## Amendment No. $\underline{1}$ (for drafter's use only)

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5	ORIGINAL STAMP BELOW
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11	The Committee on Health Care Services offered the following:
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13	Amendment (with title amendment)
14	Remove from the bill: Everything after the enacting clause
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16	and insert in lieu thereof:
17	Section 1. Section 20.42, Florida Statutes, is amended
18	to read:
19	20.42 Agency for Health Care Administration
20	(1) There is created a department that,
21	notwithstanding the provisions of subsection 20.04(1), shall
22	<u>be called</u> the Agency for Health Care Administration within the
23	Department of Business and Professional Regulation. The agency
24	shall be a separate budget entity, and the director of the
25	agency shall be the agency head for all purposes. The agency
26	shall not be subject to control, supervision, or direction by
27	the Department of Business and Professional Regulation in any
28	manner, including, but not limited to, personnel, purchasing,
29	transactions involving real or personal property, and
30	budgetary matters.
31	(2)(1) DIRECTOR OF HEALTH CARE ADMINISTRATIONThe

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head of the <u>department</u> agency is the <u>Secretary Director</u> of Health Care Administration, who shall be appointed by the Governor, subject to confirmation by the <u>Senate</u>. The <u>secretary director</u> shall serve at the pleasure of and report to the Governor.

(3)(2) ORGANIZATION OF THE AGENCY.—The <u>department</u> agency shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the

for Health Statistics; the administration of the Medicaid

certificate of need program; the operation of the State Center

- 14 program; the administration of the contracts with the Florida
- 15 Healthy Kids Corporation; the certification of health
- 16 maintenance organizations and prepaid health clinics as set
- forth in ch. 641, part III; and any other duties prescribed by statute or agreement. organized as follows:
  - (a) The Division of Health Quality Assurance, which shall be responsible for health facility licensure and inspection.
  - (b) The Division of Health Policy and Cost Control, which shall be responsible for health policy, the State Center for Health Statistics, the development of The Florida Health Plan, certificate of need, state and local health planning under s. 408.033, and research and analysis.
  - (c) The Division of State Health Purchasing shall be responsible for the Medicaid program. The division shall also administer the contracts with the Florida Health Access Corporation program and the Florida Health Care Purchasing Cooperative and the Florida Healthy Kids Corporation.

1	(d) The Division of Administrative Services, which
2	shall be responsible for revenue management, budget,
3	personnel, and general services.
4	(3) DEPUTY DIRECTOR FOR HEALTH QUALITY ASSURANCE The
5	director shall appoint a Deputy Director for Health Quality
6	Assurance who shall serve at the pleasure of, and be directly
7	responsible to, the director. The Deputy Director for Health
8	Quality Assurance shall be responsible for the Division of
9	Health Quality Assurance.
10	(4) DEPUTY DIRECTOR FOR HEALTH POLICY AND COST
11	CONTROLThe director shall appoint a Deputy Director for
12	Health Policy and Cost Control who shall serve at the pleasure
13	of, and be directly responsible to, the director. The Deputy
14	Director for Health Policy and Cost Control shall be
15	responsible for the Division of Health Policy and Cost
16	<del>Control.</del>
17	(5) DEPUTY DIRECTOR FOR STATE HEALTH PURCHASING The
18	director shall appoint a Deputy Director for State Health
19	Purchasing who shall serve at the pleasure of, and be directly
20	responsible to, the director. The Deputy Director for State
21	Health Purchasing shall be responsible for the Division of
22	State Health Purchasing.
23	(6) DEPUTY DIRECTOR OF ADMINISTRATIVE SERVICES The
24	director shall appoint a Deputy Director of Administrative
25	Services who shall serve at the pleasure of, and be directly
26	responsible to, the director. The deputy director shall be
27	responsible for the Division of Administrative Services.
28	Section 2. Paragraph (a) of subsection (2) of section
29	440.134, Florida Statutes, is amended to read:
30	440.134 Workers' compensation managed care

31 arrangement.--

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(2)(a) The agency shall, beginning April 1, 1994, authorize an insurer to offer or utilize a workers' compensation managed care arrangement after the insurer files a completed application along with the payment of a \$1,000 application fee, and upon the agency's being satisfied that the applicant has the ability to provide quality of care consistent with the prevailing professional standards of care and the insurer and its workers' compensation managed care arrangement otherwise meets the requirements of this section. Effective April 1, 1994, No insurer may offer or utilize a managed care arrangement without such authorization. The authorization, unless sooner suspended or revoked, shall automatically expire 2 years after the date of issuance unless renewed by the insurer. The authorization shall be renewed upon application for renewal and payment of a renewal fee of \$1,000, provided that the insurer is in compliance with the requirements of this section and any rules adopted hereunder. An application for renewal of the authorization shall be made 90 days prior to expiration of the authorization, on forms provided by the agency. The renewal application shall not require the resubmission of any documents previously filed with the agency if such documents have remained valid and unchanged since their original filing. The agency shall have exclusive jurisdiction over workers' compensation managed care arrangements and shall have exclusive authority to investigate the quality of medical services provided by a workers' compensation managed care arrangement. When reviewing the quality of medical services offered by or provided through a workers' compensation managed care arrangement, the agency shall only review issues related to the managed care arrrangement as a whole, pertaining to the ability of the

managed care arrangement to provide quality of care as 1 2 required herein. The agency shall not interpret managed care 3 arrangements pertaining to an individual employee. 4 Section 3. Subsection (15) of section 120.80, Florida 5 Statutes, is amended to read: 120.80 Exceptions and special requirements; 6 7 agencies.--8 (15) DEPARTMENT OF HEALTH. -- Notwithstanding s. 9 120.57(1)(a), formal hearings may not be conducted by the 10 Secretary of Health, the Secretary of director of the Agency for Health Care Administration, or a board or member of a 11 12 board within the Department of Health or the Agency for Health 13 Care Administration for matters relating to the regulation of 14 professions, as defined by part II of chapter 455. 15 Notwithstanding s. 120.57(1)(a), hearings conducted within the Department of Health in execution of the Special Supplemental 16 17 Nutrition Program for Women, Infants, and Children; Child Care Food Program; Children's Medical Services Program; and the 18 exemption from disqualification reviews for certified nurse 19 20 assistants program need not be conducted by an administrative law judge assigned by the division. The Department of Health 21 22 may contract with the Department of Children and Family Services for a hearing officer in these matters. 23 24 Section 4. Paragraph (d) of subsection (4) of section 25 215.5601, Florida Statutes, is amended to read: 215.5601 Lawton Chiles Endowment Fund. --26 27 (4) LAWTON CHILES ENDOWMENT FUND; CREATION; PURPOSES AND USES. --28 (d) The Secretary of Health, the Secretary of Children 29 30 and Family Services, the Secretary of Elderly Affairs, and the 31 Secretary <del>Director</del> of Health Care Administration shall conduct

meetings to discuss program priorities for endowment funding prior to submitting their budget requests to the Executive Office of the Governor and the Legislature. The purpose of the meetings shall be to gain consensus for priority requests and recommended endowment funding levels for those priority requests. An agency head may not designate a proxy for these meetings.

Section 5. Subsections (2), (3) and (7) of section 381.0602, Florida Statutes, are amended to read:

381.0602 Organ Transplant Advisory Council; membership; responsibilities.--

- (2) The <u>Secretary</u> <del>Director</del> of Health Care
  Administration shall appoint all members of the council to serve a term of 2 years.
- Administration shall fill each vacancy on the council for the balance of the unexpired term. Priority consideration must be given to the appointment of an individual whose primary interest, experience, or expertise lies with clients of the Department of Health and the agency. If an appointment is not made within 120 days after a vacancy occurs on the council, the vacancy must be filled by the majority vote of the council.
- (7) The council shall meet at least annually or upon the call of the chairperson or the <u>Secretary Director</u> of Health Care Administration.
- Section 6. Subsection (1) of section 381.6023, Florida Statutes, is amended to read:
- 381.6023 Organ and Tissue Procurement and Transplantation Advisory Board; creation; duties.--
  - (1) There is hereby created the Organ and Tissue

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Procurement and Transplantation Advisory Board, which shall 1 2 consist of 14 members who are appointed by and report directly 3 to the Secretary <del>Director</del> of Health Care Administration. The 4 membership must be regionally distributed and must include: 5 Two representatives who have expertise in vascular 6 organ transplant surgery; Two representatives who have expertise in vascular (b) 8 organ procurement, preservation, and distribution; (c) Two representatives who have expertise in 10 musculoskeletal tissue transplant surgery; 11 (d) Two representatives who have expertise in 12 musculoskeletal tissue procurement, processing, and 13 distribution; 14 (e) A representative who has expertise in eye and 15 cornea transplant surgery; (f) A representative who has expertise in eye and 16 17 cornea procurement, processing, and distribution; A representative who has expertise in bone marrow 18 19 procurement, processing, and transplantation; 20 (h) A representative from the Florida Pediatric 21 Society; 22 (i) A representative from the Florida Society of 23 Pathologists; and 24 (j) A representative from the Florida Medical 25 Examiners Commission. Section 7. Subsection (3) of section 381.90, Florida 26 27 Statutes, is amended to read: 381.90 Health Information Systems Council; legislative 28 29 intent; creation, appointment, duties. --

members or their senior executive-level designees:

(3) The council shall be composed of the following

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1	(a) The secretary of the Department of Health;
2	(b) The secretary of the Department of Business and
3	Professional Regulation;
4	(c) The secretary of the Department of Children and
5	Family Services;
6	(d) The <u>secretary of</u> <del>director of the Agency for</del> Health
7	Care Administration;
8	(e) The secretary of the Department of Corrections;
9	(f) The Attorney General;
LO	(g) The executive director of the Correctional Medical
L1	Authority;
L2	(h) Two members representing county health
L3	departments, one from a small county and one from a large
L4	county, appointed by the Governor;
L5	(i) A representative from the Florida Association of
L6	Counties;
L7	(j) The State Treasurer and Insurance Commissioner;
L8	(k) A representative from the Florida Healthy Kids
L9	Corporation;
20	(1) A representative from a school of public health
21	chosen by the Board of Regents;
22	(m) The Commissioner of Education;
23	(n) The secretary of the Department of Elderly
24	Affairs; and
25	(o) The secretary of the Department of Juvenile
26	Justice.
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28	Representatives of the Federal Government may serve without
29	voting rights.
30	Section 8. Paragraph (a) of subsection (1) of section
₹1 '	395 0163 Florida Statutes is amended to read:

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as necessary.

approval; fees.--(1)(a) The agency shall make, or cause to be made, such construction inspections and investigations as it deems necessary. The agency may prescribe by rule that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition, or new construction, submit plans and specifications therefor to the agency for preliminary inspection and approval or recommendation with respect to compliance with agency rules and standards. The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the fee for review of plans as required in subsection (2). agency may be granted one 15-day extension for the review period if the secretary director of the agency approves the extension. If the agency fails to act within the specified time, it shall be deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it shall set forth in writing the reasons for

395.0163 Construction inspections; plan submission and

Section 9. Section 395.10972, Florida Statutes, is amended to read:

its disapproval. Conferences and consultations may be provided

395.10972 Health Care Risk Manager Advisory
Council.—The <u>Secretary Director</u> of Health Care Administration may appoint a five-member advisory council to advise the agency on matters pertaining to health care risk managers. The members of the council shall serve at the pleasure of the <u>secretary director</u>. The council shall designate a chair. The council shall meet at the call of the secretary <u>director</u> or at

those times as may be required by rule of the agency. The members of the advisory council shall receive no compensation for their services, but shall be reimbursed for travel expenses as provided in s. 112.061. The council shall consist of individuals representing the following areas:

- (1) Two shall be active health care risk managers.
- (2) One shall be an active hospital administrator.
- (3) One shall be an employee of an insurer or self-insurer of medical malpractice coverage.
- (4) One shall be a representative of the health-care-consuming public.

Section 10. Paragraph (h) of subsection (2) of section 400.0067, Florida Statutes, is amended to read:

400.0067 Establishment of State Long-Term Care Ombudsman Council; duties; membership.--

- (2) The State Long-Term Care Ombudsman Council shall:
- (h) Prepare an annual report describing the activities carried out by the ombudsman and the State Long-Term Care Ombudsman Council in the year for which the report is prepared. The State Long-Term Care Ombudsman Council shall submit the report to the Commissioner of the United States Administration on Aging, the Governor, the President of the Senate, the Speaker of the House of Representatives, the minority leaders of the House and Senate, the chairpersons of appropriate House and Senate committees, the Secretaries of Elderly Affairs and Children and Family Services, and the Secretary Director of Health Care Administration. The report shall be submitted at least 30 days before the convening of the regular session of the Legislature and shall, at a minimum:
  - 1. Contain and analyze data collected concerning

complaints about and conditions in long-term care facilities.

- 2. Evaluate the problems experienced by residents of long-term care facilities.
- 3. Contain recommendations for improving the quality of life of the residents and for protecting the health, safety, welfare, and rights of the residents.
- 4. Analyze the success of the ombudsman program during the preceding year and identify the barriers that prevent the optimal operation of the program. The report of the program's successes shall also address the relationship between the state long-term care ombudsman program, the Department of Elderly Affairs, the Agency for Health Care Administration, and the Department of Children and Family Services, and an assessment of how successfully the state long-term care ombudsman program has carried out its responsibilities under the Older Americans Act.
- 5. Provide policy and regulatory and legislative recommendations to solve identified problems; resolve residents' complaints; improve the quality of care and life of the residents; protect the health, safety, welfare, and rights of the residents; and remove the barriers to the optimal operation of the state long-term care ombudsman program.
- 6. Contain recommendations from the district ombudsman councils regarding program functions and activities.
- 7. Include a report on the activities of the legal advocate and other legal advocates acting on behalf of the district and state councils.
- Section 11. Paragraph (a) of subsection (3) of section 400.235, Florida Statutes, is amended to read:
- 400.235 Nursing home quality and licensure status; Gold Seal Program.--

(3)(a) The Gold Seal Program shall be developed and
implemented by the Governor's Panel on Excellence in Long-Term
Care which shall operate under the authority of the Executive
Office of the Governor. The panel shall be composed of three
persons appointed by the Governor, to include a consumer
advocate for senior citizens and two persons with expertise in
the fields of quality management, service delivery excellence,
or public sector accountability; three persons appointed by
the Secretary of Elderly Affairs, to include an active member
of a nursing facility family and resident care council and a
member of the University Consortium on Aging; the State
Long-Term Care Ombudsman; one person appointed by the Florida
Life Care Residents Association; one person appointed by the
Secretary of Health; two persons appointed by the <u>Secretary</u>
Director of Health Care Administration, to include the Deputy
Director for State Health Purchasing; one person appointed by
the Florida Association of Homes for the Aging; and one person
appointed by the Florida Health Care Association. All members
of the panel shall be appointed by October 1, 1999, and the
panel shall hold its organizational meeting no later than
December 10, 1999. Vacancies on the panel shall be filled in
the same manner as the original appointments. No member shall
serve for more than 4 consecutive years from the date of
appointment.
Section 12. Subsection (1) of section 400.4415,
Florida Statutes, is amended to read:
400.4415 Assisted living facilities advisory
committee
(1) There is created the assisted living facilities
advisory committee, which shall assist the agency in
developing and implementing a pilot rating system for

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facilities. The committee shall consist of nine members who are to be appointed by, and report directly to, the <u>secretary</u> director of the agency. The membership is to include:

- (a) One researcher from a university center on aging.
- (b) One representative from the Florida Health Care Association.
- (c) One representative from the Florida Assisted Living Association.
- $\mbox{(d)}$  One representative from the Florida Association of Homes for the Aging.
- (e) One representative from the Agency for Health Care Administration.
- (f) One representative from the adult services program of the Department of Children and Family Services.
- (g) One representative from the alcohol, drug abuse, and mental health program of the Department of Children and Family Services.
- (h) One representative from the Department of Elderly Affairs.
- (i) One consumer representative from a district long-term care ombudsman council.

Section 13. Subsection (5) of section 400.967, Florida Statutes, is amended to read:

400.967 Rules and classification of deficiencies.--

(5) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 15-day extension for the review period, if the secretary director of the agency so approves. If the agency fails to act within the specified time, it is deemed to have approved the plans and specifications. When the agency disapproves plans and

specifications, it must set forth in writing the reasons for disapproval. Conferences and consultations may be provided as necessary.

Section 14. Subsection (3) of section 408.036, Florida Statutes, is amended to read:

408.036 Projects subject to review .--

- (3) EXEMPTIONS.--Upon request, supported by such documentation as the agency requires, the agency shall grant an exemption from the provisions of subsection (1):
- (a) For the initiation or expansion of obstetric services.
- (b) For any expenditure to replace or renovate any part of a licensed health care facility, provided that the number of licensed beds will not increase and, in the case of a replacement facility, the project site is the same as the facility being replaced.
- (c) For providing respite care services. An individual may be admitted to a respite care program in a hospital without regard to inpatient requirements relating to admitting order and attendance of a member of a medical staff.
- (d) For hospice services or home health services provided by a rural hospital, as defined in s. 395.602, or for swing beds in such rural hospital in a number that does not exceed one-half of its licensed beds.
- (e) For the conversion of licensed acute care hospital beds to Medicare and Medicaid certified skilled nursing beds in a rural hospital as defined in s. 395.602, so long as the conversion of the beds does not involve the construction of new facilities. The total number of skilled nursing beds, including swing beds, may not exceed one-half of the total number of licensed beds in the rural hospital as of July 1,

- 1993. Certified skilled nursing beds designated under this paragraph, excluding swing beds, shall be included in the community nursing home bed inventory. A rural hospital which subsequently decertifies any acute care beds exempted under this paragraph shall notify the agency of the decertification, and the agency shall adjust the community nursing home bed inventory accordingly.
- (f) For the addition of nursing home beds at a skilled nursing facility that is part of a retirement community that provides a variety of residential settings and supportive services and that has been incorporated and operated in this state for at least 65 years on or before July 1, 1994. All nursing home beds must not be available to the public but must be for the exclusive use of the community residents.
- (g) For an increase in the bed capacity of a nursing facility licensed for at least 50 beds as of January 1, 1994, under part II of chapter 400 which is not part of a continuing care facility if, after the increase, the total licensed bed capacity of that facility is not more than 60 beds and if the facility has been continuously licensed since 1950 and has received a superior rating on each of its two most recent licensure surveys.
- (h) For the establishment of a Medicare-certified home health agency by a facility certified under chapter 651; a retirement community, as defined in s. 400.404(2)(g); or a residential facility that serves only retired military personnel, their dependents, and the surviving dependents of deceased military personnel. Medicare-reimbursed home health services provided through such agency shall be offered exclusively to residents of the facility or retirement community or to residents of facilities or retirement

communities owned, operated, or managed by the same corporate entity. Each visit made to deliver Medicare-reimbursable home health services to a home health patient who, at the time of service, is not a resident of the facility or retirement community shall be a deceptive and unfair trade practice and constitutes a violation of ss. 501.201-501.213.

- (i) For the establishment of a Medicare-certified home health agency. This paragraph shall take effect 90 days after the adjournment sine die of the next regular session of the Legislature occurring after the legislative session in which the Legislature receives a report from the Secretary Director of Health Care Administration certifying that the federal Health Care Financing Administration has implemented a per-episode prospective pay system for Medicare-certified home health agencies.
- (j) For an inmate health care facility built by or for the exclusive use of the Department of Corrections as provided in chapter 945. This exemption expires when such facility is converted to other uses.
- (k) For an expenditure by or on behalf of a health care facility to provide a health service exclusively on an outpatient basis.
  - (1) For the termination of a health care service.
- (m) For the delicensure of beds. An application submitted under this paragraph must identify the number, the classification, and the name of the facility in which the beds to be delicensed are located.
- (n) For the provision of adult inpatient diagnostic cardiac catheterization services in a hospital.
- 1. In addition to any other documentation otherwise required by the agency, a request for an exemption submitted

under this paragraph must comply with the following criteria:

- a. The applicant must certify it will not provide therapeutic cardiac catheterization pursuant to the grant of the exemption.
- b. The applicant must certify it will meet and continuously maintain the minimum licensure requirements adopted by the agency governing such programs pursuant to subparagraph 2.
- c. The applicant must certify it will provide a minimum of 2 percent of its services to charity and Medicaid patients.
- 2. The agency shall adopt licensure requirements by rule which govern the operation of adult inpatient diagnostic cardiac catheterization programs established pursuant to the exemption provided in this paragraph. The rules shall ensure that such programs:
- a. Perform only adult inpatient diagnostic cardiac catheterization services authorized by the exemption and will not provide therapeutic cardiac catheterization or any other services not authorized by the exemption.
- b. Maintain sufficient appropriate equipment and health personnel to ensure quality and safety.
- c. Maintain appropriate times of operation and protocols to ensure availability and appropriate referrals in the event of emergencies.
- d. Maintain appropriate program volumes to ensure quality and safety.
- e. Provide a minimum of 2 percent of its services to charity and Medicaid patients each year.
- 3.a. The exemption provided by this paragraph shall not apply unless the agency determines that the program is in

compliance with the requirements of subparagraph 1. and that the program will, after beginning operation, continuously comply with the rules adopted pursuant to subparagraph 2. The agency shall monitor such programs to ensure compliance with the requirements of subparagraph 2.

- b.(I) The exemption for a program shall expire immediately when the program fails to comply with the rules adopted pursuant to sub-subparagraphs 2.a., b., and c.
- (II) Beginning 18 months after a program first begins treating patients, the exemption for a program shall expire when the program fails to comply with the rules adopted pursuant to sub-subparagraphs 2.d. and e.
- (III) If the exemption for a program expires pursuant to sub-sub-subparagraph (I) or sub-sub-subparagraph (II), the agency shall not grant an exemption pursuant to this paragraph for an adult inpatient diagnostic cardiac catheterization program located at the same hospital until 2 years following the date of the determination by the agency that the program failed to comply with the rules adopted pursuant to subparagraph 2.
- 4. The agency shall not grant any exemption under this paragraph until the adoption of the rules required under this paragraph, or until March 1, 1998, whichever comes first. However, if final rules have not been adopted by March 1, 1998, the proposed rules governing the exemptions shall be used by the agency to grant exemptions under the provisions of this paragraph until final rules become effective.
- (o) For any expenditure to provide mobile surgical facilities and related health care services under contract with the Department of Corrections or a private correctional facility operating pursuant to chapter 957.

(p) For state veterans' nursing homes operated by or on behalf of the Florida Department of Veterans' Affairs in accordance with part II of chapter 296 for which at least 50 percent of the construction cost is federally funded and for which the Federal Government pays a per diem rate not to exceed one-half of the cost of the veterans' care in such state nursing homes. These beds shall not be included in the nursing home bed inventory.

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A request for exemption under this subsection may be made at any time and is not subject to the batching requirements of this section.

Section 15. Paragraph (a) of subsection (8) of section 408.05, Florida Statutes, is amended to read:

408.05 State Center for Health Statistics.--

- (8) STATE COMPREHENSIVE HEALTH INFORMATION SYSTEM ADVISORY COUNCIL.--
- (a) There is established in the agency the State Comprehensive Health Information System Advisory Council to assist the center in reviewing the comprehensive health information system and to recommend improvements for such system. The council shall consist of the following members:
- 1. An employee of the Executive Office of the Governor, to be appointed by the Governor.
- 2. An employee of the Department of Insurance, to be appointed by the Insurance Commissioner.
- 3. An employee of the Department of Education, to be appointed by the Commissioner of Education.
- 4. Ten persons, to be appointed by the <u>Secretary</u> <del>Director</del> of Health Care Administration, representing other state and local agencies, state universities, the Florida

Association of Business/Health Coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.

Section 16. Subsection (1) of section 408.902, Florida Statutes, is amended to read:

408.902 MedAccess program; creation; program title.--

(1) Effective July 1, 1994, there is hereby created the MedAccess program to be administered by the Agency for Health Care Administration. The MedAccess program shall not be subject to the requirements of the Department of Insurance or chapter 627. The <u>secretary director</u> of the agency shall appoint an administrator of the MedAccess program which shall be located in the Division of State Health Purchasing.

Section 17. Subsection (2) of section 409.8132, Florida Statutes, is amended to read:

409.8132 Medikids program component.--

(2) ADMINISTRATION. -- The secretary director of the agency shall appoint an administrator of the Medikids program component, which shall be located in the Division of State Health Purchasing. The Agency for Health Care Administration is designated as the state agency authorized to make payments for medical assistance and related services for the Medikids program component of the Florida Kidcare program. Payments shall be made, subject to any limitations or directions in the General Appropriations Act, only for covered services provided to eligible children by qualified health care providers under the Florida Kidcare program.

Section 18. Subsection (1) of section 430.710, Florida Statutes, is amended to read:

430.710 Long-term care interagency advisory council.--

(1) The long-term care interagency advisory council is

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created within the Department of Elderly Affairs to advise the secretary of the department on matters related to the long-term care community diversion pilot projects. The department and the agency shall provide staff support to the council, as determined by the secretary of the department and the secretary director of the agency.

- (a) The Secretary of the Department of Children and Family Services shall appoint four members, one each to represent the following:
- 1. Consumers, or family or guardians of consumers, of optional state supplementation, adult protective services, developmental services, or mental health services from the department.
  - 2. Providers of community-based services.
  - 3. Consumer advocacy organizations.
- 4. Consumers, or representatives of consumers, who have nonage related physical disabilities.
- (b) The Secretary of the Department of Elderly Affairs shall appoint five members, one each to represent the following:
  - 1. The nursing home industry.
  - 2. The assisted living industry.
  - 3. Consumers of long-term care services.
  - 4. Providers of community-based services.
  - 5. Area Agencies on Aging.
- (c) The Commissioner of Insurance shall appoint one member to represent the insurance industry.
- (d) The Secretary of Director of the Agency for Health Care Administration shall appoint three members, one each to represent the following:
  - 1. The hospital industry.

- 2. The home health industry. 1 2 Health maintenance organizations. 3 Section 19. Paragraph (c) of subsection (4) of section 4 478.44, Florida Statutes, is amended to read: 5 478.44 Electrolysis Council; creation; function; 6 powers and duties .--7 (4)(c) Unless otherwise provided by law, a council member 8 9 shall be compensated \$50 for each day the member attends an 10 official meeting of the council or participates in official 11 council business. A council member is also entitled to 12 reimbursement for expenses pursuant to s. 112.061. Travel out 13 of state requires the prior approval of the Secretary Director of Health Care Administration. 14 15 Section 20. Subsection (3) of section 627.4236, Florida Statutes, is amended to read: 16 17 627.4236 Coverage for bone marrow transplant 18 procedures.--(3)(a) The Agency for Health Care Administration shall 19 20 adopt rules specifying the bone marrow transplant procedures that are accepted within the appropriate oncological specialty 21 22 and are not experimental for purposes of this section. The 23 rules must be based upon recommendations of an advisory panel 24 appointed by the secretary director of the agency, composed of: 25
  - 1. One adult oncologist, selected from a list of three names recommended by the Florida Medical Association;
  - 2. One pediatric oncologist, selected from a list of three names recommended by the Florida Pediatric Society;
  - 3. One representative of the J. Hillis Miller Health Center at the University of Florida;

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- 4. One representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;
- 5. One consumer representative, selected from a list of three names recommended by the Insurance Commissioner;
- 6. One representative of the Health Insurance Association of America;
- 7. Two representatives of health insurers, one of whom represents the insurer with the largest Florida health insurance premium volume and one of whom represents the insurer with the second largest Florida health insurance premium volume; and
- 8. One representative of the insurer with the largest Florida small group health insurance premium volume.
- (b) The director shall also appoint a member of the advisory panel to serve as chairperson.
- (c) The agency shall provide, within existing resources, staff support to enable the panel to carry out its responsibilities under this section.
- (d) In making recommendations and adopting rules under this section, the advisory panel and the director shall:
- 1. Take into account findings, studies, or research of the federal Agency for Health Care Policy, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, and Congressional Office of Technology Assessment, and any other relevant information.
- 2. Consider whether the federal Food and Drug
  Administration or National Cancer Institute are conducting or
  sponsoring assessment procedures to determine the safety and
  efficacy of the procedure or substantially similar procedures,
  or of any part of such procedures.
  - 3. Consider practices of providers with respect to

requesting or requiring patients to sign a written acknowledgment that a bone marrow transplant procedure is experimental.

(e) The advisory panel shall conduct, at least biennially, a review of scientific evidence to ensure that its recommendations are based on current research findings and that insurance policies offer coverage for the latest medically acceptable bone marrow transplant procedures.

Section 21. Section 641.454, Florida Statutes, is amended to read:

641.454 Civil action to enforce prepaid health clinic contract; attorney's fees; court costs.—In any civil action brought to enforce the terms and conditions of a prepaid health clinic contract, the prevailing party is entitled to recover reasonable attorney's fees and court costs. This section shall not be construed to authorize a civil action against the department, its employees, or the Insurance Commissioner and Treasurer or against the Agency for Health Care Administration, the employees of the Agency for Health Care Administration, or the Secretary Director of Health Care Administration.

Section 22. Paragraph (f) of subsection (6) of section 641.60, Florida Statutes, is amended to read:

- 641.60 Statewide Managed Care Ombudsman Committee. --
- (6) The statewide committee or a member of the committee:
- (f) Shall conduct meetings at least two times a year at the call of the chairperson and at other times at the call of the <u>secretary of the</u> agency <del>director</del> or by written request of three members.

Section 23. Subsection (3) of section 641.70, Florida

Statutes, is amended to read: 1 2 641.70 Agency duties relating to the Statewide Managed 3 Care Ombudsman Committee and the district managed care 4 ombudsman committees.--5 The secretary director of the agency shall ensure (3) 6 the full cooperation and assistance of agency employees with 7 members of the statewide committee and district committees. Section 24. Subsections (3) and (5) of section 8 732.9216, Florida Statutes, are amended to read: 9 10 732.9216 Organ and tissue donor education panel.--11 (3) All members of the panel shall be appointed by the 12 Secretary Director of Health Care Administration to serve a 13 term of 2 years, except that, initially, six members shall be 14 appointed for 1-year terms and six members shall be appointed 15 for 2-year terms. 16 (5) The panel shall meet at least semiannually or upon 17 the call of the chairperson or the Secretary <del>Director</del> of Health Care Administration. 18 Section 25. Section 408.001, Florida Statutes, is 19 repealed effective December 31, 2000, or upon dissolution of 20 21 the Florida Health Care Purchasing Cooperative, whichever 22 occurs first. Section 26. All powers, duties, and functions and 23 24 rules, records, personnel, property, and unexpended balances 25 of appropriations, allocations, or other funds of the Agency for Health Care Administration within the Department of 26 27 Business and Professional Regulation are transferred by a type one transfer, as defined in s. 20.06(1), Florida Statutes, to 28

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Twenty full-time-equivalent positions and

the Agency for Health Care Administration, as created by this

Section 27.

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act.

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$686,835 in salaries and benefits, and $135,138 in expenses,
2
    are transferred by a type two transfer, as defined in section
3
    20.06(2), Florida Statutes, from the Department of Labor and
 4
    Employment Security to the Agency for Health Care
5
    Administration to carry out the agency's responsibilities
6
    under sections 440.13 and 440.134, Florida Statutes, relating
7
    to workers' compensation managed care arrangements.
8
           Section 28. This act shall take effect October 1,
    2000.
9
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12
    ======= T I T L E
                                 A M E N D M E N T ========
13
   And the title is amended as follows:
14
           On page,
15
   remove from the title of the bill: all of said lines
16
17
    and insert in lieu thereof:
           An act relating to the Agency for Health Care
18
           Administration; amending s. 20.42, F.S.;
19
20
           designating the agency as a department;
           reorganizing the agency and removing it from
21
           under the Department of Business and
22
           Professional Regulation; providing for
23
24
           appointment of the Secretary of Health Care
25
           Administration by the Governor, subject to
           confirmation by the Senate; providing for
26
27
           responsibilities and administration of the
           department; amending s. 440.134, F.S.;
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29
           providing exclusive jurisdiction of the Agency
30
           for Health Care Administration over workers'
           compensation managed care arrangements and
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## Amendment No. 1 (for drafter's use only)

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exclusive authority to investigate medical 1 2 services provided under such arrangements; 3 limiting the agency's duties relating to 4 quality of medical care; amending ss. 120.80, 5 215.5601, 381.6023, 381.90, 395.0163, 395.10972, 400.0067, 400.235, 400.4415, 400.967, 408.036, 408.05, 408.902, 409.8132, 430,710, 478.44, 627.4236, 641.454, 641.60, 8 641.70, 732.9216, to conform provisions to 10 changes made by the act; repealing s. 408.001, F.S., relating to the Florida Health Care 11 12 Purchasing Cooperative; providing for repeal on 13 a date certain or upon the occurrence of a contingency; transferring all powers, duties, 14 15 and functions and funds of the Agency for Health Care Administration of the Department of 16 17 Business and Professional Regulation to the new department; providing for certain transfer of 18 positions and funds from the Department of 19 20 Labor and Employment Security; providing an effective date. 21 22 23 24 25 26 27 28 29 30

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