Amendment No.

CHAMBER ACTION

Senate		House
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1 Representative Coley offered the following:

2

3 **Amendment to Amendment (940817) (with title amendment)**

4 Remove lines 36-770 and insert:

5 Section 4. Subsections (6), (7), (8), (9), (10), (11),
6 (12), (13), (14), (15), (16), (17), (18), (19), (20), (21),
7 (22), (23), (24), (25), and (26) of section 409.811, Florida
8 Statutes, are renumbered as subsections (7), (8), (9), (10),
9 (11), (12), (13), (14), (15), (16), (17), (18), (19), (20),
10 (21), (22), (23), (24), (25), (26), and (27), respectively, and
11 a subsection (6) is added to that section, to read:

12 409.811 Definitions relating to Florida Kidcare Act.--As
13 used in ss. 409.810-409.820, the term:

14 <u>(6) "Autism spectrum disorder" means any of the following</u>
15 <u>disorders as defined with most recent edition of the Diagnostic</u>

16 and Statistical Manual of Mental Disorders of the American
17 Psychiatric Association:
18 1. Autistic disorder;
19 2. Asperger syndrome; or
20 3. Pervasive developmental disorder not otherwise
21 specified.
22 Section 5. Subsection (7) of section 409.8132, Florida
23 Statutes, is amended to read:
24 409.8132 Medikids program component.--
25 (7) ENROLLMENT.--Enrollment in the Medikids program
26 component may occur at any time throughout the year. A child may
27 not receive services under the Medikids program until the child
28 is enrolled in a managed care plan or MediPass. Once determined
29 eligible, an applicant may receive choice counseling and select
30 a managed care plan or MediPass. The agency may initiate
31 mandatory assignment for a Medikids applicant who has not chosen
32 a managed care plan or MediPass provider after the applicant's
33 voluntary choice period ends; however, the agency shall ensure
34 that family members are assigned to the same managed care plan
35 or the same MediPass provider to the greatest extent possible,
36 including situations in which some family members are enrolled
37 in Medicaid and other family members are enrolled in a Title
38 XXI-funded component of the Florida Kidcare program. An
39 applicant may select MediPass under the Medikids program
40 component only in counties that have fewer than two managed care
41 plans available to serve Medicaid recipients and only if the
42 federal Health Care Financing Administration determines that

43 MediPass constitutes "health insurance coverage" as defined in
44 Title XXI of the Social Security Act.
45 Section 6. Subsection (2) of section 409.8134, Florida
46 Statutes, is amended, and subsection (5) is added to that
47 section, to read:
48 409.8134 Program expenditure ceiling.--
49 (2) Open enrollment periods shall consist of:
50 (a) Enrollment for premium assistance.--The Florida
51 Kidcare program may conduct enrollment at any time throughout
52 the year for the purpose of enrolling children eligible for all
53 program components listed in s. 409.813 except Medicaid. The
54 four Florida Kidcare administrators shall work together to
55 ensure that the year-round enrollment period is announced
56 statewide. Eligible children for premium assistance shall be
57 enrolled on a first-come, first-served basis using the date the
58 enrollment application is received. Enrollment shall immediately
59 cease when the expenditure ceiling is reached. Year-round
60 enrollment for premium assistance shall only be held if the
61 Social Services Estimating Conference determines that sufficient
62 federal and state funds will be available to finance the
63 increased enrollment ~~through federal fiscal year 2007~~. Any
64 individual who is not enrolled must reapply by submitting a new
65 application. The application for the Florida Kidcare program
66 shall be valid for a period of 120 days after the date it was
67 received. At the end of the 120-day period, if the applicant has
68 not been enrolled in the program, the application shall be
69 invalid and the applicant shall be notified of the action. The
70 applicant may reactivate ~~resubmit~~ the application after

71 notification of the action taken by the program. Except for the
72 Medicaid program, whenever the Social Services Estimating
73 Conference determines that there are presently, or will be by
74 the end of the current fiscal year, insufficient funds to
75 finance the current or projected enrollment in the Florida
76 Kidcare program, all additional enrollment must cease and
77 additional enrollment may not resume until sufficient funds are
78 available to finance such enrollment.
79 (b) Open enrollment without premium assistance, effective
80 July 1, 2009.--
81 1. Effective July 1, 2009, an open enrollment period for
82 the Florida Healthy Kids program for those enrollees not
83 eligible for premium assistance may be held once each fiscal
84 year and may not exceed 30 consecutive calendar days in length.
85 The timing and length of any open enrollment period shall be
86 determined by the Florida Healthy Kids Corporation. Applicants
87 shall be enrolled on a first come, first served basis, based
88 upon the date the application was received. During the 2009-2010
89 fiscal year, the effective date for new enrollees without
90 premium assistance shall be October 1, 2009. However, for a
91 child who has had his or her coverage in an employer-sponsored
92 or private health benefit plan voluntarily canceled in the last
93 90 days and who is otherwise eligible to participate without
94 premium assistance the effective date of coverage shall be the
95 end of the 90-day period or October 1, 2009, whichever is later.
96 2. The following individuals are not subject to the open
97 enrollment period:

98 a. Enrollees in any Florida Kidcare program component that
99 are determined to be no longer eligible under that component due
100 to changes in income or age. These enrollees may transfer to the
101 Healthy Kids program if such transfer is initiated within 30
102 days after the loss of such eligibility.
103 b. Applicants that have adopted a child in the state.
104 c. Applicants who have had employer-sponsored or private
105 health insurance involuntarily canceled within 30 days prior to
106 submission of the application.
107 3. Any individual who is not enrolled under this
108 subsection must reapply by submitting a new application during
109 the next open enrollment period. The application for the Florida
110 Kidcare program without premium assistance shall be valid for
111 the period of the open enrollment.
112 (5) Effective October 1, 2009, upon determination by the
113 Social Service Estimating Conference, in consultation with the
114 agency and the Florida Healthy Kids Corporation, that enrollment
115 of children whose family income exceeds 200 percent of the
116 federal poverty level is projected to raise overall premiums per
117 enrollee by greater than 5 percent of current average premiums
118 in the Florida Healthy Kids plans, the board of directors of the
119 Florida Healthy Kids Corporation may, with the concurrence of
120 the agency, take appropriate actions to reduce the projected
121 cost below the projected 5 percent increase. Actions the board
122 may take may include, but are not limited to:
123 (a) Reducing habilitative and behavior analysis benefits
124 to enrollees who are receiving these services.

125 (b) Eliminating habilitative and or behavior analysis
126 services as a benefit in Healthy Kids plans for enrollees and
127 providing enrollees the opportunity to purchase these benefits
128 separately.
129 (c) Increasing copayments for habilitative and behavior
130 analysis services provided to nonpremium assistance enrollees.
131 (d) Reducing benefit packages to all nonpremium assistance
132 enrollees.
133 Section 7. Paragraphs (c) and (f) of subsection (4) and
134 subsections (5), (7), and (8) of section 409.814, Florida
135 Statutes, are amended to read:
136 409.814 Eligibility.--A child who has not reached 19 years
137 of age whose family income is equal to or below 200 percent of
138 the federal poverty level is eligible for the Florida Kidcare
139 program as provided in this section. For enrollment in the
140 Children's Medical Services Network, a complete application
141 includes the medical or behavioral health screening. If,
142 subsequently, an individual is determined to be ineligible for
143 coverage, he or she must immediately be disenrolled from the
144 respective Florida Kidcare program component.
145 (4) The following children are not eligible to receive
146 premium assistance for health benefits coverage under the
147 Florida Kidcare program, except under Medicaid if the child
148 would have been eligible for Medicaid under s. 409.903 or s.
149 409.904 as of June 1, 1997:
150 (c) A child who is seeking premium assistance for the
151 Florida Kidcare program through employer-sponsored group
152 coverage, if the child has been covered by the same employer's

153 group coverage during the <u>90 days</u> ~~6 months~~ prior to the family's
154 submitting an application for determination of eligibility under
155 the program.
156 (f) A child who has had his or her coverage in an
157 employer-sponsored <u>or private</u> health benefit plan voluntarily
158 canceled in the last <u>90 days</u> ~~6 months~~, except those children who
159 were on the waiting list prior to March 12, 2004<u>, or whose</u>
160 <u>coverage was voluntarily canceled for good cause, including, but</u>
161 <u>not limited to, the following circumstances:</u>
162 <u>1. The cost of participation in an employer-sponsored or</u>
163 <u>private health benefit plan is greater than 5 percent of the</u>
164 <u>family's income;</u>
165 <u>2. The parent lost a job that provided an employer-</u>
166 <u>sponsored health benefit plan for children;</u>
167 <u>3. The parent with health benefits coverage for the child</u>
168 <u>is deceased;</u>
169 <u>4. The employer of the parent canceled health benefits</u>
170 <u>coverage for children;</u>
171 <u>5. The child's health benefits coverage ended because the</u>
172 <u>child reached the maximum lifetime coverage amount;</u>
173 <u>6. The child has exhausted coverage under a COBRA</u>
174 <u>continuation provision; or</u>
175 <u>7. A situation involving domestic violence led to the loss</u>
176 <u>of coverage</u>.
177 (5) A child whose family income is above 200 percent of
178 the federal poverty level or a child who is excluded under the
179 provisions of subsection (4) may participate in the Medikids
180 program as provided in s. 409.8132 or, if the child is

181 ineligible for Medikids by reason of age, in the Florida Healthy
182 Kids program as provided in s. 624.91, subject to the following
183 provisions:
184 (a) The family is not eligible for premium assistance
185 payments and must pay the full cost of the premium, including
186 any administrative costs.
187 (b) Effective October 1, 2009, new applicants for
188 nonpremium assistance in the Medikids program shall enroll in
189 the Florida Healthy Kids program component of the Florida
190 Kidcare program. ~~The agency is authorized to place limits on~~
191 ~~enrollment in Medikids by these children in order to avoid~~
192 ~~adverse selection. The number of children participating in~~
193 ~~Medikids whose family income exceeds 200 percent of the federal~~
194 ~~poverty level must not exceed 10 percent of total enrollees in~~
195 ~~the Medikids program.~~
196 (c) The board of directors of the Florida Healthy Kids
197 Corporation ~~is authorized to place limits on enrollment of these~~
198 ~~children in order to avoid adverse selection. In addition, the~~
199 ~~board~~ is authorized to offer a reduced benefit package to these
200 children in order to limit program costs for such families. ~~The~~
201 ~~number of children participating in the Florida Healthy Kids~~
202 ~~program whose family income exceeds 200 percent of the federal~~
203 ~~poverty level must not exceed 10 percent of total enrollees in~~
204 ~~the Florida Healthy Kids program.~~
205 (7) When determining or reviewing a child's eligibility
206 under the Florida Kidcare program, the applicant shall be
207 provided with reasonable notice of changes in eligibility which
208 may affect enrollment in one or more of the program components.

209 When a transition from one program component to another is
210 authorized, there shall be cooperation between the program
211 components, ~~and~~ the affected family, the child's health
212 insurance plan, and the child's health care providers to promote
213 ~~which promotes~~ continuity of health care coverage. If a child is
214 determined ineligible for Medicaid or Medikids, the agency, in
215 coordination with the department, shall notify that child's
216 Medicaid managed care plan or MediPass provider of such
217 determination before the child's eligibility is scheduled to be
218 terminated so that the Medicaid managed care plan or MediPass
219 provider can assist the child's family in applying for Florida
220 Kidcare program coverage. Any authorized transfers must be
221 managed within the program's overall appropriated or authorized
222 levels of funding. Each component of the program shall establish
223 a reserve to ensure that transfers between components will be
224 accomplished within current year appropriations. These reserves
225 shall be reviewed by each convening of the Social Services
226 Estimating Conference to determine the adequacy of such reserves
227 to meet actual experience.
228 (8) In determining the eligibility of a child for the
229 Florida Kidcare program, an assets test is not required. The
230 information required under this section from each applicant
231 shall be obtained electronically to the extent possible. If such
232 information cannot be obtained electronically, the ~~Each~~
233 applicant shall provide written documentation during the
234 application process and the redetermination process, including,
235 but not limited to, the following:

236 (a) Proof of family income, which must include a copy of
237 the applicant's most recent federal income tax return. In the
238 absence of a federal income tax return, an applicant may submit
239 wages and earnings statements (pay stubs), W-2 forms, or other
240 appropriate documents.
241 (b) A statement from all family members that:
242 1. Their employer does not sponsor a health benefit plan
243 for employees; or
244 2. The potential enrollee is not covered by the employer-
245 sponsored health benefit plan because the potential enrollee is
246 not eligible for coverage, or, if the potential enrollee is
247 eligible but not covered, a statement of the cost to enroll the
248 potential enrollee in the employer-sponsored health benefit
249 plan.
250
251 <u>An individual who applies for coverage under the Florida Kidcare</u>
252 <u>program and who pays the full cost of the premium is exempt from</u>
253 <u>the requirements of this subsection.</u>
254 Section 8. Paragraphs (r) through (v) of subsection (2) of
255 section 409.815, Florida Statutes, are redesignated as
256 paragraphs (s) through (w), respectively, present paragraphs
257 (o), (r), and (u) are amended, and a new paragraph (r) is added
258 to that subsection, to read:
259 409.815 Health benefits coverage; limitations.--
260 (2) BENCHMARK BENEFITS.--In order for health benefits
261 coverage to qualify for premium assistance payments for an
262 eligible child under ss. 409.810-409.820, the health benefits

263 coverage, except for coverage under Medicaid and Medikids, must
264 include the following minimum benefits, as medically necessary.
265 (o) Therapy services.--Covered services include
266 habilitative and rehabilitative services, including
267 occupational, physical, respiratory, and speech therapies, with
268 the following limitations:
269 1. Rehabilitative services are limited to:
270 a.~~1.~~ ~~Services must be for~~ Short-term rehabilitation when
271 ~~where~~ significant improvement in the enrollee's condition will
272 result; and
273 b.~~2.~~ ~~Services shall be limited to~~ Not more than 24
274 treatment sessions within a 60-day period per episode or injury,
275 with the 60-day period beginning with the first treatment.
276 2. Effective October 1, 2009, habilitative services shall
277 be offered and are limited to:
278 a. Habilitation when improvements in and maintenance of
279 human behavior, skill acquisition, and communication will
280 result; and
281 b. Enrollees that are diagnosed with a developmental
282 disability as defined in s. 393.063 or autism spectrum disorder.
283 (r) Behavior analysis services.--Effective October 1,
284 2009, behavior analysis and behavior assistant services shall be
285 covered for enrollees that are diagnosed with a developmental
286 disability as defined in s. 393.063 or autism spectrum disorder.
287 For purposes of this paragraph:
288 1. "Behavior analysis" means the design, implementation,
289 and evaluation of instructional and environmental modifications
290 to produce socially significant improvements in human behavior

291 through skill acquisition and the reduction of problematic
292 behavior. Applied behavior analysis shall be provided by an
293 individual certified pursuant to s. 393.17 or an individual
294 licensed under chapter 490 or chapter 491.
295 2. "Behavior assistant services" means services provided
296 by an individual with specific training to assist in carrying
297 out plans designed by a behavior analyst.
298 (s) ~~(r)~~ Lifetime maximum and limitations.--Health benefits
299 coverage obtained under ss. 409.810-409.820 shall pay an
300 enrollee's covered expenses at a lifetime maximum of $1 million
301 per covered child. However, coverage for the combination of
302 behavior analysis services and habilitative therapy services for
303 recipients diagnosed with a developmental disability as defined
304 in s. 393.063 or autism spectrum disorder shall be limited to
305 $36,000 annually and may not exceed $108,000 in total lifetime
306 benefits. Without prior authorization by the Florida Healthy
307 Kids plan, not more than 12 percent of the annual maximum amount
308 for combined habilitative therapy and behavior analysis services
309 may be used on a monthly basis.
310 (v) ~~(u)~~ Enhancements to minimum requirements.--
311 1. This section sets the minimum benefits that must be
312 included in any health benefits coverage, other than Medicaid or
313 Medikids coverage, offered under ss. 409.810-409.820. Health
314 benefits coverage may include additional benefits not included
315 under this subsection, but may not include benefits excluded
316 under paragraph (t) ~~(s)~~.
317 2. Health benefits coverage may extend any limitations
318 beyond the minimum benefits described in this section.

319

320 Except for the Children's Medical Services Network, the agency
321 may not increase the premium assistance payment for either
322 additional benefits provided beyond the minimum benefits
323 described in this section or the imposition of less restrictive
324 service limitations.

325 Section 9. Paragraph (b) of subsection (1) of section
326 409.818, Florida Statutes, is amended to read:

327 409.818 Administration.--In order to implement ss.
328 409.810-409.820, the following agencies shall have the following
329 duties:

330 (1) The Department of Children and Family Services shall:

331 (b) Establish and maintain the eligibility determination
332 process under the program except as specified in subsection (5).
333 The department shall directly, or through the services of a
334 contracted third-party administrator, establish and maintain a
335 process for determining eligibility of children for coverage
336 under the program. The eligibility determination process must be
337 used solely for determining eligibility of applicants for health
338 benefits coverage under the program. The eligibility
339 determination process must include an initial determination of
340 eligibility for any coverage offered under the program, as well
341 as a redetermination or reverification of eligibility each
342 subsequent 12 ~~6~~ months. Effective January 1, 1999, a child who
343 has not attained the age of 5 and who has been determined
344 eligible for the Medicaid program is eligible for coverage for
345 12 months without a redetermination or reverification of
346 eligibility. In conducting an eligibility determination, the

347 department shall determine if the child has special health care
348 needs. The department, in consultation with the Agency for
349 Health Care Administration and the Florida Healthy Kids
350 Corporation, shall develop procedures for redetermining
351 eligibility which enable a family to easily update any change in
352 circumstances which could affect eligibility. The department may
353 accept changes in a family's status as reported to the
354 department by the Florida Healthy Kids Corporation without
355 requiring a new application from the family. Redetermination of
356 a child's eligibility for Medicaid may not be linked to a
357 child's eligibility determination for other programs.
358 Section 10. Subsection (26) is added to section 409.906,
359 Florida Statutes, to read:
360 409.906 Optional Medicaid services.--Subject to specific
361 appropriations, the agency may make payments for services which
362 are optional to the state under Title XIX of the Social Security
363 Act and are furnished by Medicaid providers to recipients who
364 are determined to be eligible on the dates on which the services
365 were provided. Any optional service that is provided shall be
366 provided only when medically necessary and in accordance with
367 state and federal law. Optional services rendered by providers
368 in mobile units to Medicaid recipients may be restricted or
369 prohibited by the agency. Nothing in this section shall be
370 construed to prevent or limit the agency from adjusting fees,
371 reimbursement rates, lengths of stay, number of visits, or
372 number of services, or making any other adjustments necessary to
373 comply with the availability of moneys and any limitations or
374 directions provided for in the General Appropriations Act or

375 chapter 216. If necessary to safeguard the state's systems of
376 providing services to elderly and disabled persons and subject
377 to the notice and review provisions of s. 216.177, the Governor
378 may direct the Agency for Health Care Administration to amend
379 the Medicaid state plan to delete the optional Medicaid service
380 known as "Intermediate Care Facilities for the Developmentally
381 Disabled." Optional services may include:
382 (26) HOME AND COMMUNITY-BASED SERVICES FOR AUTISM SPECTRUM
383 DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.--The agency is
384 authorized to seek federal approval through a Medicaid waiver or
385 a state plan amendment for the provision of occupational
386 therapy, speech therapy, physical therapy, behavior analysis,
387 and behavior assistant services to individuals who are 5 years
388 of age and under and have a diagnosed developmental disability
389 as defined in s. 393.063 or autism spectrum disorder as defined
390 in s. 409.811. Coverage for such services shall be limited to
391 $36,000 annually and may not exceed $108,000 in total lifetime
392 benefits. The agency shall submit an annual report beginning on
393 January 1, 2009, to the President of the Senate, the Speaker of
394 the House of Representatives, and the relevant committees of the
395 Senate and the House of Representatives regarding progress on
396 obtaining federal approval and recommendations for the
397 implementation of these home and community-based services. The
398 agency may not implement this subsection without prior
399 legislative approval.
400 Section 11. Section 456.0291, Florida Statutes, is created
401 to read:

402 456.0291 Requirement for instruction on developmental
403 disabilities.--
404 (1)(a) The appropriate board shall require each person
405 licensed or certified under part I of chapter 464, chapter 490,
406 or chapter 491 to complete a 2-hour continuing education course,
407 approved by the board, on developmental disabilities, as defined
408 in s. 393.063, with the addition of autism spectrum disorder, as
409 defined in s. 409.811, as part of every third biennial
410 relicensure or recertification. The course shall consist of
411 information on the diagnosis and treatment of developmental
412 disabilities and information on counseling and education of a
413 parent whose child is diagnosed with a developmental disability,
414 with an emphasis on autism spectrum disorder, as defined in s.
415 409.811.
416 (b) The Board of Medicine and the Board of Osteopathic
417 Medicine shall require each physician with a primary care
418 specialty of pediatrics to complete a 2-hour continuing
419 education course, approved by the appropriate board, on
420 developmental disabilities, as defined in s. 393.063, with the
421 addition of autism spectrum disorder, as defined in s. 409.811,
422 as part of every third biennial relicensure. The course shall
423 consist of information on the diagnosis and treatment of
424 developmental disabilities and information on counseling and
425 education of a parent whose child is diagnosed with a
426 developmental disability, with an emphasis on autism spectrum
427 disorder, as defined in s. 409.811.
428 (c) Each such licensee or certificateholder shall submit
429 confirmation of having completed the course, on a form provided

430 by the board, when submitting fees for every third biennial
431 renewal.
432 (d) The board may approve additional equivalent courses
433 that may be used to satisfy the requirements of paragraph (a).
434 Each licensing board that requires a licensee to complete an
435 educational course pursuant to this subsection may include the
436 hours required for completion of the course in the total hours
437 of continuing education required by law for such profession
438 unless the continuing education requirements for such profession
439 consist of fewer than 30 hours biennially.
440 (e) Any person holding two or more licenses subject to the
441 provisions of this subsection shall be permitted to show proof
442 of having taken one board-approved course on developmental
443 disabilities for purposes of relicensure or recertification for
444 additional licenses.
445 (f) Failure to comply with the requirements of this
446 subsection shall constitute grounds for disciplinary action
447 under each respective practice act and under s. 456.072(1)(k).
448 In addition to discipline by the board, the licensee shall be
449 required to complete such course.
450 (2) Each board may adopt rules pursuant to ss. 120.536(1)
451 and 120.54 to carry out the provisions of this section.
452 (3) The department shall implement a plan to promote
453 awareness of developmental disabilities, with a focus on autism
454 spectrum disorder, as defined in s. 409.811, to physicians
455 licensed under chapter 458 or chapter 459 and parents. The
456 department shall develop the plan in consultation with
457 organizations representing allopathic and osteopathic

458 physicians, the Board of Medicine, the Board of Osteopathic
459 Medicine, and nationally recognized organizations that promote
460 awareness of developmental disabilities. The department's plan
461 shall include the distribution of educational materials for
462 parents, including a developmental assessment tool.
463 Section 12. Paragraph (b) of subsection (2) and paragraph
464 (b) of subsection (5) of section 624.91, Florida Statutes, are
465 amended to read:
466 624.91 The Florida Healthy Kids Corporation Act.--
467 (2) LEGISLATIVE INTENT.--
468 (b) It is the intent of the Legislature that the Florida
469 Healthy Kids Corporation serve as one of several providers of
470 services to children eligible for medical assistance under Title
471 XXI of the Social Security Act. Although the corporation may
472 serve other children, the Legislature intends the primary
473 recipients of services provided through the corporation be
474 ~~school age~~ children with a family income below 200 percent of
475 the federal poverty level, who do not qualify for Medicaid. It
476 is also the intent of the Legislature that state and local
477 government Florida Healthy Kids funds be used to continue
478 coverage, subject to specific appropriations in the General
479 Appropriations Act, to children not eligible for federal
480 matching funds under Title XXI.
481 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--
482 (b) The Florida Healthy Kids Corporation shall:
483 1. Arrange for the collection of any family, local
484 contributions, or employer payment or premium, in an amount to
485 be determined by the board of directors, to provide for payment

486 of premiums for comprehensive insurance coverage and for the
487 actual or estimated administrative expenses.
488 2. Arrange for the collection of any voluntary
489 contributions to provide for payment of premiums for children
490 who are not eligible for medical assistance under Title XXI of
491 the Social Security Act.
492 3. Subject to the provisions of s. 409.8134, accept
493 voluntary supplemental local match contributions that comply
494 with the requirements of Title XXI of the Social Security Act
495 for the purpose of providing additional coverage in contributing
496 counties under Title XXI.
497 4. Establish the administrative and accounting procedures
498 for the operation of the corporation.
499 5. Establish, with consultation from appropriate
500 professional organizations, standards for preventive health
501 services and providers and comprehensive insurance benefits
502 appropriate to children, provided that such standards for rural
503 areas shall not limit primary care providers to board-certified
504 pediatricians.
505 6. Determine eligibility for children seeking to
506 participate in the Title XXI-funded components of the Florida
507 Kidcare program consistent with the requirements specified in s.
508 409.814, as well as the non-Title-XXI-eligible children as
509 provided in subsection (3).
510 7. Establish procedures under which providers of local
511 match to, applicants to and participants in the program may have
512 grievances reviewed by an impartial body and reported to the
513 board of directors of the corporation.

514 8. Establish participation criteria and, if appropriate,
515 contract with an authorized insurer, health maintenance
516 organization, or third-party administrator to provide
517 administrative services to the corporation.
518 9. Establish enrollment criteria which shall include
519 penalties or waiting periods of not fewer than 60 days for
520 reinstatement of coverage upon voluntary cancellation for
521 nonpayment of family premiums.
522 10. Contract with authorized insurers or any provider of
523 health care services, meeting standards established by the
524 corporation, for the provision of comprehensive insurance
525 coverage to participants. Such standards shall include criteria
526 under which the corporation may contract with more than one
527 provider of health care services in program sites. Health plans
528 shall be selected through a competitive bid process. The Florida
529 Healthy Kids Corporation shall purchase goods and services in
530 the most cost-effective manner consistent with the delivery of
531 quality medical care. The maximum administrative cost for a
532 Florida Healthy Kids Corporation contract shall be 15 percent.
533 For health care contracts, the minimum medical loss ratio for a
534 Florida Healthy Kids Corporation contract shall be 85 percent.
535 For dental contracts, the remaining compensation to be paid to
536 the authorized insurer or provider under a Florida Healthy Kids
537 Corporation contract shall be no less than an amount which is 85
538 percent of premium; to the extent any contract provision does
539 not provide for this minimum compensation, this section shall
540 prevail. The health plan selection criteria and scoring system,

541 and the scoring results, shall be available upon request for
542 inspection after the bids have been awarded.
543 11. Establish disenrollment criteria in the event local
544 matching funds are insufficient to cover enrollments.
545 12. Develop and implement a plan to publicize the Florida
546 <u>Kidcare program</u> ~~Healthy Kids Corporation~~, the eligibility
547 requirements of the program, and the procedures for enrollment
548 in the program and to maintain public awareness of the
549 corporation and the program. <u>Health care and dental health plans</u>
550 <u>participating in the program may develop and distribute</u>
551 <u>marketing and other promotional materials and participate in</u>
552 <u>activities, such as health fairs and public events, as approved</u>
553 <u>by the corporation. Health care and dental health plans may also</u>
554 <u>contact their current and former enrollees to encourage</u>
555 <u>continued participation in the program and assist the enrollee</u>
556 <u>in transferring from a Title XIX-funded plan to a Title XXI-</u>
557 <u>funded plan.</u>
558 <u>13. Establish an assignment process for Florida Healthy</u>
559 <u>Kids program enrollees to ensure that family members are</u>
560 <u>assigned to the same managed care plan to the greatest extent</u>
561 <u>possible, including situations in which some family members are</u>
562 <u>enrolled in a Medicaid managed care plan and other family</u>
563 <u>members are enrolled in a Florida Healthy Kids plan. The Agency</u>
564 <u>for Health Care Administration shall consult with the</u>
565 <u>corporation to implement this subparagraph.</u>
566 <u>14.</u>~~13.~~ Secure staff necessary to properly administer the
567 corporation. Staff costs shall be funded from state and local
568 matching funds and such other private or public funds as become

569 available. The board of directors shall determine the number of
570 staff members necessary to administer the corporation.
571 15.~~14.~~ Provide a report annually to the Governor, Chief
572 Financial Officer, Commissioner of Education, Senate President,
573 Speaker of the House of Representatives, and Minority Leaders of
574 the Senate and the House of Representatives.
575 16. Provide a report by October 31, 2008, to the Governor,
576 the Senate, and the House of Representatives, which includes an
577 actuarial analysis of the projected impact on premiums from the
578 addition of habilitative and behavior analysis services in
579 accordance with s. 409.815.
580 17. Provide information on a quarterly basis to the
581 Governor, the Senate, and the House of Representatives that
582 assesses the cost and utilization of services for the Florida
583 Healthy Kids health benefits plans provided through the Florida
584 Healthy Kids Corporation. The information must be specific to
585 each eligibility component of the plan and, at a minimum,
586 include:
587 a. The monthly enrollment and expenditures for enrollees.
588 b. The cost and utilization of specific services.
589 c. An analysis of the impact on premiums prior to and
590 following implementation of the Window of Opportunity Act.
591 d. An analysis of trends regarding transfer of enrollees
592 from the Florida Healthy Kids plans to the Children's Medical
593 Services Network plan.
594 e. Any recommendations resulting from the analysis
595 conducted under this subparagraph.

596 18.~~15.~~ Establish benefit packages which conform to the
597 provisions of the Florida Kidcare program, as created in ss.
598 409.810-409.820.
599 Section 13. Section 624.916, Florida Statutes, is created
600 to read:
601 624.916 Developmental disabilities compact.--
602 (1) The Office of Insurance Regulation shall convene a
603 workgroup by August 31, 2008, for the purpose of negotiating a
604 compact that includes a binding agreement among the participants
605 relating to insurance and access to services for persons with
606 developmental disabilities as defined in s. 393.063, with the
607 addition of autism spectrum disorder, as defined in s. 409.811.
608 The workgroup shall consist of the following:
609 (a) Representatives of all health insurers licensed under
610 this chapter.
611 (b) Representatives of all health maintenance
612 organizations licensed under part I of chapter 641.
613 (c) Representatives of employers with self-insured health
614 benefit plans.
615 (d) Two designees of the Governor, one of whom must be a
616 consumer advocate.
617 (e) A designee of the President of the Senate.
618 (f) A designee of the Speaker of the House of
619 Representatives.
620 (2) The Office of Insurance Regulation shall convene a
621 consumer advisory workgroup for the purpose of providing a forum
622 for comment on the compact negotiated in subsection (1). The

623 office shall convene the workgroup prior to finalization of the
624 compact.
625 (3) The agreement shall include the following components:
626 (a) A requirement that each signatory to the agreement
627 increase coverage for behavior analysis and behavior assistant
628 services as defined in s. 409.815(2)(r) and speech therapy,
629 physical therapy, and occupational therapy when medically
630 necessary due to the presence of a developmental disability as
631 defined in s. 393.063 or autism spectrum disorder, as defined in
632 s. 409.811.
633 (b) Procedures for clear and specific notice to
634 policyholders identifying the amount, scope, and conditions
635 under which coverage is provided for behavior analysis and
636 behavior assistant services as defined in s. 409.815(2)(r) and
637 speech therapy, physical therapy, and occupational therapy when
638 medically necessary due to the presence of a developmental
639 disability as defined in s. 393.063 or autism spectrum disorder,
640 as defined in s. 409.811.
641 (c) Penalties for documented cases of denial of claims for
642 medically necessary services due to the presence of a
643 developmental disability as defined in s. 393.063 or autism
644 spectrum disorder, as defined in s. 409.811.
645 (d) Proposals for new product lines that may be offered in
646 conjunction with traditional health insurance and provide a more
647 appropriate means of spreading risk, financing costs, and
648 accessing favorable prices.
649 (4) Upon completion of the negotiations for the compact,
650 the office shall report the results to the Governor, the

651 President of the Senate, and the Speaker of the House of
652 Representatives.
653 (5) Beginning February 15, 2009, and continuing annually
654 thereafter, the Office of Insurance Regulation shall provide a
655 report to the Governor, the President of the Senate, and the
656 Speaker of the House of Representatives regarding the
657 implementation of the agreement negotiated under this section.
658 The report shall include:
659 (a) The signatories to the agreement.
660 (b) An analysis of the coverage provided under the
661 agreement in comparison to the coverage required under ss.
662 627.6686 and 641.31098.
663 (c) An analysis of the compliance with the agreement by
664 the signatories, including documented cases of claims denied in
665 violation of the agreement.
666 (6) The Office of Insurance Regulation shall continue to
667 monitor participation, compliance, and effectiveness of the
668 agreement and report its findings at least annually.
669 Section 14. Section 627.6686, Florida Statutes, is created
670 to read:
671 627.6686 Coverage for individuals with developmental
672 disabilities required; exception.--
673 (1) As used in this section, the term:
674 (a) "Developmental disability" has the same meaning as
675 provided in s. 393.063, with the addition of autism spectrum
676 disorder, as defined in s. 409.811.
677 (b) "Eligible individual" means an individual under 18
678 years of age or an individual 18 years of age or older who is in

679 high school who has been diagnosed as having a developmental
680 disability at 8 years of age or younger.
681 (c) "Health insurance plan" means a group health insurance
682 policy or group health benefit plan offered by an insurer which
683 includes the state group insurance program provided under s.
684 110.123. The term does not include any health insurance plan
685 offered in the individual market, any health insurance plan that
686 is individually underwritten, or any health insurance plan
687 provided to a small employer.
688 (d) "Insurer" means an insurer providing health insurance
689 coverage, which is licensed to engage in the business of
690 insurance in this state and is subject to insurance regulation.
691 (2) A health insurance plan issued or renewed on or after
692 July 1, 2009, shall provide coverage to an eligible individual
693 for:
694 (a) Well-baby and well-child screening for diagnosing the
695 presence of a developmental disability.
696 (b) Treatment of a developmental disability through speech
697 therapy, occupational therapy, physical therapy, and behavior
698 analysis services. Behavior analysis services shall be provided
699 by an individual certified pursuant to s. 393.17 or an
700 individual licensed under chapter 490 or chapter 491.
701 (3) The coverage required pursuant to subsection (2) is
702 subject to the following requirements:
703 (a) Coverage shall be limited to treatment that is
704 prescribed by the insured's treating physician in accordance
705 with a treatment plan.

706 (b) Coverage for the services described in subsection (2)
707 shall be limited to $36,000 annually and may not exceed $108,000
708 in total lifetime benefits.
709 (c) Coverage may not be denied on the basis that provided
710 services are habilitative in nature.
711 (d) Coverage may be subject to other general exclusions
712 and limitations of the insurer's policy or plan, including, but
713 not limited to, coordination of benefits, participating provider
714 requirements, restrictions on services provided by family or
715 household members, and utilization review of health care
716 services, including the review of medical necessity, case
717 management, and other managed care provisions.
718 (4) The coverage required pursuant to subsection (2) may
719 not be subject to dollar limits, deductibles, or coinsurance
720 provisions that are less favorable to an insured than the dollar
721 limits, deductibles, or coinsurance provisions that apply to
722 physical illnesses that are generally covered under the health
723 insurance plan, except as otherwise provided in subsection (3).
724 (5) An insurer may not deny or refuse to issue coverage
725 for medically necessary services, refuse to contract with, or
726 refuse to renew or reissue or otherwise terminate or restrict
727 coverage for an individual because the individual is diagnosed
728 as having a developmental disability.
729 (6) The treatment plan required pursuant to subsection (3)
730 shall include all elements necessary for the health insurance
731 plan to appropriately pay claims. These elements include, but
732 are not limited to, a diagnosis, the proposed treatment by type,
733 the frequency and duration of treatment, the anticipated

734 outcomes stated as goals, the frequency with which the treatment
735 plan will be updated, and the signature of the treating
736 physician.
737 (7) Beginning January 1, 2011, the maximum benefit under
738 paragraph (3)(b) shall be adjusted annually on January 1 of each
739 calendar year to reflect any change from the previous year in
740 the medical component of the then current Consumer Price Index
741 for all urban consumers, published by the Bureau of Labor
742 Statistics of the United States Department of Labor.
743 (8) This section may not be construed as limiting benefits
744 and coverage otherwise available to an insured under a health
745 insurance plan.
746 (9) The Office of Insurance Regulation may not enforce
747 this section against an insurer that is a signatory no later
748 than July 1, 2009, to the developmental disabilities compact
749 established under s. 624.916. The Office of Insurance Regulation
750 shall enforce this section against an insurer that is a
751 signatory to the compact established under s. 624.916 if the
752 insurer has not complied with the terms of the compact for all
753 health insurance plans by July 1, 2010.
754 Section 15. Section 641.31098, Florida Statutes, is
755 created to read:
756 641.31098 Coverage for individuals with developmental
757 disabilities.--
758 (1) As used in this section, the term:
759 (a) "Developmental disability" has the same meaning as
760 provided in s. 393.063, with the addition of autism spectrum
761 disorder, as defined in s. 409.811.

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766 **T I T L E A M E N D M E N T**

767 Remove lines 1509-1510 and insert:

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769 definition of the term "Down syndrome"; amending s.

770 409.811, F.S.; providing a definition of the term "autism

771 spectrum disorder"; amending s. 409.8132, F.S.; revising

772 provisions relating to enrollment