

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Bean, Chair
Senator Sobel, Vice Chair

MEETING DATE: Tuesday, October 8, 2013
TIME: 1:30 —3:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Sobel, Vice Chair; Senators Brandes, Braynon, Flores, Galvano, Garcia, Grimsley, and Joyner

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 86 Latvala (Identical H 31)	Dentists; Prohibiting a contract between a health insurer and a dentist from requiring the dentist to provide services at a fee set by the insurer under certain circumstances; prohibiting a contract between a prepaid limited health service organization and a dentist from requiring the dentist to provide services at a fee set by the organization under certain circumstances; prohibiting a contract between a health maintenance organization and a dentist from requiring the dentist to provide services at a fee set by the organization under certain circumstances, etc. HP 10/08/2013 Favorable BI AP RC	Favorable Yeas 8 Nays 0
2	SB 142 Hays (Similar H 97)	Sovereign Immunity for Dentists and Dental Hygienists; Requiring a contract with a governmental contractor for health care services to include a provision for a health care provider licensed under specified provisions, as an agent of the governmental contractor, to allow a patient or a parent or guardian of the patient to voluntarily contribute a fee to cover costs of dental laboratory work related to the services provided to the patient without forfeiting sovereign immunity; prohibiting the contribution from exceeding the actual amount of the dental laboratory charges; providing that the contribution complies with the requirements of s. 766.1115, F.S., etc. HP 10/08/2013 Favorable JU AHS AP	Favorable Yeas 8 Nays 0
3	Presentation on Telemedicine by Lauren Faison, Tallahassee Memorial Hospital		Presented
4	Status of Implementing the Cancer Center of Excellence Program and the State-Endowed Research Chairs by Department of Health		Presented

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Tuesday, October 8, 2013, 1:30 —3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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5	Status of Implementing Statewide Medicaid Managed Care by Justin Senior, Deputy Secretary for Medicaid, Agency for Health Care Administration		Presented
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Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 86

INTRODUCER: Senator Latvala

SUBJECT: Dentists

DATE: October 2, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Favorable
2.			BI	
3.			AP	
4.			RC	
5.				
6.				

I. Summary:

SB 86 prohibits an insurer, health maintenance organization (HMO), or prepaid limited health service organization from contracting with a licensed dentist to provide services to an insured or subscriber at a specified fee unless such services are “covered services” under the applicable contract. The bill prohibits an insurer, HMO, or prepaid limited health services organization from requiring that a contracted dentist participate in a discount medical plan. The bill also prohibits an insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a prepaid limited health service organization that is under common management and control with the contracting insurer.

This bill substantially amends sections 627.6474, 636.035, and 641.315 of the Florida Statutes.

II. Present Situation:

Prohibition Against “All Products” Clauses in Health Care Provider Contracts

Section 627.6474, F.S., prohibits a health insurer from requiring that a contracted health care practitioner accept the terms of other practitioner contracts (including Medicare and Medicaid practitioner contracts) with the insurer or with an insurer, HMO, preferred provider organization, or exclusive provider organization that is under common management and control with the contracting insurer. The statute exempts practitioners in group practices who must accept the contract terms negotiated by the group. These contractual provisions are referred to as “all products” clauses, and, before being prohibited by the 2001 Legislature, typically required the health care provider, as a condition of participating in any of the health plan products, to

participate in *all* of the health plan's current or future health plan products. The 2001 Legislature outlawed "all products" clauses after concerns were raised by physicians that the clauses:

- may force providers to render services at below market rates;
- may harm consumers through suppressed market competition;
- may require physicians to accept future contracts with unknown and unpredictable business risk; and
- may unfairly keep competing health plans out of the marketplace.

Prepaid Limited Health Service Organizations Contracts

Prepaid limited health service organizations (PLHSO) provide limited health services to enrollees through an exclusive panel of providers in exchange for a prepayment, and are authorized in ch. 636, F.S. Limited health services are ambulance services, dental care services, vision care services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services.¹ Provider arrangements for prepaid limited health service organizations are authorized in s. 636.035, F.S., and must comply with the requirements in that section.

Health Maintenance Organization Provider Contracts

An HMO is an organization that provides a wide range of health care services, including emergency care, inpatient hospital care, physician care, ambulatory diagnostic treatment and preventive health care pursuant to contractual arrangements with preferred providers in a designated service area. Traditionally, an HMO member must use the HMO's network of health care providers in order for the HMO to make payment of benefits. The use of a health care provider outside the HMO's network generally results in the HMO limiting or denying the payment of benefits for out-of-network services rendered to the member. Section 641.315, F.S., specifies requirements for the HMO provider contracts with providers of health care services.

Discount Medical Plan Organizations

Discount medical plan organizations (DMPOs) offer a variety of health care services to consumers at a discounted rate. These plans are not health insurance and therefore do not pay for services on behalf of members; instead, the plans offer members access to specific health care products and services at a discounted fee. These health products and services may include, but are not limited to, dental services, emergency services, mental health services, vision care, chiropractic services, and hearing care. Generally, a DMPO has a contract with a provider network under which the individual providers render the medical services at a discount.

The DMPOs are regulated by the Office of Insurance Regulation (OIR) under part II of ch. 636, F.S. That statute establishes licensure requirements, annual reporting, minimum capital requirements, authority for examinations and investigations, marketing restrictions, prohibited activities, and criminal penalties, among other regulations.

¹ s. 636.003(5), F.S.

Before transacting business in Florida, a DMPO must be incorporated and possess a license as a DMPO.² As a condition of licensure, each DMPO must maintain a net worth requirement of \$150,000. All charges to members of such plans must be filed with OIR and any charge to members greater than \$30 per month or \$360 per year must be approved by OIR before the charges can be used by the plan. All forms used by the organization must be filed with and approved by OIR.

III. Effect of Proposed Changes:

Inclusion of PLHSOs in Prohibition Against “All Products” Health Care Provider Contracts

Under current law, a health insurer cannot require that a contracted health care practitioner accept the terms of other practitioner contracts (including Medicare and Medicaid practitioner contracts) with the insurer or with an insurer, HMO, preferred provider organization, or exclusive provider organization that is under common management and control with the contracting insurer. The bill adds to that list by prohibiting the insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a PLHSO that is under common management and control with the contracting insurer.

Dentist Provider Contracts: Prohibition Against Specifying Fees for Non-Covered Services

The bill prohibits insurers, HMOs, and PLHSOs from executing a contract with a licensed dentist that requires the dentist to provide services to an insured or subscriber at a specified fee unless such services are “covered services” under the applicable contract. “Covered services” are defined as those services that are listed as a benefit that the subscriber is entitled to receive under the contract. This will prevent contracts between dentists and insurers, HMOs, or PLHSOs from containing provisions that subject non-covered services to negotiated payment rates.

The bill also prohibits insurers, HMOs and PLHSOs from providing merely de minimis reimbursement or coverage to avoid the requirements of the bill and that fees for covered services must be set in good faith and cannot be nominal.

The bill prohibits insurers, HMOs, and PLHSOs from requiring that a contracted dentist participate in a discount medical plan.

The bill also addresses the criminal penalty specified in s. 624.15, F.S.,^{3,4} by limiting the exemption from the criminal penalty currently contained in s. 627.6474, F.S., to subsection (1) of s. 627.6474, F.S. The provisions of subsection (2) of s. 627.6474, F.S., as created by the bill, are not specifically exempted from the criminal penalty. This leaves the current-law exemption in

² Section 636.204, F.S.

³ Section 624.15, F.S., provides that, unless a greater specific penalty is provided by another provision of the Insurance Code or other applicable law or rule of the state, each willful violation of the Insurance Code is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, F.S., and that each instance of such violation shall be considered a separate offense.

⁴ Section 775.082, F.S., provides that a person convicted of a misdemeanor of the second degree may be sentenced to a term of imprisonment not exceeding 60 days. Section 775.083, F.S., provides that a person convicted of a misdemeanor of the second degree may be sentenced to pay a fine not exceeding \$500 plus court costs.

place for the amended statutory provisions to which it currently applies, without applying the exemption to the bill's new provisions in subsection (2).

The bill provides an effective date of July 1, 2014, and the provisions in the bill apply to contracts entered into or renewed on or after that date.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Section 6, article III of the Florida constitution requires every law to embrace only one subject and matter properly connected therewith, and the subject is to be briefly expressed in the title. Subsection (1) of s. 627.6474, F.S., in section 1 of the bill affects all health care practitioners listed in s. 456.001(4), F.S., and not only dentists. As such, section 1 is not germane to the title of the bill ("an act relating to dentists").

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 86 may have a negative fiscal impact on health insurer, HMO, and PLHSO policyholders and subscribers who may pay higher costs for dental care if the Legislature prohibits these entities from contracting with dentists to provide services that are not covered at a negotiated fee.

The bill may have a positive fiscal impact on dentists who may be able to benefit from increased payments from insurers, HMOs, and PLHSOs due to the contract restrictions in this bill.

C. Government Sector Impact:

According to the Office of Insurance Regulation writing on a similar 2011 Senate bill,⁵ implementing the provisions of this bill will have no fiscal impact on the office. There also should be no direct impact on the costs that the state incurs for the state employees' Preferred Provider Organization, (PPO) or the HMO Plans. However, members of the state dental coverage plans could be affected if dentists have the ability to bill and charge amounts above contracted rates when members are financially responsible for the service in question.

VI. Technical Deficiencies:

Section 1 of the bill prohibits an insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a prepaid limited health service organization that is under common management and control with the contracting insurer. This effect of the bill is not referenced in the title of the bill.

VII. Related Issues:

Section 1 of this bill is not germane to the title of the bill ("an act relating to dentists") as it affects more health care practitioners than only dentists. A germane title might be "an act relating to health insurance contracts."

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁵ SB 546

By Senator Latvala

20-00001A-14

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1 A bill to be entitled
2 An act relating to dentists; amending s. 627.6474,
3 F.S.; prohibiting a contract between a health insurer
4 and a dentist from requiring the dentist to provide
5 services at a fee set by the insurer under certain
6 circumstances; providing that covered services are
7 those services listed as a benefit that the insured is
8 entitled to receive under a contract; prohibiting an
9 insurer from providing merely de minimis reimbursement
10 or coverage; requiring that fees for covered services
11 be set in good faith and not be nominal; prohibiting a
12 health insurer from requiring as a condition of a
13 contract that a dentist participate in a discount
14 medical plan; amending s. 636.035, F.S.; prohibiting a
15 contract between a prepaid limited health service
16 organization and a dentist from requiring the dentist
17 to provide services at a fee set by the organization
18 under certain circumstances; providing that covered
19 services are those services listed as a benefit that a
20 subscriber of a prepaid limited health service
21 organization is entitled to receive under a contract;
22 prohibiting a prepaid limited health service
23 organization from providing merely de minimis
24 reimbursement or coverage; requiring that fees for
25 covered services be set in good faith and not be
26 nominal; prohibiting the prepaid limited health
27 service organization from requiring as a condition of
28 a contract that a dentist participate in a discount
29 medical plan; amending s. 641.315, F.S.; prohibiting a

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30 contract between a health maintenance organization and
31 a dentist from requiring the dentist to provide
32 services at a fee set by the organization under
33 certain circumstances; providing that covered services
34 are those services listed as a benefit that a
35 subscriber of a health maintenance organization is
36 entitled to receive under a contract; prohibiting a
37 health maintenance organization from providing merely
38 de minimis reimbursement or coverage; requiring that
39 fees for covered services be set in good faith and not
40 be nominal; prohibiting the health maintenance
41 organization from requiring as a condition of a
42 contract that a dentist participate in a discount
43 medical plan; providing for application of the act;
44 providing an effective date.

45
46 Be It Enacted by the Legislature of the State of Florida:

47
48 Section 1. Section 627.6474, Florida Statutes, is amended
49 to read:

50 627.6474 Provider contracts.—

51 (1) A health insurer may ~~shall~~ not require a contracted
52 health care practitioner as defined in s. 456.001(4) to accept
53 the terms of other health care practitioner contracts with the
54 insurer or any other insurer, or health maintenance
55 organization, under common management and control with the
56 insurer, including Medicare and Medicaid practitioner contracts
57 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
58 s. 641.315, except for a practitioner in a group practice as

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59 defined in s. 456.053 who must accept the terms of a contract
60 negotiated for the practitioner by the group, as a condition of
61 continuation or renewal of the contract. Any contract provision
62 that violates this section is void. A violation of this
63 subsection ~~section~~ is not subject to the criminal penalty
64 specified in s. 624.15.

65 (2) (a) A contract between a health insurer and a dentist
66 licensed under chapter 466 for the provision of services to an
67 insured may not contain a provision that requires the dentist to
68 provide services to the insured under such contract at a fee set
69 by the health insurer unless such services are covered services
70 under the applicable contract.

71 (b) Covered services are those services that are listed as
72 a benefit that the insured is entitled to receive under the
73 contract. An insurer may not provide merely de minimis
74 reimbursement or coverage in order to avoid the requirements of
75 this section. Fees for covered services shall be set in good
76 faith and must not be nominal.

77 (c) A health insurer may not require as a condition of the
78 contract that the dentist participate in a discount medical plan
79 under part II of chapter 636.

80 Section 2. Subsection (13) is added to section 636.035,
81 Florida Statutes, to read:

82 636.035 Provider arrangements.—

83 (13) (a) A contract between a prepaid limited health service
84 organization and a dentist licensed under chapter 466 for the
85 provision of services to a subscriber of the prepaid limited
86 health service organization may not contain a provision that
87 requires the dentist to provide services to the subscriber of

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88 the prepaid limited health service organization at a fee set by
89 the prepaid limited health service organization unless such
90 services are covered services under the applicable contract.

91 (b) Covered services are those services that are listed as
92 a benefit that the subscriber is entitled to receive under the
93 contract. A prepaid limited health service organization may not
94 provide merely de minimis reimbursement or coverage in order to
95 avoid the requirements of this section. Fees for covered
96 services shall be set in good faith and must not be nominal.

97 (c) A prepaid limited health service organization may not
98 require as a condition of the contract that the dentist
99 participate in a discount medical plan under part II of this
100 chapter.

101 Section 3. Subsection (11) is added to section 641.315,
102 Florida Statutes, to read:

103 641.315 Provider contracts.—

104 (11) (a) A contract between a health maintenance
105 organization and a dentist licensed under chapter 466 for the
106 provision of services to a subscriber of the health maintenance
107 organization may not contain a provision that requires the
108 dentist to provide services to the subscriber of the health
109 maintenance organization at a fee set by the health maintenance
110 organization unless such services are covered services under the
111 applicable contract.

112 (b) Covered services are those services that are listed as
113 a benefit that the subscriber is entitled to receive under the
114 contract. A health maintenance organization may not provide
115 merely de minimis reimbursement or coverage in order to avoid
116 the requirements of this section. Fees for covered services

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117 shall be set in good faith and must not be nominal.

118 (c) A health maintenance organization may not require as a
119 condition of the contract that the dentist participate in a
120 discount medical plan under part II of chapter 636.

121 Section 4. This act applies to contracts entered into or
122 renewed on or after July 1, 2014.

123 Section 5. This act shall take effect July 1, 2014.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Ethics and Elections, *Chair*
Appropriations
Appropriations Subcommittee on General
Government
Appropriations Subcommittee on Transportation,
Tourism, and Economic Development
Community Affairs
Environmental Preservation and Conservation
Gaming
Judiciary
Rules

SENATOR JACK LATVALA
20th District

August 28th, 2013

The Honorable Senator Aaron Bean, Chair
Senate Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Bean,

I respectfully request consideration of Senate Bill 86 regarding Dentists/ Non-Covered Services at your earliest convenience. I have filed this bill in order to increase fairness in the health care market by prohibiting Florida insurance companies from requiring dentists to charge discounted rates for non-covered services. I would greatly appreciate the opportunity to present this bill to the Committee on Health Policy as soon as possible.

If you have any questions regarding this legislation, please contact me. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Jack Latvala".

Jack Latvala
State Senator
District 20

REPLY TO:

- 26133 U.S. Highway 19 North, Suite 201, Clearwater, Florida 33763 (727) 793-2797 FAX: (727) 793-2799
- 408 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

Senate's Website: www.flsenate.gov

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

~ ~ ~

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Oct 8th

Meeting Date

Topic Dentists

Bill Number SB 86
(if applicable)

Name Chris Hansen

Amendment Barcode _____
(if applicable)

Job Title _____

Address Gray Robinson PA

Phone 577-9090

Street

Tallahassee

E-mail _____

City

State

Zip

Speaking: For Against Information

Representing Florida Society of Oral & Maxillofacial Surgeons (FSOMS)

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

\_\_\_\_\_  
*Meeting Date*

Topic DENTISTS

Bill Number 086  
*(if applicable)*

Name JIM BRACHER

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
*Street*

Phone 850-386-2904

\_\_\_\_\_  
*City State Zip*

E-mail jim@aahp.net

Speaking:  For  Against  Information

Representing FL ASSOC OF HEALTH PLANS

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

***This form is part of the public record for this meeting.***

S-001 (10/20/11)

Waive in Support ✓

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/13

Meeting Date

Topic Non-covered services

Bill Number SB 86  
(if applicable)

Name Ron Watson

Amendment Barcode N/A  
(if applicable)

Job Title Lobbyist

Address 118 E Jefferson St

Phone 850-224-1089

Street  
Tallahassee FL 32309  
City State Zip

E-mail rwatson@floridadental.org

Speaking:  For  Against  Information

Representing Florida Dental Assoc. FDA

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10-9-13

Meeting Date

Topic Dental Noncovered Services Bill Number SB56  
*(if applicable)*

Name Jay Kyari Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title \_\_\_\_\_

Address 9037 Munfield Ct Phone 681 6710  
*Street*

Tally E-mail jay@hanklaw.com  
*City State Zip*

Speaking:  For  Against  Information

Representing AHIP

Appearing at request of Chair:  Yes  No Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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# APPEARANCE RECORD



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/2013

Meeting Date

Topic Dentist contracts

Bill Number 86

(if applicable)

Name BRIAN PITTS

Amendment Barcode \_\_\_\_\_

(if applicable)

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH

Phone 727-897-9291

Street

SAINT PETERSBURG FLORIDA 33705

E-mail JUSTICE2JESUS@YAHOO.COM

City

State

Zip

Speaking:  For  Against  Information

Representing JUSTICE-2-JESUS

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 142

INTRODUCER: Senator Hays

SUBJECT: Sovereign Immunity for Dentists and Dental Hygienists

DATE: October 2, 2013      REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION           |
|----|---------|----------------|-----------|------------------|
| 1. | Stovall | Stovall        | HP        | <b>Favorable</b> |
| 2. | _____   | _____          | JU        | _____            |
| 3. | _____   | _____          | AHS       | _____            |
| 4. | _____   | _____          | AP        | _____            |
| 5. | _____   | _____          | _____     | _____            |
| 6. | _____   | _____          | _____     | _____            |

**I. Summary:**

SB 142 allows a volunteer dentist to accept a voluntary contribution toward the cost of dental laboratory work from the patient or parent or guardian of the patient without forfeiting sovereign immunity under the Access to Health Care Act.

This bill substantially amends section 766.1115 of the Florida Statutes.

**II. Present Situation:**

**Access to Health Care Act**

Section 766.1115, F.S., is entitled “The Access to Health Care Act” (the Act). The Act was enacted in 1992 to encourage health care providers to provide care to low-income persons.<sup>1</sup> This section extends sovereign immunity to health care providers who execute a contract with a governmental contractor and who provide volunteer, uncompensated health care services to low-income individuals as an agent of the state. These health care providers are considered agents of the state under s. 768.28(9), F.S., for purposes of extending sovereign immunity while acting within the scope of duties required under the Act.

Health care providers under the Act include:<sup>2</sup>

<sup>1</sup> Low-income persons are defined in the Act as a person who is Medicaid-eligible, a person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level, or any eligible client of the Department of Health who voluntarily chooses to participate in a program offered or approved by the department.

<sup>2</sup> Section 766.1115(3)(d), F.S.

- A birth center licensed under ch. 383, F.S.
- An ambulatory surgical center licensed under ch. 395, F.S.
- A hospital licensed under ch. 395, F.S.
- A physician or physician assistant licensed under ch. 458, F.S.
- An osteopathic physician or osteopathic physician assistant licensed under ch. 459, F.S.
- A chiropractic physician licensed under ch. 460, F.S.
- A podiatric physician licensed under ch. 461, F.S.
- A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of ch. 464, F.S., or any facility which employs nurses licensed or registered under part I of ch. 464, F.S., to supply all or part of the care delivered under this section.
- A dentist or dental hygienist licensed under ch. 466, F.S.
- A midwife licensed under ch. 467, F.S.
- A health maintenance organization certificated under part I of ch. 641, F.S.
- A health care professional association and its employees or a corporate medical group and its employees.
- Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
- A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
- Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 766.1115(3)(d)4-9, F.S.
- Any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by the listed licensed professionals, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

A governmental contractor is defined in the Act as the Department of Health (DOH or department), a county health department, a special taxing district with health care responsibilities, or a hospital owned and operated by a governmental entity.<sup>3</sup>

The contract executed under the Act must be for volunteer, uncompensated services. For services to qualify as volunteer, uncompensated services the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or any public or private third-party payor, for the specific services provided to the low-income recipients covered by the contract.<sup>4</sup>

The Act further specifies contract requirements. The contract must provide that:

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<sup>3</sup> Section 766.1115(3)(c), F.S.

<sup>4</sup> Section 766.1115(3)(a), F.S.

- The governmental contractor retains the right of dismissal or termination of any health care provider delivering services under the contract.
- The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
- The health care provider must report adverse incidents and information on treatment outcomes.
- The governmental contractor or the provider must make patient selection and initial referrals. However, the patient need not be referred prior to receiving emergency treatment or care but must be referred within 48 hours after treatment commences or the patient has the mental capacity to consent to treatment.
- The health care provider is subject to supervision and regular inspection by the governmental contractor.

The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing, that the provider is covered under s. 768.28, F.S., for purposes of actions related to medical negligence.<sup>5</sup>

An individual accepting services through this contracted provider may not have medical or dental care coverage for the illness, injury, or condition in which medical or dental care is sought.<sup>6</sup>

The health care provider may not subcontract for the provision of services under this Act.<sup>7</sup>

The Department of Health reported that from July 1, 2011 – June 30, 2012, 12,867 licensed healthcare volunteers (plus an additional 9,949 clinic staff volunteers) provided 433,191 health care patient visits with a total value of \$231,530,324 under the Act.<sup>8</sup> The Florida Department of Financial Services, Division of Risk Management reported on March 26, 2012, that 9 claims had been filed against the Volunteer Health Care Provider Program under s. 766.1115, F.S., since February 15, 2000.<sup>9</sup>

Currently, s. 766.1115, F.S., is interpreted differently across the state. In certain parts of the state one medical director interprets this law to mean that as long as there is transparency and clear proof that the volunteer provider is providing services, without receiving personal compensation, then the patient can pay a nominal amount per visit to assist in covering laboratory fees. In other parts of the state, a medical director suggests that if any monetary amount is accepted then sovereign immunity is lost. Patients sometimes offer to pay a nominal contribution to cover some of the cost of laboratory fees that the provider incurs to pay outside providers for items such as dentures for the patient. In many areas, the dentist is paying the cost of these fees from his or her own resources.<sup>10</sup>

---

<sup>5</sup> Section 766.1115(5), F.S.

<sup>6</sup> Rule 64I-2.002, F.A.C.

<sup>7</sup> *Id.*

<sup>8</sup> Department of Health Volunteer Health Services 2011-2012 Annual Report, available at: <http://www.doh.state.fl.us/workforce/VHS/20112012VolAnnualReport.pdf>, (last visited October 2, 2013).

<sup>9</sup> *Id.*, See Appendix B.

<sup>10</sup> Staff of Committee on Health Policy's discussion with representatives from the Florida Dental Association on March 8, 2013.

## Sovereign Immunity

The term “sovereign immunity” originally referred to the English common law concept that the government may not be sued because “the King can do no wrong.” Sovereign immunity bars lawsuits against the state or its political subdivisions for the torts of officers, employees, or agents of such governments unless the immunity is expressly waived.

Article X, s. 13, of the Florida Constitution recognizes the concept of sovereign immunity and gives the Legislature the right to waive such immunity in part or in full by general law. Section 768.28, F.S., contains the limited waiver of sovereign immunity applicable to the state.

Under this statute, officers, employees, and agents of the state will not be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.

Instead, the state steps in as the party litigant and defends against the claim. Subsection (5) limits the recovery of any one person to \$200,000 for one incidence and limits all recovery related to one incidence to a total of \$300,000. The sovereign immunity recovery caps do not prevent a plaintiff from obtaining a judgment in excess of the caps, but the plaintiff cannot recover the excess damages without action by the Legislature.<sup>11</sup>

Whether sovereign immunity applies turns on the degree of control of the agent of the state retained by the state.<sup>12</sup> In *Stoll v. Noel*, the Florida Supreme Court explained that independent contractor physicians may be agents of the state for purposes of sovereign immunity:

One who contracts on behalf of another and subject to the other’s control except with respect to his physical conduct is an agent and also independent contractor.<sup>13</sup>

The court examined the employment contract between the physicians and the state to determine whether the state’s right to control was sufficient to create an agency relationship and held that it did.<sup>14</sup> The court explained:

Whether the [Children’s Medical Services (CMS)] physician consultants are agents of the state turns on the degree of control retained or exercised by CMS. This Court has held that the right to control depends upon the terms of the employment contract. *National Sur. Corp. v. Windham*, 74 So. 2d 549, 550 (Fla. 1954) (“The [principal’s] right to control depends upon the terms of the contract of employment...”.) The CMS requires each consultant, as a condition of participating in the CMS program, to agree to abide by the terms published in its HRS<sup>15</sup> Manual and CMS Consultants Guide which contain CMS

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<sup>11</sup> Section 768.28(5), F.S.

<sup>12</sup> *Stoll v. Noel*, 694 So. 2d 701, 703(Fla. 1997).

<sup>13</sup> *Id.* (quoting The Restatement of Agency).

<sup>14</sup> *Stoll v. Noel*, 694 So. 2d 701 at 703.

<sup>15</sup> Florida Department of Health and Rehabilitative Services.

policies and rules governing its relationship with the consultants. The Consultant's Guide states that all services provided to CMS patients must be authorized in advance by the clinic medical director. The language of the HRS Manual ascribes to CMS responsibility to supervise and direct the medical care of all CMS patients and supervisory authority over all personnel. The manual also grants to the CMS medical director absolute authority over payment for treatments proposed by consultants. The HRS Manual and the Consultant's Guide demonstrate that CMS has final authority over all care and treatment provided to CMS patients, and it can refuse to allow a physician consultant's recommended course of treatment of any CMS patient for either medical or budgetary reasons.

Our conclusion is buttressed by HRS's acknowledgement that the manual creates an agency relationship between CMS and its physician consultants, and despite its potential liability in this case, HRS has acknowledged full financial responsibility for the physicians' actions. HRS's interpretation of its manual is entitled to judicial deference and great weight.<sup>16</sup>

### **III. Effect of Proposed Changes:**

The bill authorizes a dentist,<sup>17</sup> who is a government contracted health care provider under the Access to Health Care Act, to allow a patient, or a parent or guardian of a patient, to voluntarily contribute a fee to cover costs of dental laboratory work. The contribution may not exceed the actual cost of the laboratory fee. Acceptance of the voluntary contribution from the patient for dental laboratory fees is not considered compensation for services so that sovereign immunity protection is not lost.

The bill provides an effective date of July 1, 2014.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

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<sup>16</sup> *Stoll v. Noel*, 694 So. 2d 701, 703(Fla. 1997).

<sup>17</sup> The bill refers to a health care provider licensed under chapter 466, F.S., which includes dentists and dental hygienists under the Act.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The fiscal impact of allowing receipt of a patient's voluntary contribution to cover costs of dental laboratory work is expected to be minimal since many areas in the state already allow voluntary contributions for this purpose.<sup>18</sup> However, to the extent that this authorization favorably affects participation of dentists, it furthers the goals of the Act.

**C. Government Sector Impact:**

Additional documentation may be required to avoid the appearance that voluntary contributions are compensation to the practitioner. It could be unclear whether the activities of the dentist's staff to coordinate lab services may be characterized as paid work to the extent a fee or partial fee was provided for these services. This can be problematic if the dentist is volunteering through a professional association. Mistakes could result in litigation on the issue of compensation to the health care provider.<sup>19</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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<sup>18</sup> See Department of Health Bill Analysis for SB 1016 (2013) (dated March 11, 2013) on file with the Senate Health Policy Committee. SB 1016 (2013) contained similar provisions to SB 142 (2014).

<sup>19</sup> *Id.*

By Senator Hays

11-00173A-14

2014142\_\_

1 A bill to be entitled  
2 An act relating to sovereign immunity for dentists and  
3 dental hygienists; amending s. 766.1115, F.S.;  
4 revising a definition; requiring a contract with a  
5 governmental contractor for health care services to  
6 include a provision for a health care provider  
7 licensed under ch. 466, F.S., as an agent of the  
8 governmental contractor, to allow a patient or a  
9 parent or guardian of the patient to voluntarily  
10 contribute a fee to cover costs of dental laboratory  
11 work related to the services provided to the patient  
12 without forfeiting sovereign immunity; prohibiting the  
13 contribution from exceeding the actual amount of the  
14 dental laboratory charges; providing that the  
15 contribution complies with the requirements of s.  
16 766.1115, F.S.; providing an effective date.  
17

18 Be It Enacted by the Legislature of the State of Florida:  
19

20 Section 1. Paragraph (a) of subsection (3) of section  
21 766.1115, Florida Statutes, is amended, and paragraph (g) is  
22 added to subsection (4) of that section, to read:

23 766.1115 Health care providers; creation of agency  
24 relationship with governmental contractors.—

25 (3) DEFINITIONS.—As used in this section, the term:

26 (a) "Contract" means an agreement executed in compliance  
27 with this section between a health care provider and a  
28 governmental contractor which allows. ~~This contract shall allow~~  
29 the health care provider to deliver health care services to low-

11-00173A-14

2014142\_\_

30 income recipients as an agent of the governmental contractor.  
31 The contract must be for volunteer, uncompensated services. For  
32 services to qualify as volunteer, uncompensated services under  
33 this section, the health care provider must receive no  
34 compensation from the governmental contractor for any services  
35 provided under the contract and must not bill or accept  
36 compensation from the recipient, or a ~~any~~ public or private  
37 third-party payor, for the specific services provided to the  
38 low-income recipients covered by the contract.

39 (4) CONTRACT REQUIREMENTS.—A health care provider that  
40 executes a contract with a governmental contractor to deliver  
41 health care services on or after April 17, 1992, as an agent of  
42 the governmental contractor is an agent for purposes of s.  
43 768.28(9), while acting within the scope of duties under the  
44 contract, if the contract complies with the requirements of this  
45 section and regardless of whether the individual treated is  
46 later found to be ineligible. A health care provider under  
47 contract with the state may not be named as a defendant in any  
48 action arising out of medical care or treatment provided on or  
49 after April 17, 1992, under contracts entered into under this  
50 section. The contract must provide that:

51 (g) Notwithstanding subsection (3), as an agent of the  
52 governmental contractor for purposes of s. 768.28(9), while  
53 acting within the scope of duties under the contract, a health  
54 care provider licensed under chapter 466 may allow a patient or  
55 a parent or guardian of the patient to voluntarily contribute a  
56 fee to cover costs of dental laboratory work related to the  
57 services provided to the patient. This contribution may not  
58 exceed the actual cost of the dental laboratory charges and is

11-00173A-14

2014142\_\_

59 deemed in compliance with this section.

60

61 A governmental contractor that is also a health care provider is  
62 not required to enter into a contract under this section with  
63 respect to the health care services delivered by its employees.

64 Section 2. This act shall take effect July 1, 2014.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**SENATOR ALAN HAYS**  
11th District

### COMMITTEES:

Appropriations Subcommittee on General Government, *Chair*  
Children, Families, and Elder Affairs, *Vice Chair*  
Governmental Oversight and Accountability, *Vice Chair*  
Appropriations  
Appropriations Subcommittee on Criminal and Civil Justice  
Banking and Insurance  
Commerce and Tourism

### JOINT COMMITTEES:

Joint Select Committee on Collective Bargaining, *Co-Chair*  
Joint Legislative Auditing Committee  
Joint Legislative Budget Commission

# MEMORANDUM

**To:** Senator Aaron Bean, Chair  
Health Policy Committee  
CC: Sandra Stovall, *Staff Director*  
Celia Georgiades, *Committee Administrative Assistant*  
James Kotas, *Legislative Assistant*

**From:** Senator D. Alan Hays  
**Subject:** Request to agenda SB 142 Sovereign Immunity for Volunteer Dentists  
**Date:** September 16, 2013

---

I respectfully request that you agenda the above referenced bill at your earliest convenience. This bill would allow patients and/or their families to make a voluntary contribution toward outside lab fees when a volunteer dentist is providing services. I think this legislation will help ensure that this underserved patient populations dental needs will continue to be met.

Often providers are faced with paying these fees out of their own pockets in addition to volunteering their time. I am concerned that we will have less and less providers willing to participate in these worthy programs if we do not have these mechanisms in place. This is the same bill that passed the Senate last year.

#### REPLY TO:

- 871 South Central Avenue, Umatilla, Florida 32784-9290 (352) 742-6441
- 320 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5011
- 1104 Main Street, The Villages, Florida 32159 (352) 360-6739 FAX: (352) 360-6748
- 685 West Montrose Street, Suite 110, Clermont, Florida 34711 (352) 241-9344 FAX: (888) 263-3677

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**DON GAETZ**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

September 16, 2013

Page 2

If you have any questions regarding this legislation, I welcome the opportunity to meet with you one-on-one to discuss it in further detail. Thank you so much for your consideration of this request.

Sincerely,

A handwritten signature in black ink that reads "D. Alan Hays, DMD". The signature is written in a cursive style with a large, sweeping initial "D".

D. Alan Hays, DMD  
State Senator, District 11

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Oct 8, 2013

Meeting Date

Topic Sovereign Immunity

Bill Number SB 142  
*(if applicable)*

Name Joe Anne Hart

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Director of Governmental Affairs

Address 118 East Jefferson St

Phone (850) 224-1089

Tallahassee FL 32301  
City State Zip

E-mail jahart@floridadental.org

Speaking:  For  Against  Information

Representing Florida Dental Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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✓

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10 / 8 / 2013

*Meeting Date*

Topic Dentist immunity

Bill Number 142  
*(if applicable)*

Name BRIAN PITTS

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH

Phone 727-897-9291

*Street*

SAINT PETERSBURG                      FLORIDA                      33705

E-mail JUSTICE2JESUS@YAHOO.COM

*City*

*State*

*Zip*

Speaking:     For     Against     Information

Representing JUSTICE-2-JESUS

Appearing at request of Chair:     Yes     No

Lobbyist registered with Legislature:     Yes     No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

***This form is part of the public record for this meeting.***

S-001 (10/20/11)

# **Expanding Care Through Telemedicine**

## **Tallahassee Memorial HealthCare**

---

Leading our community to be the  
healthiest in the nation.

**Mark O'Bryant, MBA, MPH**  
**Lauren Faison**  
**Stephen Quintero, M.D**  
**Judy Griffin, ARNP**

# What is Telemedicine ?

---

**A *system* that utilizes technology which allows for delivery of *quality healthcare* in a setting where the physician (or provider of higher level of care) and patient are in two different locations.**



# Options for TeleHealth

---

- 3 Basic Categories
  - Store and forward
  - Remote monitoring
  - Real-time conferencing
- Various models involving
  - Physician
  - Physician Extenders, Nurses, Paramedics, Aides
  - Patient

# Tallahassee Memorial TeleHealth

---

- 1. Telemonitoring** – remote monitoring of patients.
- 2. Telemedicine** – connecting providers to patients through technology vs. face to face.



Tallahassee Memorial  
TeleHealth

# Goals for TMH TeleHealth

---

- 1. Improve overall health and quality of life for patients.**
- 2. Increase patient access to primary and specialty care.**
- 3. Increase efficiencies within the regional health system.**
- 4. Promote successful transitions in care.**



**Tallahassee Memorial  
TeleHealth**

# Telemonitoring

---

1. Allows providers to remotely monitor key health indicators such as weight, blood pressure, oxygen levels, glucose, and health behaviors.
2. Interventions are provided quickly to prevent health episodes that result in hospitalization or a visit to the ER.
3. Empowers the patient be an active participant in managing their own health.



**Tallahassee Memorial**  
TeleHealth

# Telemedicine Maintains Quality

---

\* Telemedicine does not change the way providers care for patients, but changes the delivery method for how the patient and provider communicate.



Tallahassee Memorial  
TeleHealth

# Telemedicine Parameters

---

1. Licensed providers
2. HIPPA compliant secure videoconferencing
3. Trained presenter sites



Tallahassee Memorial  
TeleHealth

# How It Works

---

**Transforming Care  
Advancing Health  
Improving Lives**



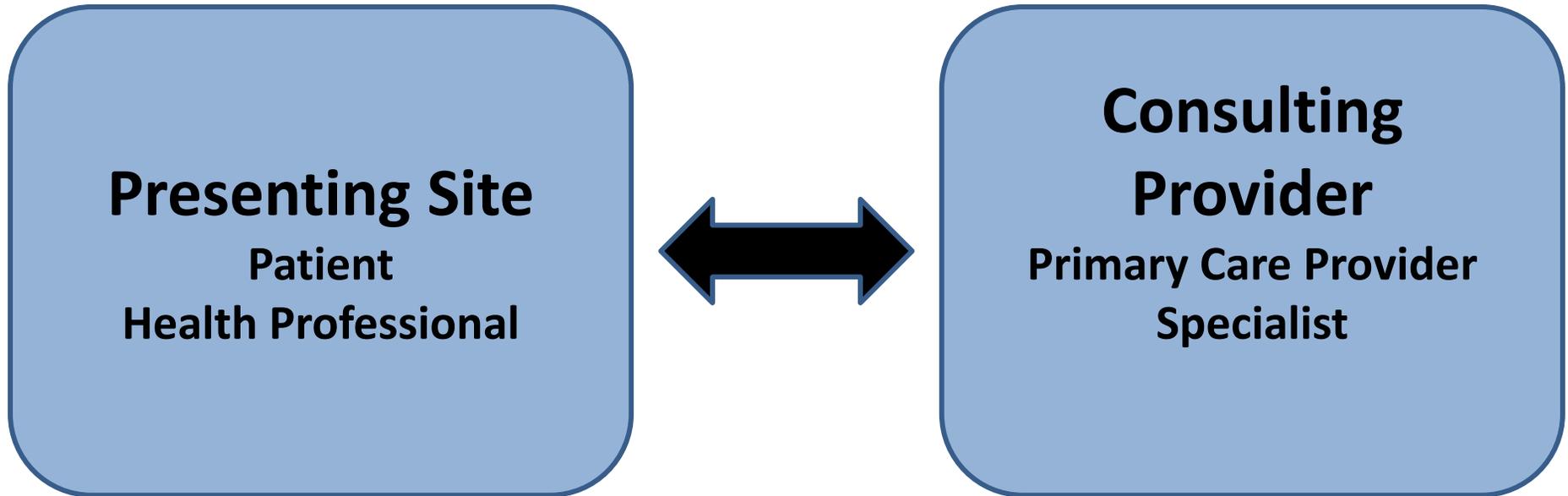
**Tallahassee Memorial  
TeleHealth**

# A Coordinated Effort



# How it Works

---



**Tallahassee Memorial**  
TeleHealth

# Presenting Sites

---

1. Orients patient to telemedicine.
2. Gathers and transmits patient packet to provider prior to appointment.
3. Gathers any required patient data the day of the appointment.
4. Initiates and manages telecommunication during the consult.
5. Maintains appropriate record and completes billing only for services provided at presenting site.



**Tallahassee Memorial**  
**TeleHealth**

# Provider Site

---

1. Manage on-site telecommunication equipment during the day of the appointment.
2. Review relevant patient data.
3. Ensure availability for scheduled consults.
4. Maintain documentation for services provided.
5. Remit resulting care plan to referring provider.
6. Bill for services provided.



**Tallahassee Memorial**  
**TeleHealth**

# Who Benefits from Telemedicine?

---

- 1. Patients**
- 2. Physicians**
- 3. Hospitals**
- 4. Nursing Homes**
- 5. Third Party Payers**



**Tallahassee Memorial**  
TeleHealth

# Benefits of Telemedicine

---

1. Increases access
2. Reduces costs
3. Improves patient outcomes
4. Increases quality and continuity of care
5. Expands education and training
6. Supports rural communities
7. Allows for remote monitoring
8. Supports early intervention

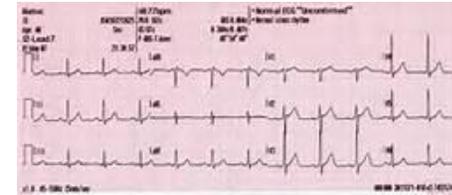


**Tallahassee Memorial**  
TeleHealth

# Telemedicine Capabilities

---

1. General Exam
2. Otoscope
3. Ophthalmoscope
4. Bluetooth Stethoscope
5. EKG
6. Ultrasound
7. X-ray
8. Vital Signs



**Tallahassee Memorial**  
TeleHealth

# TMH Telemedicine

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- **Laptops and connectivity have been placed in the TMH Transition Center, Weems Clinic (Carrabelle), Doctor's Memorial Clinic, TMH Behavioral Health Center, and Four Freedoms Clinic (Madison).**



# TMH Telemedicine

---

**Thanks to a grant from DOH, TMH has purchased and deployed Trauma carts to TMH's Bixler ER, Weems Memorial, Madison Hospital, and Doctor's Memorial.**



**Live Demo**

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10-8-13  
Meeting Date

Topic TMH TELEMEDICINE

Bill Number Speaker  
*(if applicable)*

Name LAUREN FAISON

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title SLA

Address 1300 Miccosukee Rd

Phone \_\_\_\_\_

Street

Tall, FL 32303

E-mail \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Representing TMH

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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THE FLORIDA SENATE

APPEARANCE RECORD

✓

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/13

Meeting Date

Topic Telemedicine

Bill Number \_\_\_\_\_  
*(if applicable)*

Name Erica Nolan

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title CLINICAL DIRECTOR

Address 28334 CHURCHILL SMITH LANE  
*Street*

Phone (352) 383-2580

MOUNT DORA, FL 32757  
*City State Zip*

E-mail nolan@schawinc.com

Speaking:  For  Against  Information

Representing \_\_\_\_\_

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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S-001 (10/20/11)

# Cancer Center of Excellence State-Endowed Research Chairs

Senate Health Policy Committee  
October 8, 2013

Dr. Thomas George, Jr. MD, FACP  
Co-Chair, Joint Committee on Cancer Center of Excellence

*Protect, promote and improve the health of all people in Florida.*



# Overview

- Requirements of section 381.925, Florida Statutes, Cancer Center of Excellence Award
- Implementation status
- Plan for accepting applications

# Cancer Center of Excellence Award

- Encourage excellence in patient-centered, coordinated cancer care
- Attract and retain the best medical experts
- Florida institutions to be recognized nationally as a preferred destination for quality cancer care

# Joint Committee

- 13 members:
  - 7 members – Cancer Control and Research Advisory Board (C-CRAB)
  - 6 members – Biomedical Research Advisory Board (BRAC)
- By January 1, 2014 - Rigorous performance measures, rating system, rating standard
  - Must be approved by BRAC, C-CRAB
- Review every 3 years

# Eligible Organizations

- Licensed to provide health care in Florida
- Accredited by the Commission on Cancer by the American College of Surgeons
- Participate in a regional cancer control collaborative
- Meet all other standards.

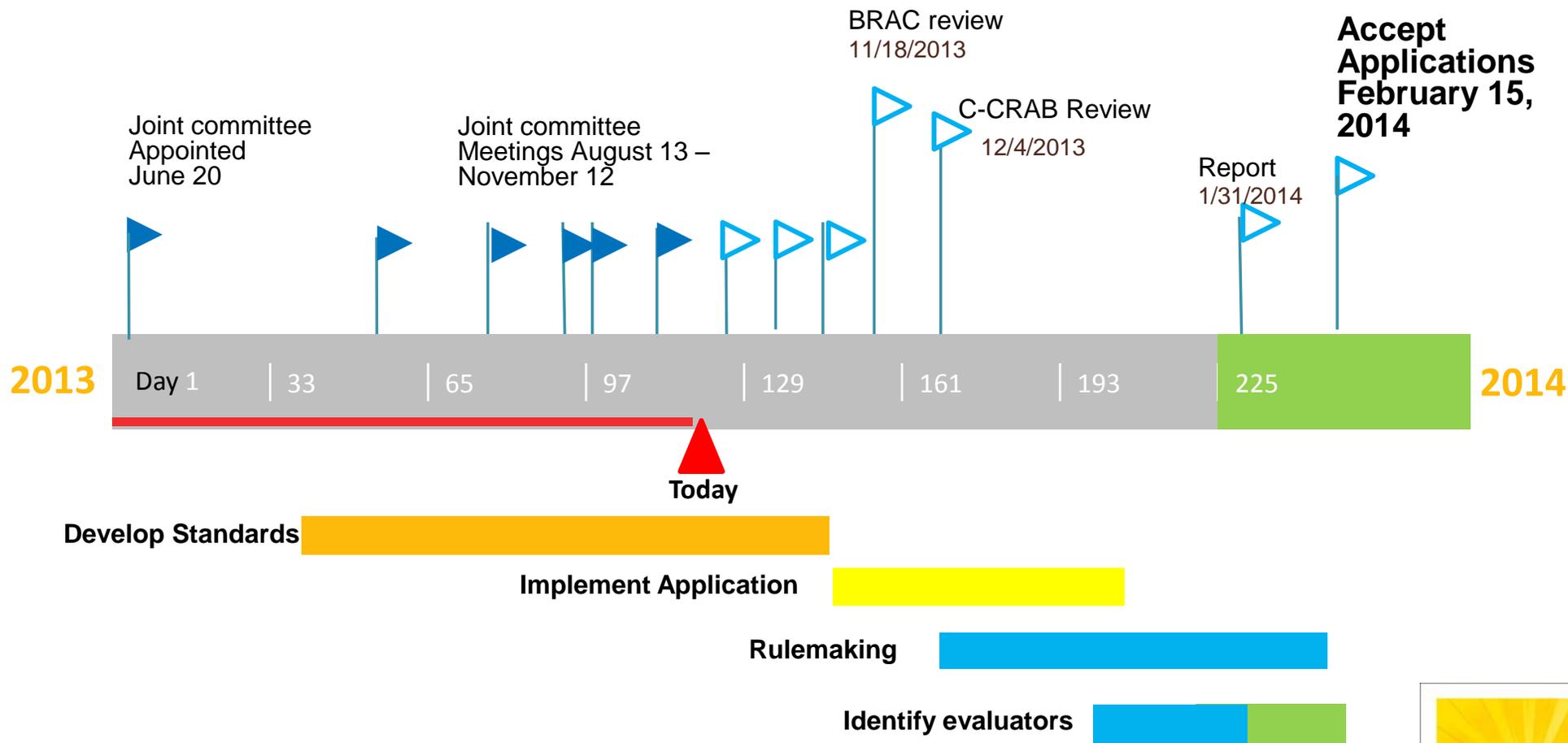
# Administration

- Staff for Joint Committee
- Implement application
- Annually conduct two application cycles:
  - Spring Applications Due : February 15 – March 15 2014
  - Fall Applications Due: July 1 – September 20, 2014

# Administration, cont.

- Appoint team of independent evaluators
- Provide a list of eligible providers
- Report implementation status
  - Due January 31, 2014
- Annual report
  - Starting December 15, 2014

# Implementation Status



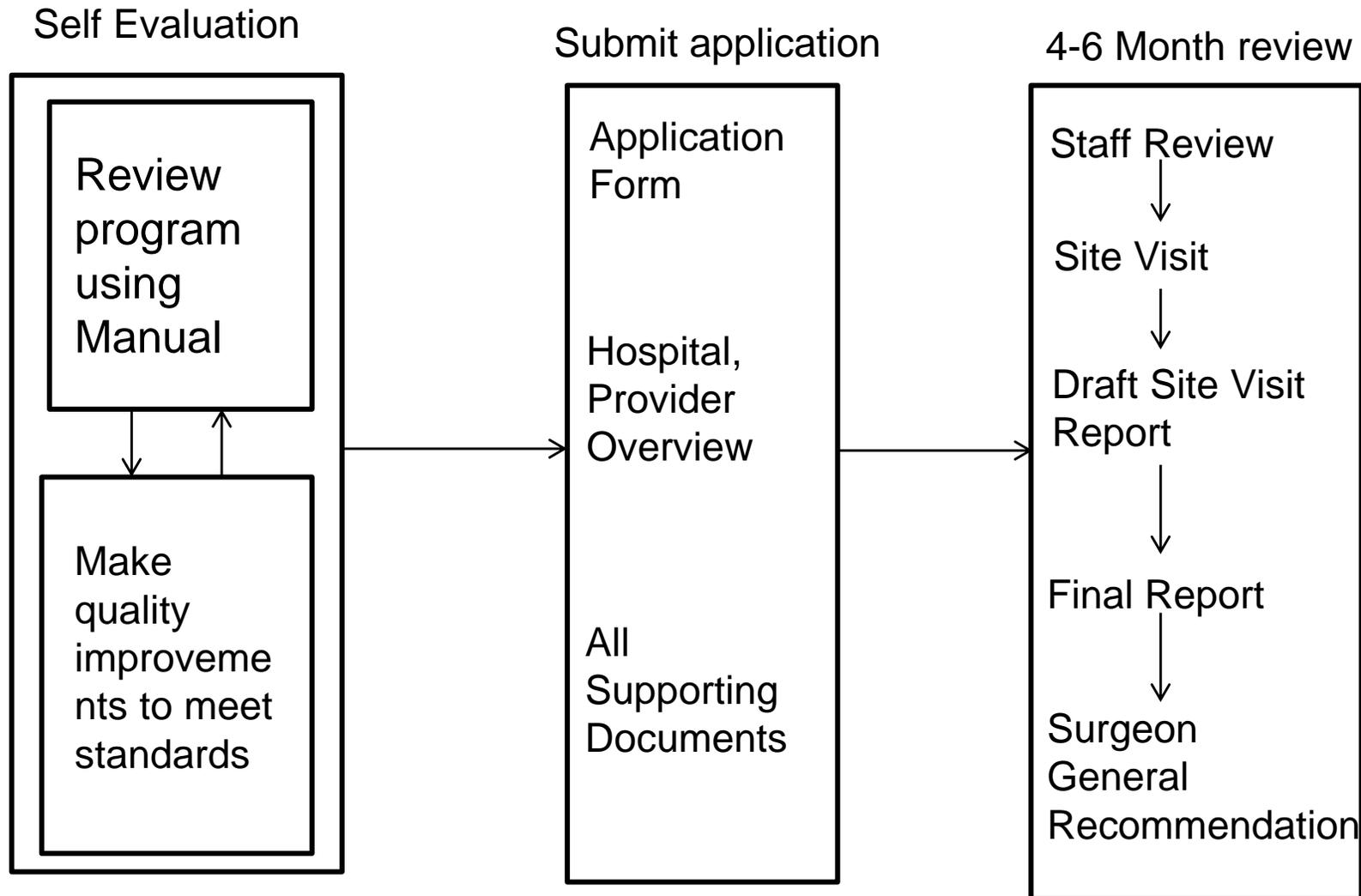
*Protect, promote and improve the health of all people in Florida.*



# Manual

- Consistent format:
  - Explanation
  - Legal and regulatory requirements
  - Required written materials
  - Materials that may commonly be used to meet the standard
  - Description of outcomes

# Application and Review Process



*Protect, promote and improve the health of all people in Florida.*



# Endowed Chairs

- Shands Cancer Hospital at the University of Florida: \$3.3 million
- H. Lee Moffitt Cancer Center and Research Institute: \$3.3 million
- Sylvester Cancer Center at the University of Miami: \$3.3 million

# Summary

- Joint Committee – ON SCHEDULE
  - Creating a manual, application form
- Accepting applications:
  - Beginning March 1, 2014
  - First designations – September through December 2014
  - Second application cycle starts September 2014

# Questions?

*Protect, promote and improve the health of all people in Florida.*



THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/13  
Meeting Date

Topic CANCER CENTERS OF EXCELLENCE

Bill Number \_\_\_\_\_  
*(if applicable)*

Name THOMAS GEORGE, MD

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title C-CRAB CHAIR

Address 4246 NW 58<sup>th</sup> WAY

Phone \_\_\_\_\_

*Street*

GAINESVILLE, FL 32606  
City State Zip

E-mail TGEORGE@UFL.EDU

Speaking:  For  Against  Information

Representing C-CRAB / DOLT

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

# Statewide Medicaid Managed Care Update

Elizabeth Dudek  
Secretary, Agency for Health Care  
Administration

Senate Health Policy  
October 8, 2013



# Statewide Medicaid Managed Care Program

- The Agency is in the process of implementing the Statewide Medicaid Managed Care (SMMC) program
  - Part IV of Chapter 409, F.S., created during the 2011 Legislative Session.
- The SMMC program has two key components:
  - the Long-term Care (LTC) Managed Care program
  - the Managed Medical Assistance (MMA) program

# Statewide Medicaid Managed Care Goals

The goals of the Statewide Medicaid Managed Care Program are:

- improved coordination of care
- a system that focuses on improving the health of recipients, not just paying claims when people are sick
- enhanced accountability
- recipient choice of plans and benefit packages
- flexibility to offer services not otherwise covered
- enhanced fraud and abuse prevention through contract requirements.

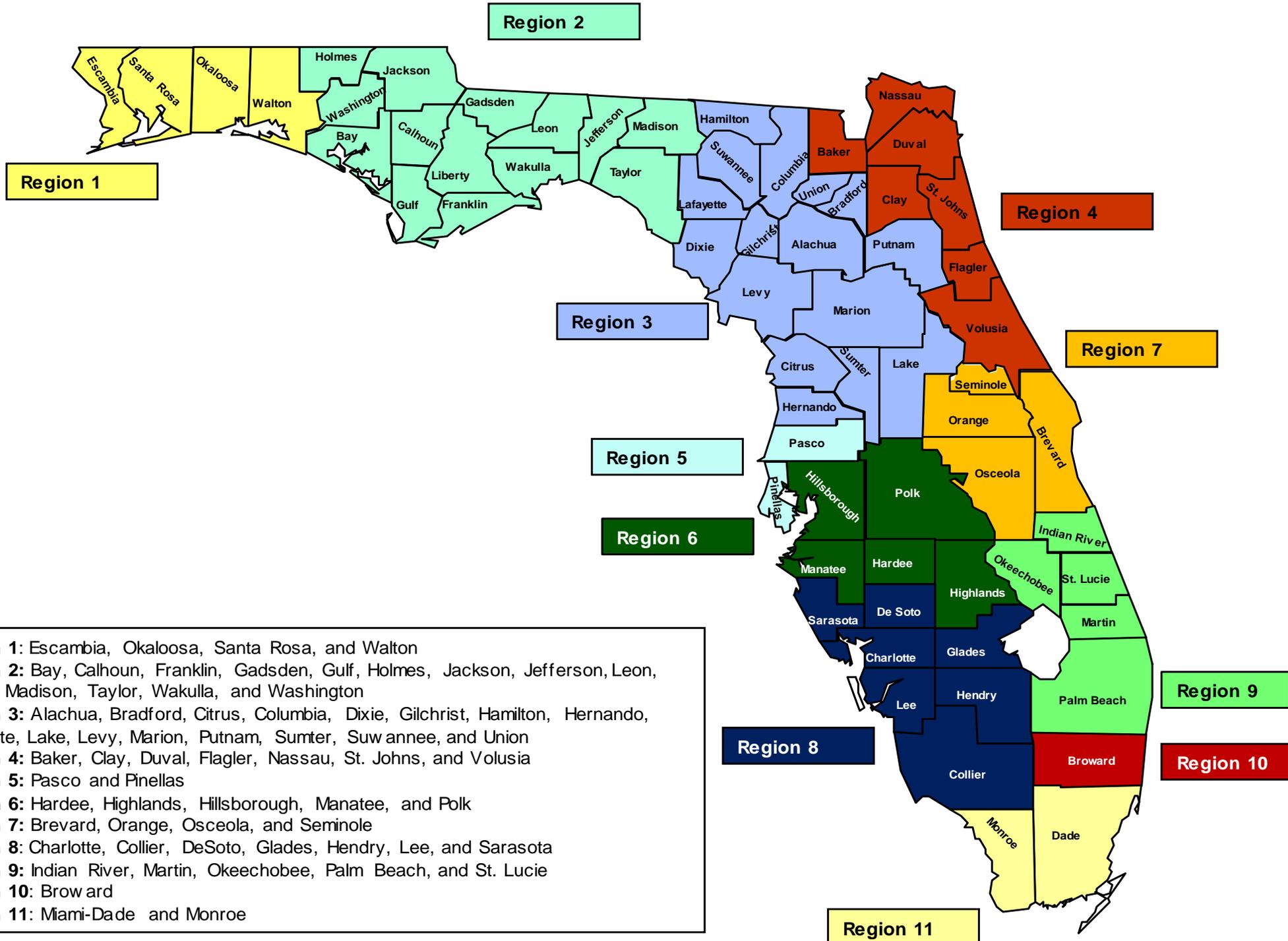
# Long-term Care Program



# Long-term Care Program Implementation

- On February 1, 2013, the Agency received federal approval of the waiver it needed to implement the LTC component of the SMMC program.
- The Agency completed its competitive procurement in early 2013 and has already navigated the bid protest process. The Agency selected seven plans to participate in the LTC program – six HMOs and one PSN.
- LTC program began on August 1, 2013, in the Orlando area and is being rolled out on a regional basis.

# Statewide Medicaid Managed Care Region Map



- Region 1:** Escambia, Okaloosa, Santa Rosa, and Walton
- Region 2:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
- Region 3:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
- Region 4:** Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
- Region 5:** Pasco and Pinellas
- Region 6:** Hardee, Highlands, Hillsborough, Manatee, and Polk
- Region 7:** Brevard, Orange, Osceola, and Seminole
- Region 8:** Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
- Region 9:** Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
- Region 10:** Broward
- Region 11:** Miami-Dade and Monroe

# Goals of the Long-term Care Program Rollout

- No services missed
- No recipients required to move

# Long-term Care Program Roll Out Schedule

| Region | Date Enrolled in LTC Plans |
|--------|----------------------------|
| 1      | March 1, 2014              |
| 2      | November 1, 2013           |
| 3      | March 1, 2014              |
| 4      | March 1, 2014              |
| 5      | February 1, 2014           |
| 6      | February 1, 2014           |
| *7     | August 1, 2013             |
| *8     | September 1, 2013          |
| *9     | September 1, 2013          |
| 10     | November 1, 2013           |
| 11     | December 1, 2013           |

***\*LTC recipients in Regions 7, 8, and 9 are now enrolled in LTC managed care plans.***



# Plans Selected for Long-term Care Program Participation

| Region | LTC Plans                |                          |                      |                           |                                    |                            |                                    |
|--------|--------------------------|--------------------------|----------------------|---------------------------|------------------------------------|----------------------------|------------------------------------|
|        | American Eldercare, Inc. | Amerigroup Florida, Inc. | Coventry Health Plan | Humana Medical Plan, Inc. | Molina Healthcare of Florida, Inc. | Sunshine State Health Plan | United Healthcare of Florida, Inc. |
| 1      | X                        |                          |                      |                           |                                    | X                          |                                    |
| 2      | X                        |                          |                      |                           |                                    |                            | X                                  |
| 3      | X                        |                          |                      |                           |                                    | X                          | X                                  |
| 4      | X                        |                          |                      | X                         |                                    | X                          | X                                  |
| 5      | X                        |                          |                      |                           | X                                  | X                          | X                                  |
| 6      | X                        |                          | X                    |                           | X                                  | X                          | X                                  |
| 7      | X                        |                          | X                    |                           |                                    | X                          | X                                  |
| 8      | X                        |                          |                      |                           |                                    | X                          | X                                  |
| 9      | X                        |                          | X                    |                           |                                    | X                          | X                                  |
| 10     | X                        | X                        |                      | X                         |                                    | X                          |                                    |
| 11     | X                        | X                        | X                    | X                         | X                                  | X                          | X                                  |



# Current Long-term Care Program Enrollment by Plan

| August 1, 2013 and September 1, 2013 |                |                   |
|--------------------------------------|----------------|-------------------|
|                                      | August 1, 2013 | September 1, 2013 |
| American Eldercare, Inc.             | 2,974          | 5,942             |
| United Healthcare of Florida, Inc.   | 2,227          | 5,331             |
| Coventry Health Plan                 | 1,040          | 2,243             |
| Sunshine State Health Plan           | 2,524          | 7,023             |
| <b>Total</b>                         | <b>8,765</b>   | <b>20,539</b>     |

# Managed Medical Assistance Program



# Managed Medical Assistance Program Implementation

- Florida Medicaid will implement the Managed Medical Assistance program beginning in 2014.
- The Managed Medical Assistance procurement may be the largest procurement in Florida government.
  - The MMA ITN was released on December 28, 2012.
  - The Agency posted awards on September 23, 2013.

# Managed Medical Assistance Program Implementation

- The Agency selected 10 companies to serve as general, non-specialty MMA plans.
- Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; these plans are tailored to meet the specific needs of the specialty population.
- The Agency selected eight Florida-based plans: Better Health, LLC; First Coast Advantage, LLC; Integral Health Plan, Inc. d/b/a Integral Quality Care; Preferred Medical Plan, Inc.; Prestige Health Choice; Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida; Freedom Health, Inc.; and Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan.
- Comprehensive plans will be available in all regions except Region 2.

# Goals of the Managed Medical Assistance Program Rollout

- Ensure continuity of care
- Ensure networks are strong
- Ensure all providers are paid timely

# Managed Medical Assistance Program Roll Out Schedule

- Due to pending protests the Agency does not currently have a roll out schedule.
- Florida Statute requires the roll out to be completed by October 2014.
- Roll out schedule will be submitted to federal CMS by October 31, 2013.

# Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

| Region | MMA Plans                |                    |                            |                           |                                                        |                              |                        |                                  |                                    |                                                                 |
|--------|--------------------------|--------------------|----------------------------|---------------------------|--------------------------------------------------------|------------------------------|------------------------|----------------------------------|------------------------------------|-----------------------------------------------------------------|
|        | Amerigroup Florida, Inc. | Better Health, LLC | First Coast Advantage, LLC | Humana Medical Plan, Inc. | Integral Health Plan, Inc. d/b/a Integral Quality Care | Preferred Medical Plan, Inc. | Prestige Health Choice | Sunshine State Health Plan, Inc. | United Healthcare of Florida, Inc. | Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida |
| 1      |                          | X                  |                            | X                         |                                                        |                              |                        |                                  |                                    |                                                                 |
| 2      |                          |                    |                            |                           |                                                        |                              | X                      |                                  |                                    | X                                                               |
| 3      |                          |                    |                            |                           |                                                        |                              | X                      | X                                |                                    | X                                                               |
| 4      |                          |                    | X                          |                           |                                                        |                              |                        | X                                | X                                  |                                                                 |
| 5      | X                        |                    |                            |                           |                                                        |                              | X                      | X                                |                                    | X                                                               |
| 6      | X                        | X                  |                            | X                         | X                                                      |                              | X                      | X                                |                                    | X                                                               |
| 7      |                          |                    |                            |                           |                                                        |                              | X                      | X                                |                                    | X                                                               |
| 8      |                          |                    |                            |                           | X                                                      |                              |                        | X                                |                                    | X                                                               |
| 9      |                          |                    |                            | X                         |                                                        |                              | X                      | X                                |                                    |                                                                 |
| 10     |                          | X                  |                            | X                         |                                                        |                              |                        | X                                |                                    |                                                                 |
| 11     |                          |                    |                            | X                         |                                                        | X                            | X                      | X                                | X                                  | X                                                               |



## Added Value/ Benefits

- The Agency negotiated added value/benefits with selected managed care plans in the Managed Medical Assistance portion of the Statewide Medicaid Managed Care program.
- Areas where added value/benefits were achieved include:
  - Expanded benefits
  - Enhanced network adequacy standards
  - Establishing minimum thresholds for electronic health records (meaningful use) adoption
  - Enhanced standards related to claims processing, prior authorization, and enrollee/provider help line (call center operations).

# Expanded Benefits

| List of Expanded Benefits                            | # of Plans Offering |
|------------------------------------------------------|---------------------|
| Expanded adult dental services                       | 9                   |
| Expanded primary care visits for non-pregnant adults | 10                  |
| Expanded home health care for non-pregnant adults    | 8                   |
| Expanded physician home visits                       | 7                   |
| Expanded prenatal/perinatal visits                   | 9                   |
| Expanded outpatient hospital services                | 8                   |
| Over the counter medication and supplies             | 9                   |
| Waived co-payments                                   | 9                   |
| Expanded vision services                             | 10                  |
| Expanded hearing services                            | 8                   |
| Newborn circumcisions                                | 9                   |
| Pneumonia vaccine                                    | 9                   |
| Influenza vaccine                                    | 10                  |
| Shingles vaccine                                     | 8                   |
| Post-discharge meals                                 | 8                   |
| Nutritional counseling                               | 8                   |
| Pet therapy                                          | 2                   |
| Art therapy                                          | 4                   |
| Equine therapy                                       | 1                   |
| Medically related lodging & food                     | 5                   |

# Network Adequacy Standards

- The managed care plans agreed to enhanced network adequacy standards, which include:
  - Increasing the number of primary care and specialist providers in a region that are accepting new Medicaid enrollees;
  - Increasing the number of primary care providers that offer after hour appointment availability; and
  - Establishing utilization rates for out-of-network specialty care and hospital admissions.

# Electronic Health Records

- The Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic health record adoption.
  - Managed Care Plans agreed to establish thresholds for the number of physicians and hospitals that would adopt meaningful use standards by the end of the second contract year.
  - Managed Care Plans agreed to establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.

# Additional Enhanced Standards

- **Claims processing:** The Agency negotiated more timely claims processing timeframes than are required in state and federal regulations.
  - Examples:
    - Selected managed care plans will pay, deny, or contest electronic claims within 15 calendar days.
    - Selected managed care plans will pay, deny, or contest paper claims within 20 calendar days.
    - Selected managed care plans agree to pay 50% all clean claims within 7 calendar days of receipt.

# Additional Enhanced Standards

- **Prior Authorization:** Selected managed care plans agreed to process standard and expedited prior authorization requests more timely. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half.
- **Enrollee/Provider Help Line:** Selected managed care plans agreed to adhere to more stringent call center performance standards. Areas where we achieved added value include: reduced time for the average speed to answer, reduced call blockage rates, reduced call abandonment rates, and reduced wait times for calls placed in the queue.

# New Contracting Requirement

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
  - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.

# Resources

- Questions can be emailed to:  
[FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)
- Updates about the Statewide Medicaid Managed Care program are posted at: <http://ahca.myflorida.com/SMMC>
- Upcoming events and news can be found on the “News and Events” tab on the SMMC website.
  - Keep up to date on information by signing up to receive program updates through our interested parties list by clicking the red “Sign Up for Program Updates” box on the right hand side of the page.
- For information about the enrollment process and enhanced benefits of each plan, recipients and enrollees may visit <http://www.FLMedicaidManagedCare.com>.

# You can find more information on the SMMC program at:



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA\\_FL](https://www.twitter.com/AHCA_FL)

# Questions?



THE FLORIDA SENATE

# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/13

Meeting Date

Tab 5

Topic Statewide Medicaid Managed Care Bill Number Speaker  
(if applicable)

Name Liz Dudak Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Secretary, Agency for Health Care Administration

Address 2727 Mahan Drive Phone 850-412-3600

Street

Tallahassee

FL

32308

City

State

Zip

E-mail \_\_\_\_\_

Speaking:  For  Against  Information

Representing Agency for Health Care Administration

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**



10/8/13

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Statewide Medicaid Managed Care Bill Number Tab 5  
*(if applicable)*

Name Beth Kidder Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Assistant Deputy Secretary Medicaid Operations

Address 2727 Mahan Drive Phone 850-412-4189

Street

Tallahassee FL 32308 E-mail \_\_\_\_\_  
City State Zip

Speaking:  For  Against  Information

Representing Agency for Health Care Administration

Appearing at request of Chair:  Yes  No Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.** S-001 (10/20/11)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

Tab 5 ✓

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/13

*Meeting Date*

Topic Tab 5 - Statewide Medicaid Managed Care Bill Number SMMC  
*(if applicable)*

Name Christopher Lipson Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Director of Government Affairs and Member Advocacy

Address 1363 E Lafayette St., Suite A Phone 850-222-8967  
*Street*  
Tallahassee FL 32301  
*City State Zip*

E-mail clipson@homecarefla.org

Speaking:  For  Against  Information

Representing The Home Care Association of Florida

Appearing at request of Chair:  Yes  No Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

S-001 (10/20/11)

# CourtSmart Tag Report

Room: KN 412  
Caption: Senate Health Policy

Case:  
Judge:

Type:

Started: 10/8/2013 1:31:09 PM  
Ends: 10/8/2013 3:22:02 PM Length: 01:50:54

1:31:40 PM Meeting Called to Order and Opening Remarks by Chair Beane  
1:32:55 PM Roll Call by Administrative Assistant  
1:33:10 PM Tab #2 SB 142 - Sen. Hayes (Sovereign Immunity for Dentists and Dental Hygienists)  
1:34:10 PM Testimony (Waived in Support) Joe Anne Hart, Dir., of Governmental Affairs, FL Dental Assoc.  
1:34:19 PM Testimony - Brian Pitts, Justice-2-Jesus  
1:38:58 PM Remarks by Chair  
1:39:21 PM Sen. Joyner  
1:40:26 PM Response by Sen. Hays  
1:42:29 PM Sen. Joyner  
1:42:52 PM Sen. Hays responds  
1:43:09 PM Sen. Joyner  
1:43:22 PM Sen. Hays  
1:43:29 PM Chair  
1:43:42 PM Roll Call Vote on SB 142 (Favorable)  
1:44:00 PM Chair  
1:44:13 PM Tab #1 - SB 86 - Sen. Latvala (Dentists)  
1:45:13 PM Chair  
1:45:21 PM Sen. Garcia  
1:45:58 PM Sen. Latvala  
1:46:37 PM Sen. Latvala  
1:46:38 PM Sen. Garcia  
1:47:05 PM Testimony - (waived in support) Chris Hansen, representing FL Society of Oral & Maxillofacial Surgeons  
1:47:36 PM Testimony (waived as opposing) Jan Bracher, FL Assoc. of Health Plans  
1:48:08 PM Testimony (waived in support) Ron Watson, Florida Dental Assoc.  
1:48:10 PM Testimony - Joy Ryan representing America's Health Insurance Plans (AHIP)  
1:48:15 PM Continued Testimony - Joy Ryan  
1:49:38 PM Sen. Sobel  
1:49:44 PM Response by Ms. Ryan  
1:49:55 PM Sen. Sobel  
1:50:18 PM Sen. Sobel  
1:50:19 PM Response by Ms. Ryan  
1:50:45 PM Sen. Joyner  
1:52:18 PM Sen. Joyner  
1:52:19 PM Response by Ms. Ryan  
1:52:38 PM Sen. Joyner  
1:54:06 PM Sen. Galvano  
1:55:03 PM Sen. Sobel  
1:55:49 PM Response by Ms. Ryan  
1:56:25 PM Sen. Sobel  
1:56:49 PM Sen. Galvano  
1:57:14 PM Response by Ms. Ryan  
1:57:32 PM Testimony - Ron Watson  
1:57:32 PM Continued Response by Ms. Ryan  
1:59:48 PM Testimony - Ron Watson, Florida Dental Assoc.  
1:59:48 PM Testimony - Brian Pitts, Justice-2-Jesus  
2:03:24 PM Chair  
2:03:34 PM Sen. Sobel  
2:04:17 PM Sen. Latvala  
2:05:42 PM Chair  
2:05:47 PM Roll Call Vote on SB 86 (Favorable)  
2:06:05 PM Chair  
2:06:20 PM Tab #5 - Status of Implementing Statewide Medicaid Managed Care by Sec. Liz Dudek, AHCA

2:12:58 PM Sen. Sobel  
2:14:23 PM Response by Sec. Dudek  
2:14:36 PM Sen. Sobel  
2:14:47 PM Response by Sec. Dudek  
2:15:06 PM Continued Response by Sec. Dudek  
2:15:07 PM Sen. Sobel  
2:15:20 PM Response by Sec. Dudek  
2:15:41 PM Continued Response by Sec. Dudek  
2:15:44 PM Sen. Sobel  
2:15:50 PM Response by Sec. Dudek  
2:16:11 PM Sen. Sobel  
2:16:22 PM Response by Sec. Dudek  
2:18:22 PM Chair  
2:18:33 PM Sec. Dudek  
2:19:10 PM Chair  
2:19:39 PM Sec. Dudek  
2:22:41 PM Sen. Grimsley  
2:23:45 PM Chair  
2:23:51 PM Sec. Dudek  
2:24:11 PM Chair  
2:24:27 PM Sec. Dudek  
2:24:49 PM Chair  
2:24:53 PM Sec. Dudek  
2:25:50 PM Chair  
2:26:02 PM Sec. Dudek  
2:26:22 PM Chair  
2:26:27 PM Sec. Dudek  
2:26:51 PM Sen. Sobel  
2:27:09 PM Sec. Dudek  
2:27:36 PM Sen. Sobel  
2:28:03 PM Sec. Dudek  
2:28:24 PM Sen. Sobel  
2:28:42 PM Sec. Dudek  
2:28:47 PM Sen. Sobel  
2:29:07 PM Sec. Dudek  
2:29:38 PM Sen. Garcia  
2:30:08 PM Sec. Dudek  
2:30:36 PM Sen. Garcia  
2:31:03 PM Sec. Dudek  
2:31:59 PM Sen. Garcia  
2:32:28 PM Sec. Dudek  
2:33:00 PM Staff  
2:33:30 PM Sen. Garcia  
2:34:15 PM Chair  
2:34:23 PM Pres. Gaetz arrives at meeting and is recognized  
2:34:36 PM AHCA Staff  
2:35:02 PM Sen. Garcia  
2:35:45 PM Sec. Dudek - Managed Care  
2:36:24 PM Chair  
2:36:58 PM Testimony - Christopher Lipson, Dir. of Gov't Affairs & Member Advocacy, The Home Care Assoc. of FL  
2:39:05 PM Continued Testimony - Christopher Lipson  
2:39:06 PM Chair  
2:39:19 PM Tab #3 Presentation on Telemedicine - Mark O'Bryant, Tallahassee Mem. Healthcare  
2:42:23 PM Introduction of speakers  
2:42:23 PM Cont'd - Tab #3 Presentation on Telemedicine - Mark O'Bryant  
2:42:36 PM Chair  
2:43:25 PM Cont'd Presentation on Telemedicine by Lauren Faison, Tallahassee Mem. Healthcare  
2:51:26 PM Lauren Faison  
2:51:27 PM Chair  
2:52:02 PM Lauren Faison  
2:53:10 PM Lauren Faison  
2:53:11 PM Televised Demostration: Sherrie Williams, Telehealth Specialist

**2:59:42 PM** Cont'd Televised Demonstration: Sherrie Williams, Telehealth Specialist  
**2:59:43 PM** Lauren Faison  
**3:00:41 PM** Lauren Faison - Ability to listen to Heart  
**3:00:42 PM** Entering PIN #  
**3:01:03 PM** Lauren Faison - explains Blue Card  
**3:02:17 PM** Cont'd - Lauren Faison  
**3:02:31 PM** Cont'd - Lauren Faison  
**3:02:32 PM** Sherry Weems continues  
**3:02:55 PM** Sherry Weems continues  
**3:02:56 PM** Lauren Faison -  
**3:04:28 PM** Sherry Weems continues  
**3:05:07 PM** Chair  
**3:05:32 PM** Sen. Sobel  
**3:06:05 PM** Lauren Faison responds  
**3:07:01 PM** Follow-up by Sen. Sobel  
**3:07:15 PM** Lauren Faison responds  
**3:07:53 PM** Chair  
**3:08:03 PM** Testimony - Erica Nolan, Clinical Director, Cnow  
**3:09:43 PM** Cont'd Testimony - Erica Nolan, Clinical Director, Cnow  
**3:09:44 PM** Chair  
**3:09:50 PM** Sen. Sobel  
**3:11:19 PM** Sen. Sobel  
**3:11:21 PM** Erica Nolan  
**3:12:05 PM** Sen. Garcia  
**3:12:58 PM** Sen. Garcia  
**3:13:10 PM** Erica Nolan responds  
**3:13:30 PM** Chair  
**3:14:25 PM** Tab #4 - Status of Implementing the Cancer Center of Excellence Program and the State-Endowed  
Research Chairs by Dept. of Health  
**3:14:47 PM** Testimony by Dr. Thomas J. George, Jr., MD  
**3:20:41 PM** Chair  
**3:20:49 PM** Sen. Sobel  
**3:21:15 PM** Chair  
**3:21:53 PM** Sen. Grimsley moves to adjourn.