

By Senator Book

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1 A bill to be entitled
2 An act relating to donor human milk bank services;
3 amending s. 409.906, F.S.; authorizing the Agency for
4 Health Care Administration to pay for donor human milk
5 bank services as an optional Medicaid service if
6 certain conditions are met; specifying coverage
7 requirements; amending s. 409.908, F.S.; adding donor
8 human milk bank services to the list of Medicaid
9 services authorized for reimbursement on a fee-for-
10 service basis; amending s. 409.973, F.S.; adding donor
11 human milk bank services to the list of minimum
12 benefits required to be covered by managed care plans;
13 providing an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

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17 Section 1. Subsection (28) is added to section 409.906,
18 Florida Statutes, to read:

19 409.906 Optional Medicaid services.—Subject to specific
20 appropriations, the agency may make payments for services which
21 are optional to the state under Title XIX of the Social Security
22 Act and are furnished by Medicaid providers to recipients who
23 are determined to be eligible on the dates on which the services
24 were provided. Any optional service that is provided shall be
25 provided only when medically necessary and in accordance with
26 state and federal law. Optional services rendered by providers
27 in mobile units to Medicaid recipients may be restricted or
28 prohibited by the agency. Nothing in this section shall be
29 construed to prevent or limit the agency from adjusting fees,

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30 reimbursement rates, lengths of stay, number of visits, or
31 number of services, or making any other adjustments necessary to
32 comply with the availability of moneys and any limitations or
33 directions provided for in the General Appropriations Act or
34 chapter 216. If necessary to safeguard the state's systems of
35 providing services to elderly and disabled persons and subject
36 to the notice and review provisions of s. 216.177, the Governor
37 may direct the Agency for Health Care Administration to amend
38 the Medicaid state plan to delete the optional Medicaid service
39 known as "Intermediate Care Facilities for the Developmentally
40 Disabled." Optional services may include:

41 (28) DONOR HUMAN MILK BANK SERVICES.—The agency may pay for
42 the cost of donor human milk, for home and inpatient use, for
43 which a licensed physician or nurse practitioner has issued an
44 order for an infant who is medically or physically unable to
45 receive maternal breast milk or breastfeed or whose mother is
46 medically or physically unable to produce maternal breast milk
47 or breastfeed. Such infant must have a documented birth weight
48 of 1,500 grams or less; have a congenital or acquired intestinal
49 condition and be at high risk for developing a feeding
50 intolerance, necrotizing enterocolitis, or an infection; or
51 otherwise require nourishment by breast milk. The donor human
52 milk must be procured from a nonprofit milk bank certified by
53 the Human Milk Banking Association of North America (HMBANA).
54 Coverage for donor human milk may not be less than the
55 reasonable cost of such milk procured from an HMBANA-certified
56 milk bank, plus reasonable processing and handling fees.

57 Section 2. Present paragraphs (f) through (t) of subsection
58 (3) of section 409.908, Florida Statutes, are redesignated as

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59 paragraphs (g) through (u), respectively, and a new paragraph
60 (f) is added to that subsection, to read:

61 409.908 Reimbursement of Medicaid providers.—Subject to
62 specific appropriations, the agency shall reimburse Medicaid
63 providers, in accordance with state and federal law, according
64 to methodologies set forth in the rules of the agency and in
65 policy manuals and handbooks incorporated by reference therein.
66 These methodologies may include fee schedules, reimbursement
67 methods based on cost reporting, negotiated fees, competitive
68 bidding pursuant to s. 287.057, and other mechanisms the agency
69 considers efficient and effective for purchasing services or
70 goods on behalf of recipients. If a provider is reimbursed based
71 on cost reporting and submits a cost report late and that cost
72 report would have been used to set a lower reimbursement rate
73 for a rate semester, then the provider's rate for that semester
74 shall be retroactively calculated using the new cost report, and
75 full payment at the recalculated rate shall be effected
76 retroactively. Medicare-granted extensions for filing cost
77 reports, if applicable, shall also apply to Medicaid cost
78 reports. Payment for Medicaid compensable services made on
79 behalf of Medicaid eligible persons is subject to the
80 availability of moneys and any limitations or directions
81 provided for in the General Appropriations Act or chapter 216.
82 Further, nothing in this section shall be construed to prevent
83 or limit the agency from adjusting fees, reimbursement rates,
84 lengths of stay, number of visits, or number of services, or
85 making any other adjustments necessary to comply with the
86 availability of moneys and any limitations or directions
87 provided for in the General Appropriations Act, provided the

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88 adjustment is consistent with legislative intent.

89 (3) Subject to any limitations or directions provided for
90 in the General Appropriations Act, the following Medicaid
91 services and goods may be reimbursed on a fee-for-service basis.
92 For each allowable service or goods furnished in accordance with
93 Medicaid rules, policy manuals, handbooks, and state and federal
94 law, the payment shall be the amount billed by the provider, the
95 provider's usual and customary charge, or the maximum allowable
96 fee established by the agency, whichever amount is less, with
97 the exception of those services or goods for which the agency
98 makes payment using a methodology based on capitation rates,
99 average costs, or negotiated fees.

100 (f) Donor human milk bank services.

101 Section 3. Present paragraphs (e) through (bb) of
102 subsection (1) of section 409.973, Florida Statutes, are
103 redesignated as paragraphs (f) through (cc), respectively, and a
104 new paragraph (e) is added to that subsection, to read:

105 409.973 Benefits.—

106 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
107 minimum, the following services:

108 (e) Donor human milk bank services.

109 Section 4. This act shall take effect July 1, 2020.