the full amount of the received benefit within 60 days of settlement.

Section 33. Amends s. 414.28, F.S., relating to public assistance debts, to categorize claims relating to public assistance debts as Class 3 (debts and taxes with preferences under federal law) instead of Class 7 (debts acquired after death)

Section 34. Amends s. 627.912, F.S., relating to professional liability claims and actions, to revise reporting requirements by certain insurers and to require health care providers who obtain professional liability insurance from the Board of Regents to report to the Department of Insurance claims for damages.

Section 35. Provides that upon completion, the Marion County Health Department building to be constructed in Belleview, Florida, shall be known as the "Carl S. Lytle, M.D. Memorial Health Facility".

Section 36. Provides for an appropriation of $2 million from tobacco settlement revenues to be matched at an appropriate level with federal Medicaid funds to provide Medicaid recipients with prosthetic and orthotic devices

Section 37. Provides an effective date of July 1 of the year in which enacted, unless otherwise provided in the act.

IV FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

There will be a reduction in licensure fees collected by AHCA as a result of a decrease in home health services agencies due to competitive negotiating.

An amount of $2 million from tobacco settlement revenues to be matched at an appropriate level with federal Medicaid funds will be used to provide Medicaid recipients with prosthetic and orthotic devices.

2 Recurring Effects

See fiscal comments.

3. Long Run Effects Other Than Normal Growth:

Indeterminate

4 Total Revenues and Expenditures:

See fiscal comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

Indeterminate.

2 Recurring Effects:

See fiscal comments.

3. Long Run Effects Other Than Normal Growth.

Indeterminate

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

A number of home health agencies may lose business as a result of competitive negotiation.

Certain hospitals may experience a small reduction in HCRA payments

2. Direct Private Sector Benefits:

The costs of home health care services may be controlled and possibly reduced.

Certain hospitals may experienced increased reimbursement from county government for in-county indigent patients. Indigent patients may experience increased access to hospital care

3. Effects on Competition, Private Enterprise and Employment Markets:

Indeterminate.

D FISCAL COMMENTS:

The disease management initiatives that were approved as part of the General Appropriations Act for 1997-98 were estimated to generate approximately $4.2 million in savings for the current year. The bill grants AHCA specific statutory authority for these initiatives. As a corollary, AHCA is seeking $175,000 in expense funds as part of its 1998-99 Legislative Budget Request to be used to refine the prototype disease management model for Medicaid recipients with HIV/AIDS.

The competitive negotiation initiative for home health services that was approved as part of the General Appropriations Act for 1997-98 was estimated to generate approximately $3.0 millions in savings for the current year. This bill grants AHCA specific statutory authority for this competitive negotiation.

AHCA estimates that the changes in the bill relating to Medicaid third party recovery in s. 409.910, F S , will result in a loss of recovery of more than $2.65 million per year

A reduction in the cap to $2 per capitain the HCRA Program would not appear to have a significant fiscal impact because so few counties exceed 50 percent of the liability. In fiscal year 1996-97, only 7 counties expended more than 50% of their HCRA responsibility, amounting to $217,400, or 10 5% of total HCRA payments that year.

The $2 million taken from the tobacco settlement revenues to provide Medicaid recipients with prosthetic and orthotic devices will be matched with federal funds of $2,525,911 creating a total of $4,525,911.

The chart which follows lists funding amounts by county under HCRA for the 1996-97 fiscal year, and the amount available for in county use if this bill were to become law.

HEALTH CARE RESPONSIBILITY ACT
FY 1996-97

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Alachua	201,257	$805,028	$2,944	0	*	$402,514
Baker	20,618	$82,472	$78,552	95 25%		$0
Bay	141,342	$565,369	$0	0 00%	*	$282,684
Bradford	24,557	$98,228	$58,655	59 71%		$0
Brevard	454,174	$1,816,696	$60,247	3 32%	*	$908,348
Broward	1,383,624	$5,534,496	$225,590	4 08%	*	$2,767,248
Calhoun	12,113	$48,452	$0	0 00%	*	$24,226
Charlotte	131,419	$525,676	$7,182	1 37%	*	$262,838
Citrus	108,181	$432,724	$55,396	12 80%	*	$216,362
Clay	123,852	$495,408	$14,713	2 97%	*	$247,704
Collier	192,813	$771,252	$14,363	1 86%	*	$385,626
Columbia	51,314	$205,256	$0	0 00%	*	$102,628
Dade	2,037,305	$8,149,220	$0	0 00%	*	$4,074,610
Desoto	27,323	$109,292	$10,335	9 46%	*	$54,646
Dixie	12,722	$50,888	$32,132	63 14%		$0
Duval	726,898	$2,907,592	$0	0 00%	*	$1,453,796
Escambia	286,768	$1,147,072	$0	0 00%	*	$573,536
Flagler	38,556	$154,224	$14,083	9 13%	*	$77,112
Franklin	10,390	$41,560	$40,944	98 52%		$0
Gadsden	45,214	$180,856	$2,944	1 63%	*	$90,428
Gilchrist	12,270	$49,080	$39,665	80 82%		$0
Glades	8,827	$35,308	$0	0 00%	*	$17,654
Gulf	13,617	$54,468	$0	0 00%	*	$27,234
Hamilton	12,859	$51,436	$0	0 00%	*	$25,718
Hardee	23,027	$92,108	$0	0.00%	*	$46,054

Hendry	30,126	$120,504	$31,128	25 83%	*	$60,252
Hernando	121,777	$487,108	$40,014	8 21%	*	$243,554
Highlands	78,938	$315,752	$25,883	8 20%	*	$157,876
Hillsborough	905,364	$3,621,456	$27,237	0 75%	*	$1,810,728
Holmes	17,516	$70,064	$0	0 00%	*	$35,032
Indian River	102,412	$409,648	$0	0 00%	*	$204,824
Jackson	46,968	$187,872	$0	0 00%	*	$93,936
Jefferson	13,659	$54,636	$0	0 00%	*	$27,318
Lafayette	6,698	$26,792	$0	0 00%	*	$13,396
Lake	181,341	$725,364	$26,452	3 65%	*	$362,682
Lee	385,513	$1,542,052	$21,887	1 42%	*	$771,026
Leon	221,367	$885,468	$0	0 00%	*	$442,734
Levy	30,418	$121,672	$107,606	88 44%		$0
County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Liberty	6,991	$27,964	$2,944	10 53%	*	$13,982
Madison	18,503	$74,012	$0	0 00%	*	$37,006
Manatee	237,630	$950,520	$30,570	3 22%	*	$475,260
Marion	230,221	$920,884	$98,068	10 65%	*	$460,442
Martin	114,567	$458,268	$80,429	17 55%	*	$229,134
Monroe	84,488	$337,952	$0	0 00%	*	$168,976
Nassau	50,066	$200,264	$181,928	90 84%		$0
Okaloosa	165,712	$662,848	$0	0 00%	*	$331,424
Okeechobee	33,699	$134,796	$45,000	33.38%	*	$67,398
Orange	775,789	$3,103,156	$0	0 00%	*	$1,551,578
Osceola	141,727	$566,908	$17,337	3 06%	*	$283,454
Palm Beach	983,052	$3,932,208	$21,511	0 55%	*	$1,966,104
Pasco	311,273	$1,245,092	$246,830	19 82%	*	$622,546
Pinellas	882,495	$3,529,980	$70,704	2 00%	*	$1,764,990
Polk	450,091	$1,800,364	$48,212	2 68%	*	$900,182
Putnam	70,510	$282,040	$33,911	12 02%	*	$141,020
St. Johns	100,778	$403,112	$0	0 00%	*	$201,556
St. Lucie	175,643	$702,572	$33,013	4 70%	*	$351,286

County	Population	$ Liability	Expenditures	Percent of Liability Expended	Under 50%	Amount Available for in-county use
Santa Rosa	98,821	$395,284	$89,234	22 57%	*	$197,642
Sarasota	306,502	$1,226,008	$18,579	1 52%	*	$613,004
Seminole	332,158	$1,328,632	$15,119	1 14%	*	$664,316
Sumter	37,761	$151,044	$54,901	36 35%	*	$75,522
Suwannee	31,094	$124,376	$22,834	18 36%	*	$62,188
Taylor	18,516	$74,064	$0	0 00%	*	$37,032
Union	12,795	$51,180	$7,519	14 69%	*	$25,590
Volusia	410,705	$1,642,820	$17,681	1 08%	*	$821,410
Wakulla	17,568	$70,272	$0	0 00%	*	$35,136
Walton	34,163	$136,652	$0	0 00%	*	$68,326
Washington	19,396	$77,584	$0	0 00%	*	$38,792
State Total	**14,395,851**	**$57,583,404**	**$2,074,275**	**Average = 13.25%**	**7 Counties exceed 50%**	**$28,469,620**

V. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditures of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenues. However, the bill may reduce the revenues collected under HCRA for certain government-owned hospitals if counties choose to allocate a portion of their HCRA funds to in-county hospitals.

C REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES.

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

VI. COMMENTS.

In conducting their analysis of the HCRA portion of this bill, AHCA staff contacted several counties and hospitals, including Orange and Pinellas counties and HCRA participating hospitals in Leon and Hillsborough counties According to AHCA, comments regarding the

legislation were favorable, suggesting that perhaps the bill would result in increased funding for in-county indigent hospital care.

Bill History:

HB 4535

03/31/98	H	Filed; Introduced -HJ 00378
04/06/98	H	Referred to Governmental Operations (GRC); Finance & Taxation (FRC); Health & Human Services Appropriations -HJ 00464
04/22/98	H	Withdrawn from Governmental Operations (GRC) -HJ 00967; Now in Finance & Taxation (FRC)
04/24/98	H	Withdrawn from Finance & Taxation (FRC); Health & Human Services Appropriations -HJ 01094, Placed on General Calendar; Read second time -HJ 01140, Amendment(s) adopted -HJ 01141
04/28/98	H	Senate Bill substituted; Laid on Table, refer to CS/CS/SB 484

CS/CS/SB 484

12/08/97	S	Prefiled
01/06/98	S	Referred to Health Care; Ways and Means
01/12/98	S	On Committee agenda--Health Care, 01/22/98, 9.00 am, Room-EL
01/22/98	S	Comm. Action: CS by Health Care
01/27/98	S	Now in Ways and Means
03/03/98	S	Introduced, referred to Health Care; Ways and Means -SJ 00036; On Committee agenda-- Health Care, 01/22/98, 9:00 am, Room-EL; Comm. Action: CS by Health Care -SJ 00008; CS read first time on 03/03/98 -SJ 00100; Now in Ways and Means -SJ 00008
03/23/98	S	On Committee agenda-- Ways and Means, 03/26/98, 2:30 pm, Room-EL --Not considered
03/27/98	S	On Committee agenda-- Ways and Means, 04/01/98, 12:30 pm, Room-EL
04/01/98	S	Comm. Action:-CS/CS by Ways and Means -SJ 00408; CS read first time on 04/08/98 -SJ 00409
04/03/98	S	Placed on Calendar -SJ 00408
04/17/98	S	Placed on Special Order Calendar -SJ 00528
04/21/98	S	Placed on Special Order Calendar -SJ 00528
04/22/98	S	Placed on Special Order Calendar -SJ 00741
04/23/98	S	Placed on Special Order Calendar -SJ 00812; Read second time -SJ 00843, Amendment(s) adopted -SJ 00844, -SJ 00848; Ordered engrossed -SJ 00849
04/24/98	S	Read third time -SJ 00877; CS passed as amended; YEAS 33 NAYS 0 -SJ 00877; Immediately certified -SJ 00877
04/24/98	H	In Messages
04/28/98	H	Received -HJ 01443; In Government Services Council, pending ranking -HJ 01444; Substituted for HB 4535 -HJ 01512; Read second time -HJ 01512; Amendment(s) adopted -HJ 01512; Read third time -HJ 01523; CS passed as amended; YEAS 117 NAYS 0 -HJ 01523
04/28/98	S	In returning messages

04/30/98	S	Concurred; CS passed as amended; YEAS 39 NAYS 1; Ordered engrossed, then enrolled
05/08/98		Signed by Officers and presented to Governor
05/24/98		Became Law without Governor's Signature; Chapter No. 98-191; See also CS/SB 314 (Ch. 98-89)

VII. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 2, 1998, the Health Care Services Committee passed the following amendments:

- Removed reference in Section 2 to a nonexistent definition in the Medicaid statutes.
- Inserted the word "any" on page 2, line 24, to ensure that local contributions used to seek Medicaid matching funds are not limited to existing local contributions.

The HCRA section of this bill was discussed before the Health Care Services Committee on January 5, 1998 in the form of PCB HCS 98-04, and an amendment was added to increase the time a hospital has to notify the county of residence of a HCRA patient that the hospital provided health care to the patient, from the current time period of 10 days to 30 days. On February 16, 1998, the Health Care Services Committee adopted an amendment to incorporate PCB HCS 98-04 into PCB HCS 98-02.

On February 16, 1998, the Health Care Services Committee also adopted amendments to require distribution of attorney's fees for recovery of third party benefits, to address issues relating to public health concerns and the Department of Health, and to establish that any person who obtains and disseminates information identifying an individual who has a sexually transmissible disease is guilty of a third degree felony.

On March 3, 1998 the Health Care Services Committee adopted an amendment directing AHCA to issue a request for proposal to implement a pilot managed care program to determine the cost-effectiveness and effects of providing outpatients speciality services to Medicaid recipients on a prepaid, capitated basis. The amendments also created a new licensure category, separately or in combination, under Chapter 636, F.S for diagnostic imaging, clinical laboratory, and home health services The Committee adopted another amendment to eliminate language that prohibits federally qualified health centers from participating in Medicaid provider services networks

On March 9, 1998, the Health Care Services Committee adopted an amendment relating to coverage for contraceptives. The amendment creates the Equity in Contraceptive Coverage Act of 1998, which requires certain health insurance policies and health maintenance contracts to provide coverage for prescription oral contraceptives approved by the federal Food and Drug Administration and prescribed by an authorized practitioner. This section does not require an insurer to provide coverage for prescription oral contraceptives if the insurer or policy holder objects on religious or moral grounds, nor does this section apply to any prescription medications which are abortifacient in nature.

On March 11, 1998, the Health Care Services Committee reconsidered and then withdrew Amendment 7 dealing with a proposal to implement a Medicaid outpatient speciality services

demonstration project, which was adopted on March 3, 1998. In place of the amendment, the Committee adopted an amendment similar to Amendment 7 except that it requires the entities to be licensed under part II of chapter 641, F.S.

On March 11, 1998, the Health Care Services Committee also adopted an amendment to transfer the Nursing Student Loan Forgiveness Program and the Nursing scholarship program from the Department of Health to the Department of Education.

On March 18, 1998, the Health Care Services Committee voted in favor of PCB-02. Two additional amendments were adopted to clarify language relating to penalties for disseminating confidential information.

On April 28, 1998 a strike everything amendment to SB 484 was passed on the House floor. The following provisions were not in HB 4535 but were passed in the strike everything amendment to SB 484. These provisions:

- revise payment provisions for persons dually eligible for Medicare and Medicaid;
- revise mandatory assignment provisions for Medicaid recipients to insure a 50% enrollment in MediPass and PSN's and 50% enrollment in managed care plans,
- require the agency to establish a reimbursement methodology for long-term-care services for Medicaid-eligible nursing home residents;
- limit reimbursement, effective July 1, 1999, under District 6 Mental Health Pilot Projects to entities licensed under chs. 624, 641, or 636;
- extend the period during which a Medicaid recipient may disenroll from a managed care plan or MediPass provider;
- provide that the Department of Health is the designated state agency for receiving federal funds for the Child Care Food Program;
- revise professional liability reporting requirements by certain insurers and requires health care providers who obtain professional liability insurance from the Board of Regents to report to the Department of Insurance claims for damages,
- provide $2 million from tobacco settlement revenues to be matched with federal Medicaid funds to provide Medicaid recipients with prosthetic and orthotic devices; and
- require Medicaid reimbursement to county health departments for school based services for patients enrolled in managed care plans.

Provisions in HB 4535 that were left out of the strike everything amendment to SB 484 include provisions that:

- Authorize AHCA to establish a separate pharmacy provider type for parenteral/enteral services; and

- Require certain insurance policies to provide coverage for prescribed oral contraceptives.

VIII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:	Legislative Research Director:
Amy K. Guinan	Michael P. Hansen

FINAL RESEARCH PREPARED BY COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:	Legislative Research Director:
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