

## Committee on Budget

### **SB 2144 — Medicaid**

by Budget Committee

The bill provides statutory changes to conform to the FY 2011-2012 General Appropriations Act. Specifically, the bill:

- Modifies the nursing home staffing requirements to allow for a combined direct care staffing requirement of 3.6 hours per resident per day and modifies the formula for calculating the direct care subcomponent of the nursing home reimbursement.
- Modifies the requirements for the Agency for Health Care Administration to deny licensure and renewal requests.
- Repeals the sunset of the Medically Needy for adults program and the Medicaid Aged and Disabled (MEDS-AD) waiver, which will sunset June 30, 2011.
- Eliminates a requirement for a hospitalist program in nonteaching hospitals.
- Modifies the formula used for calculating reimbursements to providers of prescribed drugs.
- Repeals the sunset date for the freeze on Medicaid institutional unit cost; and deletes obsolete workgroups and reporting requirements.
- Provides for the allowed aggregated amount of assessments for all nursing home facilities to increase to conform to federal regulations and revises the criteria for exempting qualified public, nonstate-owned or operated nursing home facilities from quality assessments.
- Repeals the sunset of the quality assessment on privately operated intermediate care facilities for the developmentally disabled.
- Revises the years of audited data used in determining Medicaid and charity care days for hospitals in the Disproportionate Share Hospital (DSH) Program; and changes the distribution criteria for Medicaid DSH payments to implement funding decisions for the DSH program.
- Eliminates the requirement to implement a wireless handheld clinical pharmacology drug information database for practitioners; and allowing electronic access to certain pharmacology drug information.
- Authorizes the implementation of a home delivery of pharmacy products program; establishes the requirements for the procurement and the program; and eliminates the requirement for the expansion of the mail-order-pharmacy diabetes-supply program.
- Eliminates certain specific components of the prescription drug management system program.
- Authorizes an additional Program of All-inclusive Care for the Elderly (PACE) site in Palm Beach County and approves up to 150 initial enrollees, subject to a specific appropriation.
- Authorizes the agency in conjunction with the specialty behavioral health plan to develop a clinically effective, evidence-based alternatives as downward substitution for the statewide inpatient psychiatric program and similar residential care and institutional services

- Deletes a provision that sunsets the ability of tobacco companies to deposit a limited amount of security with the Florida Supreme Court.
- Authorizes the use of a managing entity in the Medipass program in certain counties to implement program initiatives to improve care coordination, patient outcomes, and reduce costs.
- Assigns Medicaid program recipients diagnosed with HIV/AIDS residing in Broward, Miami-Dade, or Palm Beach counties to an HIV/AIDS specialty plan.
- Exempts from Insurance Premiums Tax the premiums, contributions, and assessments received under a contract with Medicaid to solely provide services to Medicaid recipients by a prepaid limited health service organization (PLHSO) licensed under chapter 636, F.S. Provides that the provisions within the bill will operate prospectively and does not provide a basis for an assessment of taxes not paid, or a basis for determining any right to a refund of taxes paid, prior to the effective date.

If approved by the Governor, these provisions take effect July 1, 2011.

*Vote: Senate 24-15; House 80-38*