

CONFORMING BILLS

CS/CS/SB 404 — Health Care

by Ways and Means Committee; Health and Human Services Appropriations Committee; and Senator Saunders

The bill provides statutory changes necessary to conform to the General Appropriations Act (GAA) for FY 2005-2006. Specifically, the bill:

- Delays the nursing home staffing increase from 2.6 to 2.9 hours of direct patient care per resident per day from July 1, 2005 until July 1, 2006.
- Deletes references to the Office of Long-Term Care Policy.
- Restores Medicaid coverage for pregnant women with incomes between 150-185 percent of the federal poverty level, effective July 1, 2005.
- Revises the Medicaid eligibility requirements for the Medicaid Aged and Disabled program (MEDS AD), effective January 1, 2006, by limiting coverage to those individuals who are age 65 or older or disabled, who are not eligible for Medicare or if eligible for Medicare are currently under institutionalized care.
- Restores Medicaid coverage for all services under the Medically Needy program, effective July 1, 2005.
- Restores Medicaid coverage for adult denture services effective July 1, 2005.
- Repeals the Silver Saver prescription drug program, effective January 1, 2006. Recipients in this program will receive prescription drug benefits through Medicare Part D beginning January 1, 2006.
- Deletes outdated hospital inpatient reimbursement rate language.
- Removes outdated language regarding nursing home rates.
- Provides the years in which audited data may be used to determine Medicaid days for hospital disproportionate share. The amendment also provides the years that audited data may be used to determine Medicaid days for public non-state hospitals in FY 2005-2006.

- Eliminates outdated language relating to the RPICC disproportionate share program and continues the language that does not allow distribution of funds through the program for FY 2005-2006.
- Eliminates outdated language relating to the teaching hospital disproportionate share program and continues the language that does not allow distribution of funds through the program for FY 2005-2006.
- Eliminates outdated language relating to the primary care disproportionate share program and continues the language that does not allow distribution of funds through the program for FY 2005-2006.
- Replaces the word “formulary” with the phrase “preferred drug list.”
- Requires the Agency for Health Care Administration to post the preferred drug list on the agency’s website.
- Extends the requirement for the Pharmaceutical and Therapeutics Committee review of newly approved drugs from the next scheduled meeting after FDA approval to the next scheduled meeting after the drug has been in distribution for 3 months.
- Removes outdated language allowing the agency to adopt a voluntary preferred drug list.
- Removes the 4 brand name drug limit.
- Implements prescription drug safety requirements by authorizing the Pharmaceutical and Therapeutics Committee to review and/or place certain drugs on prior authorization.
- Eliminates the exemption of the prior authorization requirements for mental health and drugs for nursing home recipients and other institutionalized individuals. The drugs will now be subject to the preferred drug list and prior authorization requirements.
- Requires the agency to publish the preferred drug list on the Internet.
- Requires the agency to contract in Area 11, on a capitated basis, with at least two comprehensive behavioral health care providers for Medipass recipients and requires a minimum of 50,000 Medipass recipients to be assigned to the existing provider service network in Area 11 for behavioral health services.
- Provides that the Medicaid preferred drug list include a list of cost effective therapeutic options with at least two products in each therapeutic class.
- Excludes antiretroviral agents from the preferred drug list.

- Eliminates the exemption from the preferred drug list for mental health drugs.
- Authorizes the dispensing of 100-day maximum supplies of maintenance medications.
- Eliminates the four brand name drug limit and the exception to the prior authorization requirements based on the treatment needs of the patient.
- Eliminates the exception which allows prior authorization requirements to be sought by the pharmacy rather than by the prescribing physician for nursing home residents and other institutionalized adults.
- Eliminates outdated language which established an advisory committee for the purpose of studying the feasibility of using a restricted formulary for nursing home residents.
- Eliminates outdated language which required the agency to negotiate a contract for a behavioral health management program by September 1, 2004.
- Allows the agency to set certain prior authorization requirements for certain products.
- Allows the agency to post prior authorization criteria and protocol updates on an internet web-site.
- Authorizes the agency, in conjunction with the Pharmaceutical and Therapeutics Committee, to place certain age related recipient prior authorization requirements for certain drugs.
- Authorizes the agency to implement a step therapy prior authorization process for prescriptions that are not included on the preferred drug list.
- Authorizes the agency to implement the program of all-inclusive care for children (PACC) to provide in-home hospice-like support services to children diagnosed with life-threatening illness and enrolled in the Children's Medical Services network.
- Requires equal assignment of recipients that do not choose a managed care plan to Medipass or a managed care plan in service areas 1 and 6 where the agency is contracting for prepaid behavioral health services.
- Requires the agency to include policy reductions when establishing managed care rates and limit payment of managed care rates to the amounts allowed in the GAA and requires the agency to develop two separate capitation rates for children under 1 year of age; 0-3 and 4-11 months.
- Repeals the Office of Long Term Care Policy in the Department of Elder Affairs.

- Establishes a memory disorder clinic at Florida Atlantic University, Boca Raton, in Palm Beach County.
- Allows Medicaid clients under chapter 393, F.S., who are excluded from the definition of employment and served by Adult Day Training Services under the Family and Supported Living waiver to be exempt for workers compensation purposes.
- Allows the Programs for All inclusive Care for the Elderly (PACE) to serve individuals in Lee and Martin Counties.
- Provides a severability clause in the act.
- Requires the bill to take affect, except as otherwise provided, on July 1, 2005.

The following changes made in this bill were repealed by the passage of CS/CS/SB 838:

- Deletes provisions authorizing the Agency for Health Care Administration to adopt emergency rules governing the home and community based service delivery system.
- Requires providers to accept payment for Medicaid goods and services through fees or rate schedules that are not incorporated into provider agreements and requires provider agreements to be renewed in writing.
- Requires the agency to reimburse Medicaid providers in accordance with state and federal law according to published methodologies.
- Allows the agency to make reimbursement adjustments to comply with the available funds in the GAA.
- Allows the agency to adopt fees, rates or other methods of payments consistent with the limitations or direction as provided in the GAA.
- Exempts the agency from chapter 120, F.S., requirements when setting rates and methods of payment.
- Requires that notice of proposed rate methodologies and justification for changes to be published in the Florida Administrative Weekly.
- Provides Legislative intent not to apply the provisions of sections 8, 9 and 10 to contracts, fees, rates and other methods of payment retroactive to the effective date of the bill.

If approved by the Governor, these provisions take effect July 1, 2005.

Vote: Senate 37-0; House 84-30

CS/SB 408 — Children and Family Services Department

by Health and Human Services Appropriations Committee and Senator Saunders

The bill streamlines the Economic Self Sufficiency (ESS) eligibility determination process. Temporary cash assistance eligibility requirements for minor children are changed to match the federal program requirements. The bill deletes language authorizing stepparents to receive temporary cash assistance and removes language allowing a protective payee to receive cash assistance. Finally, the bill repeals authorization to privatize the ESS eligibility determination program.

If approved by the Governor, these provisions take effect July 1, 2005.

Vote: Senate 39-0; House 102-7

CS/SB 410 — Health Department

by Health and Human Services Appropriations Committee and Senator Saunders

The bill provides statutory changes necessary to conform to the General Appropriations Act for FY 2005-2006. Specifically, the bill:

- Deletes the requirement from the Department of Health to issue wall certificates to licensed practitioners at the time of initial licensure.
- Clarifies the requirements pertaining to certifying national examinations and requests to challenge the examination. Candidates with a score no less than 10 percent below the minimum score required to pass the examination shall be entitled to challenge the examination in hearing. This section also allows the department to post examination grades on the Internet in a manner consistent with the requirements of chapter 120, F.S., instead of mailing the results.
- Creates a retired license status and authorizes a retired license fee not to exceed \$50. Allows the appropriate board or the department, if there is no board, to impose conditions on a licensed practitioner who has held a retired license for more than five years or from another state who has not practiced for five years or more.
- Defines the scope of practice for certified nursing assistants (CNAs). The Board of Nursing will determine if a certified nursing assistant is in compliance with the scope of their practice and federal regulations.
- Provides rule making authority to the Board of Nursing to specify the scope of practice, and level of supervision required for CNAs.

- Provides for a renewal of a CNA certificate for a fee of \$20-\$50 biennially, to be established by rule. Any certificate not renewed by July 1, 2006 is void.
- Requires information from the National Practitioner Data Base be included in the physician profiles.

If approved by the Governor, these provisions take effect July 1, 2005.

Vote: Senate 39-0; House 68-47

TRUST FUND BILLS

SB 1404 — Administrative Trust Fund

by Senator Saunders

This bill (Chapter 2005-21, L.O.F.) creates the Administrative Trust Fund in the Agency for Persons with Disabilities.

These provisions were approved by the Governor and take effect July 1, 2005.

Vote: Senate 40-0; House 114-0

CS/SB 1406 — Federal Grants Trust Fund

by Health and Human Services Appropriations Committee and Senator Saunders

This bill (Chapter 2005-22, L.O.F.) creates the Federal Grants Trust Fund in the Agency for Persons with Disabilities.

These provisions were approved by the Governor and take effect July 1, 2005.

Vote: Senate 40-0; House 114-0

CS/SB 1408 — Operations and Maintenance Trust Fund

by Health and Human Services Appropriations Committee and Senator Saunders

This bill (Chapter 2005-23, L.O.F.) creates the Operations and Maintenance Trust Fund in the Agency for Persons with Disabilities.

These provisions were approved by the Governor and take effect July 1, 2005.

Vote: Senate 40-0; House 114-0

CS/SB 1410 — Social Services Block Grant Trust Fund

by Health and Human Services Appropriations Committee and Senator Saunders

This bill (Chapter 2005-24, L.O.F.) creates the Social Services Block Grant Trust Fund in the Agency for Persons with Disabilities.

These provisions were approved by the Governor and take effect July 1, 2005.

Vote: Senate 40-0; House 114-0

CS/SB 1412 — Tobacco Settlement Trust Fund

by Health and Human Services Appropriations Committee and Senator Saunders

This bill creates the Tobacco Settlement Trust Fund in the Agency for Persons with Disabilities.

If approved by the Governor, these provisions take effect July 1, 2005

Vote: Senate 39-0; House 115-0