1

A bill to be entitled

2 An act relating to the Florida Kidcare program; amending 3 s. 409.8132, F.S.; providing that certain children under 4 the age of 1 may participate in the Medikids program; 5 conforming cross-references; amending s. 409.814, F.S.; 6 requiring that children who are eligible for Kidcare be 7 offered the opportunity to be made presumptively eligible; 8 providing that children who are eligible for a state-9 sponsored health benefit plan and the subsidized Kidcare 10 program may enroll in the program; providing that an 11 eligible child who is a lawful immigrant may enroll in the Florida Kidcare program regardless of the child's date of 12 entry; conforming provisions to changes made by the act; 13 14 amending s. 409.815, F.S.; authorizing Kidcare coverage 15 for temporomandibular joint disease; amending s. 409.816, 16 F.S.; conforming a cross-reference; amending s. 409.818, 17 F.S.; conforming provisions to changes made by the act; allowing a redetermination of a child's eligibility for 18 19 Medicaid to be linked to a child's eligibility for other programs; amending s. 409.904, F.S.; providing that 20 21 Medicaid-eligible children are deemed eligible for 12 22 months of coverage regardless of any change in 23 circumstances; requiring that such children be offered the 24 opportunity to be made presumptively eligible; providing 25 that a pregnant woman in a family of certain income level 26 is eligible for Medicaid for the duration of her pregnancy 27 and for the postpartum period; amending s. 624.91, F.S., relating to the Florida Healthy Kids Corporation; 28 Page 1 of 18

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29	conforming provisions to changes made by the act; deleting
30	an obsolete provision; expanding the membership of the
31	board of directors of the Florida Healthy Kids
32	Corporation; directing the Agency for Health Care
33	Administration to implement the federal Family Opportunity
34	Act; providing an effective date.
35	
36	Be It Enacted by the Legislature of the State of Florida:
37	
38	Section 1. Subsection (6) of section 409.8132, Florida
39	Statutes, is amended to read:
40	409.8132 Medikids program component
41	(6) ELIGIBILITY
42	(a) A child who has attained the age of 1 year but who is
43	under the age of 5 years is eligible to enroll in the Medikids
44	program component of the Florida Kidcare program $_{m{ au}}$ if the child
45	is a member of a family that has a family income <u>that</u> which
46	exceeds the Medicaid applicable income level as specified in s.
47	409.903, but that which is equal to or below 200 percent of the
48	current federal poverty level. In determining the eligibility of
49	such a child, an assets test is not required. A child who is
50	eligible for Medikids may elect to enroll in Florida Healthy
51	Kids coverage or employer-sponsored group coverage. However, a
52	child who is eligible for Medikids may participate in the
53	Florida Healthy Kids program only if the child has a sibling
54	participating in the Florida Healthy Kids program and the
55	child's county of residence permits such enrollment.
56	(b) A child who is under the age of 1 year who has a
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57 <u>family income above 200 percent of the current federal poverty</u> 58 <u>level may participate in the Medikids program as provided in s.</u> 59 <u>409.814(8).</u>

60 (c) (b) The provisions of s. 409.814(3) - (8) apply
 61 409.814(3), (4), (5), and (6) shall be applicable to the
 62 Medikids program.

63 Section 2. Section 409.814, Florida Statutes, is amended 64 to read:

65 409.814 Eligibility.-A child who has not reached 19 years 66 of age whose family income is equal to or below 200 percent of 67 the federal poverty level is eligible for the Florida Kidcare program as provided in this section. A child who is eligible 68 69 under this section must be offered the opportunity to be made 70 presumptively eligible. For enrollment in the Children's Medical 71 Services Network, a complete application includes the medical or behavioral health screening. If, subsequently, an enrolled 72 73 individual is determined to be ineligible for coverage, he or 74 she must be immediately be disenrolled from the respective 75 Florida Kidcare program component.

(1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida Kidcare program.

80 (2) A child who is not eligible for Medicaid, but who is
81 eligible for the Florida Kidcare program, may obtain health
82 benefits coverage under any of the other components listed in s.
83 409.813 if such coverage is approved and available in the county
84 in which the child resides.

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(3) A Title XXI-funded child who is eligible for the
Florida Kidcare program <u>and</u> who is a child with special health
care needs, as determined through a medical or behavioral
screening instrument, is eligible for health benefits coverage
from and shall be assigned to and may opt out of the Children's
Medical Services Network.

91 (4) A child who is eligible for a state-sponsored health 92 benefit plan through a family member or guardian employed by the 93 state and who meets the eligibility requirements for the 94 subsidized Florida Kidcare program may enroll in the subsidized 95 Florida Kidcare program.

96 (5) A child who is an immigrant lawfully residing in the 97 United States and who meets the eligibility requirements for the 98 Florida Kidcare program may enroll in the program regardless of 99 the child's date of entry.

100 <u>(6)-(4)</u> The following children are not eligible to receive 101 Title XXI-funded premium assistance for health benefits coverage 102 under the Florida Kidcare program, except under Medicaid if the 103 child would have been eligible for Medicaid under s. 409.903 or 104 s. 409.904 as of June 1, 1997:

105 (a) A child who is eligible for coverage under a state 106 health benefit plan on the basis of a family member's employment 107 with a public agency in the state.

108 <u>(a) (b)</u> A child who is covered under a family member's 109 group health benefit plan or under other private or employer 110 health insurance coverage, if the cost of the child's 111 participation is not greater than 5 percent of the family's 112 income. If a child is otherwise eligible for a subsidy under the

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Florida Kidcare program and the cost of the child's participation in the family member's health insurance benefit plan is greater than 5 percent of the family's income, the child may enroll in the appropriate subsidized Kidcare program.

117 (b)(c) A child who is seeking premium assistance for the 118 Florida Kidcare program through employer-sponsored group 119 coverage, if the child has been covered by the same employer's 120 group coverage during the 60 days <u>before the family submitted</u> 121 prior to the family's submitting an application for 122 determination of eligibility under the program.

123 (d) A child who is an alien, but who does not meet the 124 definition of qualified alien, in the United States.

125 <u>(c) (e)</u> A child who is an inmate of a public institution or 126 a patient in an institution for mental diseases.

127 <u>(d) (f)</u> A child who is otherwise eligible for premium 128 assistance for the Florida Kidcare program and has had his or 129 her coverage in an employer-sponsored or private health benefit 130 plan voluntarily canceled in the last 60 days, except those 131 children whose coverage was voluntarily canceled for good cause, 132 including, but not limited to, the following circumstances:

133 1. The cost of participation in an employer-sponsored 134 health benefit plan is greater than 5 percent of the family's 135 income;

The parent lost a job that provided an employer sponsored health benefit plan for children;

138 3. The parent who had health benefits coverage for the139 child is deceased;

140 4. The child has a medical condition that, without medical Page 5 of 18

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141 care, would cause serious disability, loss of function, or 142 death;

143 5. The employer of the parent canceled health benefits144 coverage for children;

145 6. The child's health benefits coverage ended because the146 child reached the maximum lifetime coverage amount;

147 7. The child has exhausted coverage under a COBRA148 continuation provision;

149 8. The health benefits coverage does not cover the child's150 health care needs; or

151

9. Domestic violence led to loss of coverage.

152 <u>(7)(5)</u> A child who is otherwise eligible for the Florida 153 Kidcare program and who has a preexisting condition that 154 prevents coverage under another insurance plan as described in 155 paragraph <u>(6)(a)</u> (4)(b) which would have disqualified the child 156 for the Florida Kidcare program if the child were able to enroll 157 in the plan <u>is shall be</u> eligible for Florida Kidcare coverage 158 when enrollment is possible.

159 <u>(8) (6)</u> A child whose family income is above 200 percent of 160 the federal poverty level or a child who is excluded under the 161 provisions of subsection <u>(6)</u> (4) may participate in the Florida 162 Kidcare program as provided in s. 409.8132 or, if the child is 163 ineligible for Medikids by reason of age, in the Florida Healthy 164 Kids program, subject to the following provisions:

(a) The family is not eligible for premium assistance
payments and must pay the full cost of the premium, including
any administrative costs.

168

(b) The board of directors of the Florida Healthy Kids Page6of18

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169 Corporation may offer a reduced benefit package to these 170 children in order to limit program costs for such families.

171 (9) (7) Once a child is enrolled in the Florida Kidcare 172 program, the child is eligible for coverage under the program 173 for 12 months without a redetermination or reverification of 174 eligibility, if the family continues to pay the applicable 175 premium. Eligibility for program components funded through Title 176 XXI of the Social Security Act terminates shall terminate when a 177 child attains the age of 19. A child who has not attained the 178 age of 5 and who has been determined eligible for the Medicaid 179 program is eligible for coverage for 12 months without a 180 redetermination or reverification of eligibility.

(10) (8) When determining or reviewing a child's 181 182 eligibility under the Florida Kidcare program, the applicant 183 shall be provided with reasonable notice of changes in 184 eligibility which may affect enrollment in one or more of the program components. If When a transition from one program 185 186 component to another is authorized, there shall be cooperation 187 between the program components and the affected family which 188 promotes continuity of health care coverage. Any authorized 189 transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of 190 191 the program shall establish a reserve to ensure that transfers between components will be accomplished within current year 192 193 appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to 194 195 determine the adequacy of such reserves to meet actual 196 experience.

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197 <u>(11)(9)</u> In determining the eligibility of a child, an 198 assets test is not required. Each applicant shall provide 199 documentation during the application process and the 200 redetermination process, including, but not limited to, the 201 following:

202 Each applicant's Proof of family income, which must (a) 203 shall be verified electronically to determine financial 204 eligibility for the Florida Kidcare program. Written 205 documentation, which may include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most 206 recent federal income tax return, is shall be required only if 207 208 the electronic verification is not available or does not 209 substantiate the applicant's income.

(b) Each applicant shall provide A statement from all
 applicable, employed family members that:

212 1. Their employers do not sponsor health benefit plans for 213 employees;

214 2. the potential enrollee is not covered by an employer-215 sponsored health benefit plan; or

216 3. The potential enrollee is covered by an employer-217 sponsored health benefit plan and the cost of the employer-218 sponsored health benefit plan is more than 5 percent of the 219 family's income.

220 <u>(12)(10)</u> Subject to paragraph <u>(6)(a)</u> (4)(b), the Florida
221 Kidcare program shall withhold benefits from an enrollee if the
222 program obtains evidence that the enrollee is no longer
223 eligible, submitted incorrect or fraudulent information in order
224 to establish eligibility, or failed to provide verification of

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eligibility. The applicant or enrollee shall be notified that 225 226 because of such evidence program benefits will be withheld 227 unless the applicant or enrollee contacts a designated 228 representative of the program by a specified date, which must be 229 within 10 working days after the date of notice, to discuss and 230 resolve the matter. The program shall make every effort to 231 resolve the matter within a timeframe that will not cause 232 benefits to be withheld from an eligible enrollee.

233 <u>(13)(11)</u> The following individuals may be subject to 234 prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain
benefits for a potential enrollee under the Florida Kidcare
program <u>if</u> when the applicant knows or should have known <u>that</u>
the potential enrollee does not qualify for the Florida Kidcare
program.

(b) An individual who assists an applicant in obtaining or
attempting to obtain benefits for a potential enrollee under the
Florida Kidcare program <u>if</u> when the individual knows or should
have known <u>that</u> the potential enrollee does not qualify for the
Florida Kidcare program.

245 Section 3. Paragraph (f) of subsection (2) of section 246 409.815, Florida Statutes, is amended to read:

247

409.815 Health benefits coverage; limitations.-

(2) BENCHMARK BENEFITS.-In order for health benefits
coverage to qualify for premium assistance payments for an
eligible child under ss. 409.810-409.821, the health benefits
coverage, except for coverage under Medicaid and Medikids, must
include the following minimum benefits, as medically necessary.

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(f) Outpatient services.-Covered services include preventive, diagnostic, therapeutic, palliative care, and other services <u>authorized by the enrollee's health benefits coverage</u> <u>provider and provided to an enrollee in the outpatient portion</u> of a health facility licensed under chapter 395, except for the <u>following limitations:</u>

259 1. Services must be authorized by the enrollee's health 260 benefits coverage provider; and

261 2. Treatment for temporomandibular joint disease (TMJ) is 262 specifically excluded.

263 Section 4. Subsection (3) of section 409.816, Florida 264 Statutes, is amended to read:

265 409.816 Limitations on premiums and cost-sharing.—The 266 following limitations on premiums and cost-sharing are 267 established for the program.

268 (3) Enrollees in families with a family income above 150 269 percent of the federal poverty level who are not receiving 270 coverage under the Medicaid program or who are not eligible 271 under s. 409.814(8) 409.814(6) may be required to pay enrollment 272 fees, premiums, copayments, deductibles, coinsurance, or similar 273 charges on a sliding scale related to income, except that the 274 total annual aggregate cost-sharing with respect to all children 275 in a family may not exceed 5 percent of the family's income. 276 However, copayments, deductibles, coinsurance, or similar 277 charges may not be imposed for preventive services, including well-baby and well-child care, age-appropriate immunizations, 278 279 and routine hearing and vision screenings.

280 Section 5. Paragraph (b) of subsection (1) of section

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281 409.818, Florida Statutes, is amended to read:

282 409.818 Administration.-In order to implement ss. 409.810-283 409.821, the following agencies shall have the following duties: 284 (1)The Department of Children and Family Services shall: 285 Establish and maintain the eligibility determination (b) 286 process under the program except as specified in subsection (5). 287 The department shall directly, or through the services of a 288 contracted third-party administrator, establish and maintain a 289 process for determining eligibility of children for coverage under the program. The eligibility determination process must be 290 used solely for determining eligibility of applicants for health 291 292 benefits coverage under the program. The eligibility 293 determination process must include an initial determination of 294 eligibility for any coverage offered under the program, as well as a redetermination or reverification of eligibility each 295 296 subsequent 6 months. Effective January 1, 1999, a child who has 297 not attained the age of 5 and who has been determined eligible 298 for the Medicaid program is eligible for coverage for 12 months 299 without a redetermination or reverification of eligibility. In 300 conducting an eligibility determination, the department shall 301 determine if the child has special health care needs. The 302 department, in consultation with the Agency for Health Care 303 Administration and the Florida Healthy Kids Corporation, shall 304 develop procedures for redetermining eligibility which enable a family to easily update any change in circumstances which could 305 affect eligibility. The department may accept changes in a 306 family's status as reported to the department by the Florida 307 308 Healthy Kids Corporation without requiring a new application

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309 from the family. Redetermination of a child's eligibility for 310 Medicaid may not be linked to a child's eligibility 311 determination for other programs.

312 Section 6. Subsections (6) and (7) of section 409.904, 313 Florida Statutes, are amended to read:

314 409.904 Optional payments for eligible persons.-The agency 315 may make payments for medical assistance and related services on 316 behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical 317 318 eligibility tests set forth in federal and state law. Payment on 319 behalf of these Medicaid eligible persons is subject to the 320 availability of moneys and any limitations established by the General Appropriations Act or chapter 216. 321

322 (6) A child who has not attained the age of 19 who has 323 been determined eligible for the Medicaid program is deemed to 324 be eligible for a total of 6 months, regardless of changes in 325 circumstances other than attainment of the maximum age. 326 Effective January 1, 1999, a child who has not attained the age 327 of 5 and who has been determined eligible for the Medicaid 328 program is deemed to be eligible for a total of 12 months 329 regardless of changes in circumstances other than attainment of 330 the maximum age. Subject to federal regulations, a child who is 331 eligible under this subsection must be offered the opportunity 332 to be made presumptively eligible.

(7) <u>A pregnant woman for the duration of her pregnancy and</u> for the postpartum period as defined in federal law and rule or a child under 1 year of age who lives in a family that has an income above 185 percent of the most recently published federal

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337 poverty level, but that which is at or below 200 percent of such 338 poverty level. In determining the eligibility of such child, an 339 assets test is not required. An individual A child who is eligible for Medicaid under this subsection must be offered the 340 341 opportunity, subject to federal rules, to be made presumptively 342 eligible.

343 Section 7. Paragraph (b) of subsection (5) and paragraph 344 (a) of subsection (6) of section 624.91, Florida Statutes, are amended to read: 345

346

624.91 The Florida Healthy Kids Corporation Act.-

347 348 (5)

CORPORATION AUTHORIZATION, DUTIES, POWERS.-

349

The Florida Healthy Kids Corporation shall: (b)

Arrange for the collection of any family, local 1. 350 contributions, or employer payment or premium, in an amount to 351 be determined by the board of directors, to provide for payment 352 of premiums for comprehensive insurance coverage and for the 353 actual or estimated administrative expenses.

354 2. Arrange for the collection of any voluntary 355 contributions to provide for payment of Florida Kidcare program 356 premiums for children who are not eligible for medical 357 assistance under Title XIX or Title XXI of the Social Security 358 Act.

359 3. Subject to the provisions of s. 409.8134, accept 360 voluntary supplemental local match contributions that comply with the requirements of Title XXI of the Social Security Act 361 for the purpose of providing additional Florida Kidcare coverage 362 363 in contributing counties under Title XXI.

364

Establish the administrative and accounting procedures 4. Page 13 of 18

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365 for the operation of the corporation.

5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children <u>if</u>, provided that such standards for rural areas <u>do</u> shall not limit primary care providers to boardcertified pediatricians.

372 6. Determine eligibility for children seeking to
373 participate in the Title XXI-funded components of the Florida
374 Kidcare program consistent with the requirements specified in s.
375 409.814, as well as the non-Title-XXI-eligible children as
376 provided in subsection (3).

377 7. Establish procedures under which providers of local 378 match to, applicants to, and participants in the program may 379 have grievances reviewed by an impartial body and reported to 380 the board of directors of the corporation.

381 8. Establish participation criteria and, if appropriate, 382 contract with an authorized insurer, health maintenance 383 organization, or third-party administrator to provide 384 administrative services to the corporation.

385 9. Establish enrollment criteria that include penalties or
 386 <u>30-day</u> waiting periods of <u>30 days</u> for reinstatement of coverage
 387 upon voluntary cancellation for nonpayment of family premiums.

388 10. Contract with authorized insurers or providers any 389 provider of health care services, who meet meeting standards 390 established by the corporation, for the provision of 391 comprehensive insurance coverage to participants. Such standards 392 must shall include criteria under which the corporation may

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393 contract with more than one provider of health care services in 394 program sites. Health plans shall be selected through a 395 competitive bid process. The Florida Healthy Kids Corporation 396 shall purchase goods and services in the most cost-effective 397 manner consistent with the delivery of quality medical care. The 398 maximum administrative cost for a Florida Healthy Kids 399 Corporation contract is shall be 15 percent. For health care 400 contracts, the minimum medical loss ratio for a Florida Healthy 401 Kids Corporation contract is shall be 85 percent. For dental 402 contracts, the remaining compensation to be paid to the 403 authorized insurer or provider must be at least under a Florida 404 Healthy Kids Corporation contract shall be no less than an 405 amount which is 85 percent of the premium; to the extent any 406 contract provision does not provide for this minimum 407 compensation, this section prevails shall prevail. The health 408 plan selection criteria and scoring system, and the scoring 409 results, must shall be available upon request for inspection 410 after the bids have been awarded.

411 11. Establish disenrollment criteria <u>if</u> in the event local
412 matching funds are insufficient to cover enrollments.

12. Develop and implement a plan to publicize the Florida
Kidcare program, the eligibility requirements of the program,
and the procedures for enrollment in the program and to maintain
public awareness of the corporation and the program.

417 13. Secure staff necessary to properly administer the 418 corporation. Staff costs shall be funded from state and local 419 matching funds and such other private or public funds as become 420 available. The board of directors shall determine the number of

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421 staff members necessary to administer the corporation.

14. In consultation with the partner agencies, provide a report on the Florida Kidcare program annually to the Governor, the Chief Financial Officer, the Commissioner of Education, the President of the Senate, the Speaker of the House of Representatives, and the Minority Leaders of the Senate and the House of Representatives.

15. Provide information on a quarterly basis to the Legislature and the Governor which compares the costs and utilization of the full-pay enrolled population and the Title XXI-subsidized enrolled population in the Florida Kidcare program. The information, At a minimum, the information must include:

a. The monthly enrollment and expenditure for full-pay
enrollees in the Medikids and Florida Healthy Kids programs
compared to the Title XXI-subsidized enrolled population; and

b. The costs and utilization by service of the full-pay
enrollees in the Medikids and Florida Healthy Kids programs and
the Title XXI-subsidized enrolled population.

440

441 By February 1, 2010, the Florida Healthy Kids Corporation shall 442 provide a study to the Legislature and the Governor on premium 443 impacts to the subsidized portion of the program from the 444 inclusion of the full-pay program, which shall include 445 recommendations on how to eliminate or mitigate possible impacts 446 to the subsidized premiums. 447 16. Establish benefit packages that conform to the

448 provisions of the Florida Kidcare program, as created in ss.

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449 409.810-409.821.

450 (6) BOARD OF DIRECTORS.-

(a) The Florida Healthy Kids Corporation <u>is</u> shall operate subject to the supervision and approval of a board of directors chaired by the Chief Financial Officer or her or his designee, and composed of <u>12</u> 11 other members selected for 3-year terms of office as follows:

456 1. The Secretary of Health Care Administration, or his or457 her designee.

458 2. One member, appointed by the Commissioner of Education,
459 from the Office of School Health Programs of the Florida
460 Department of Education.

3. One member, appointed by the Chief Financial Officer,
from among three members nominated by the Florida Pediatric
Society.

4644. One member, appointed by the Governor, who represents465465 the Children's Medical Services Program.

5. One member, appointed by the Chief Financial Officer
from among three members nominated by the Florida Hospital
Association.

6. One member, appointed by the Governor, who is an experton child health policy.

471 7. One member, appointed by the Chief Financial Officer,
472 from among three members nominated by the Florida Academy of
473 Family Physicians.

474 8. One member, appointed by the Governor, who represents475 the state Medicaid program.

476 9. One member, appointed by the Chief Financial Officer, Page 17 of 18

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477	from among three members nominated by the Florida Association of
478	Counties.
479	10. The State Health Officer, or her or his designee.
480	11. The Secretary of Children and Family Services, or his
481	or her designee.
482	12. One member, appointed by the Governor, from among
483	three members nominated by the Florida Dental Association.
484	Section 8. Subject to appropriation, the Agency for Health
485	Care Administration shall implement the federal Family
486	Opportunity Act, ss. 6062-6071 of the Deficit Reduction Act of
487	2005, to allow families whose income is up to 300 percent of the
488	federal poverty level to buy Medicaid coverage for their
489	disabled children.
490	Section 9. This act shall take effect October 1, 2011.

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