

tain authorities or fair associations with immunity from liability for damages resulting from exhibits and concessions at public fairs; providing exceptions; amending s. 616.252, F.S.; providing for the appointment and term of a nonvoting youth member of the Florida State Fair Authority; deleting provisions requiring staggered terms; prohibiting the reimbursement of members of the Florida State Fair Authority for per diem and travel expenses; excluding the youth member from compensation for special or full-time service performed on behalf of the authority; amending s. 812.014, F.S.; providing penalties for the theft of bee colonies of registered beekeepers; amending s. 812.015, F.S.; redefining the term "farmer" to include a person who grows or produces honey; redefining the term "farm theft" to include the unlawful taking possession of equipment and associated materials used to grow or produce certain farm products; renaming the department's Division of Forestry as the Florida Forest Service; providing for conforming legislation; providing for assistance to certain legislative substantive committees by the Division of Statutory Revision of the Office of Legislative Services for certain purposes; amending ss. 20.14, 261.03, 570.29, 570.548, 570.549, 570.903, and 590.015, F.S., to conform; providing an appropriation; providing an effective date.

—a companion measure, was substituted for **CS for CS for SB 2076** as amended and read the second time by title.

On motion by Senator Siplin, by two-thirds vote **CS for CS for HB 7215** was read the third time by title, passed and certified to the House. The vote on passage was:

Yeas—37

Mr. President	Flores	Rich
Alexander	Gaetz	Richter
Altman	Gardiner	Ring
Benacquisto	Hays	Sachs
Bennett	Hill	Simmons
Bogdanoff	Jones	Siplin
Braynon	Latvala	Smith
Dean	Lynn	Sobel
Detert	Margolis	Storms
Diaz de la Portilla	Montford	Thrasher
Dockery	Negron	Wise
Evers	Norman	
Fasano	Oelrich	

Nays—1

Joyner

**REPORTS OF COMMITTEE RELATING TO EXECUTIVE BUSINESS**

The Honorable Mike Haridopolos  
President, The Florida Senate

May 5, 2011

Dear President Haridopolos:

The following executive appointment was referred to the Senate Committee on Regulated Industries and the Senate Rules Subcommittee on Ethics and Elections for action pursuant to Rule 12.7(1) of the Rules of the Florida Senate. The Senate Committee on Regulated Industries was removed as a reference. The Senate Rules Subcommittee on Ethics and Elections considered and recommended the following executive appointment:

*Office and Appointment*

*For Term Ending*

Secretary of Business and Professional Regulation  
Appointee: Lawson, Kenneth E., Esquire  
Pleasure of Governor

The following executive appointment was referred to the Senate Committee on Criminal Justice and the Senate Rules Subcommittee on Ethics and Elections for action pursuant to Rule 12.7(1) of the Rules of the Florida Senate. The Senate Committee on Criminal Justice was

removed as a reference. The Senate Rules Subcommittee on Ethics and Elections considered and recommended the following executive appointment:

*For Term Ending*

*Office and Appointment*

Secretary of Corrections  
Appointee: Buss, Edwin G.  
Pleasure of Governor

The following executive appointments were referred to the Senate Rules Subcommittee on Ethics and Elections for action pursuant to Rule 12.7(1) of the Rules of the Florida Senate. The Senate Rules Subcommittee on Ethics and Elections conducted an inquiry concerning the qualifications of the appointees; however, the Subcommittee on Ethics and Elections did not hold a public hearing for the following appointees during the 2011 Regular Session of the Florida Legislature.

*For Term Ending*

*Office and Appointment*

Board of Trustees of Daytona State College  
Appointees: Brosemer, Donna 05/31/2013  
Frederick-Recascino, Christina 05/31/2014  
Holness, Betty Jean 05/31/2011

Board of Trustees of Gulf Coast Community College  
Appointees: Norton, James P. 05/31/2014  
Patronis, Katie L. 05/31/2014

Board of Trustees, University of Central Florida  
Appointees: Calvet, Olga M. 01/06/2016  
Crotty, Richard T. 01/06/2015  
Florez, Alan 01/06/2016

Board of Trustees, Florida Gulf Coast University  
Appointee: Hart, Larry D. 01/06/2016

Except as specifically noted above, the committee held a public hearing at which members of the public were invited to attend and offer evidence concerning the qualifications, experience and general suitability of the appointees. After due consideration of the findings of such inquiry and the evidence presented at the public hearing, the Subcommittee on Ethics and Elections respectfully advises and recommends pursuant to the authority granted in Article IV, Section 6 (a), Florida Constitution, and in accordance with Section 114.05(1), Florida Statutes.

(1) the executive appointments of the above-named appointees, to the office and for the term indicated, be confirmed by the Senate;

(2) Senate action on said appointments be taken prior to the adjournment of the 2011 Regular Session; and

(3) there is no necessity known to the committees for the deliberations on said appointments to be held in executive session.

Respectfully submitted,  
Miguel Diaz de la Portilla, Chair

On motion by Senator Diaz de la Portilla, the report was adopted and the Senate confirmed the appointments identified in the foregoing report of the committee to the offices and for the terms indicated in accordance with the recommendation of the committee. The vote was:

Yeas—38

Mr. President	Flores	Oelrich
Alexander	Gaetz	Rich
Altman	Gardiner	Richter
Benacquisto	Hays	Ring
Bennett	Hill	Sachs
Bogdanoff	Jones	Simmons
Braynon	Joyner	Siplin
Dean	Latvala	Smith
Detert	Lynn	Sobel
Diaz de la Portilla	Margolis	Storms
Dockery	Montford	Thrasher
Evers	Negron	Wise
Fasano	Norman	

Nays—None

## SPECIAL ORDER CALENDAR

On motion by Senator Negron, by unanimous consent—

**CS for CS for CS for SB 1972**—A bill to be entitled An act relating to health and human services; amending s. 163.387, F.S.; exempting hospital districts from the requirement to provide funding to a community redevelopment agency; creating s. 200.186, F.S.; requiring hospital district ad valorem revenues dispersed to other entities to be spent only on health care services; amending s. 393.0661, F.S.; conforming provisions to changes made by the act; amending s. 409.016, F.S.; conforming provisions to changes made by the act; creating s. 409.16713, F.S.; providing for medical assistance for children in out-of-home care and adopted children; specifying how those services will be funded under certain circumstances; providing legislative intent; providing a directive to the Division of Statutory Revision; transferring, renumbering, and amending s. 624.91, F.S.; decreasing the administrative cost and raising the minimum loss ratio for health plans; increasing compensation to the insurer or provider for dental contracts; requiring the Florida Healthy Kids Corporation to include use of the school breakfast and lunch application form in the corporation's plan for publicizing the program; conforming provisions to changes made by the act; amending ss. 409.813, 409.8132, 409.815, 409.818, 154.503, and 408.915, F.S.; conforming provisions to changes made by the act; amending s. 1006.06, F.S.; requiring school districts to collaborate with the Florida Kidcare program to use the application form for the school breakfast and lunch programs to provide information about the Florida Kidcare program and to authorize data on the application form be shared with state agencies and the Florida Healthy Kids Corporation and its agents; authorizing each school district the option to share the data electronically; requiring interagency agreements to ensure that the data exchanged is protected from unauthorized disclosure and is used only for enrollment in the Florida Kidcare program; amending s. 409.901, F.S.; revising definitions relating to Medicaid; amending s. 409.902, F.S.; revising provisions relating to the designation of the Agency for Health Care Administration as the state Medicaid agency; specifying that eligibility and state funds for medical services apply only to citizens and certain noncitizens; providing exceptions; providing a limitation on persons transferring assets in order to become eligible for certain services; amending s. 409.9021, F.S.; revising provisions relating to conditions for Medicaid eligibility; increasing the number of years a Medicaid applicant forfeits entitlements to the Medicaid program if he or she has committed fraud; providing for the payment of monthly premiums by Medicaid recipients; providing exemptions to the premium requirement; requiring applicants to agree to participate in certain health programs; prohibiting a recipient who has access to employer-sponsored health care from obtaining services reimbursed through the Medicaid fee-for-service system; requiring the agency to develop a process to allow the Medicaid premium that would have been received to be used to pay employer premiums; requiring that the agency allow opt-out opportunities for certain recipients; creating s. 409.9022, F.S.; specifying procedures to be implemented by a state agency if the Medicaid expenditures exceed appropriations; amending s. 409.903, F.S.; conforming provisions to changes made by the act; deleting obsolete provisions; amending s. 409.904, F.S.; conforming provisions to changes made by the act; renaming the "medically needy" program as the "Medicaid nonpoverty medical subsidy"; narrowing the subsidy to cover only certain services for a family, persons age 65 or older, or blind or disabled persons; revising the criteria for the agency's assessment of need for private duty nursing services; amending s. 409.905, F.S.; conforming provisions to changes made by the act; requiring prior authorization for home health services; amending s. 409.906, F.S.; providing for a parental fee based on family income to be assessed against the parents of children with developmental disabilities served by home and community-based waivers; prohibiting the agency from paying for certain psychotropic medications prescribed for a child; conforming provisions to changes made by the act; amending ss. 409.9062 and 409.907, F.S.; conforming provisions to changes made by the act; amending s. 409.908, F.S.; modifying the nursing home patient care per diem rate to include dental care, vision care, hearing care, and podiatric care; directing the agency to seek a waiver to treat a portion of the nursing home per diem as capital for self-insurance purposes; requiring primary physicians to be paid the Medicare fee-for-service rate by a certain date; deleting the requirement that the agency contract for transportation services with the community transportation system; authorizing qualified plans to contract for

transportation services; deleting obsolete provisions; conforming provisions to changes made by the act; amending s. 409.9081, F.S.; revising copayments for physician visits; requiring the agency to seek a waiver to allow the increase of copayments for nonemergency services furnished in a hospital emergency department; amending s. 409.912, F.S.; providing for alternatives to the statewide inpatient psychiatric program; requiring Medicaid-eligible children who have open child welfare cases and who reside in AHCA area 10 to be enrolled in specified capitated managed care plans; expanding the number of children eligible to receive behavioral health care services through a specialty prepaid plan; repealing provisions relating to a provider lock-in program; eliminating obsolete provisions and updating provisions; conforming cross-references; amending s. 409.915, F.S.; conforming provisions to changes made by the act; transferring, renumbering, and amending s. 409.9301, F.S.; conforming provisions to changes made by the act; amending s. 409.9126, F.S.; conforming a cross-reference; providing a directive to the Division of Statutory Revision; creating s. 409.961, F.S.; providing for statutory construction of provisions relating to Medicaid managed care; creating s. 409.962, F.S.; providing definitions; creating s. 409.963, F.S.; establishing the Medicaid managed care program as the statewide, integrated managed care program for medical assistance and long-term care services; directing the agency to apply for and implement waivers; providing for public notice and comment; providing for a limited managed care program if waivers are not approved; creating s. 409.964, F.S.; requiring all Medicaid recipients to be enrolled in Medicaid managed care; providing exemptions; prohibiting a recipient who has access to employer-sponsored health care from enrolling in Medicaid managed care; requiring the agency to develop a process to allow the Medicaid premium that would have been received to be used to pay employer premiums; requiring that the agency allow opt-out opportunities for certain recipients; providing for voluntary enrollment; creating s. 409.965, F.S.; providing requirements for qualified plans that provide services in the Medicaid managed care program; requiring the agency to issue an invitation to negotiate; requiring the agency to compile and publish certain information; establishing regions for separate procurement of plans; establishing selection criteria for plan selection; limiting the number of plans in a region; authorizing the agency to conduct negotiations if funding is insufficient; specifying circumstances under which the agency may issue a new invitation to negotiate; providing that the Children's Medical Service Network is a qualified plan; directing the agency to assign Medicaid provider agreements for a limited time to a provider services network participating in the managed care program in a rural area; creating s. 409.966, F.S.; providing managed care plan contract requirements; establishing contract terms; providing for annual rate setting; providing for contract extension under certain circumstances; establishing access requirements; requiring the agency to establish performance standards for plans; requiring each plan to publish specified measures on the plan's website; providing for program integrity; requiring plans to provide encounter data; providing penalties for failure to submit data; requiring plans to accept electronic claims and electronic prior authorization requests for medication exceptions; requiring plans to provide the criteria for approval and reasons for denial of prior authorization requests; providing for prompt payment; providing for payments to noncontract emergency providers; requiring a qualified plan to post a surety bond or establish a letter of credit or a deposit in a trust account; requiring plans to establish a grievance resolution process; requiring plan solvency; requiring guaranteed savings; providing costs and penalties for early termination of contracts or reduction in enrollment levels; requiring the agency to terminate qualified plans for noncompliance under certain circumstances; requiring plans to adopt and publish a preferred drug list; requiring plans that contract for fiscal intermediary services to contract only with registered fiscal intermediary services organizations; creating s. 409.967, F.S.; providing for managed care plan accountability; requiring plans to use a uniform method of accounting for medical costs; establishing a medical loss ratio; requiring that a plan pay back to the agency a specified amount in specified circumstances; authorizing plans to limit providers in networks; mandating that certain providers be offered contracts during the first year; authorizing plans to exclude certain providers in certain circumstances; requiring plans to include certain providers; requiring plans to monitor the quality and performance history of providers; requiring plans to hold primary care physicians responsible for certain activities; requiring plans to offer certain programs and procedures; requiring plans to pay primary care providers the same rate as Medicare by a certain date; providing for conflict resolution between plans and providers; creating s. 409.968, F.S.; providing for managed care plan payments on a per-member, per-month basis; requiring the agency to es-