

By Senator Jones

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1 A bill to be entitled
2 An act relating to the Health Care Freedom Act;
3 providing a short title; repealing ss. 286.31,
4 286.311, and 381.00321, F.S., relating to the
5 prohibited use of state funds for travel to another
6 state for purpose of abortion services, the prohibited
7 use of state funds for sex-reassignment prescriptions
8 or procedures, and the right of medical conscience of
9 health care providers and health care payors,
10 respectively; creating s. 381.027, F.S.; providing a
11 short title; defining terms; requiring a covered
12 entity to adopt a policy relating to providing notice
13 of its refused services by a specified date; providing
14 requirements for such notice; requiring a covered
15 entity to submit a complete list of refused services
16 to the Department of Health by a specified date;
17 requiring a covered entity to notify the department
18 within a specified period after a change is made to
19 such list; requiring a covered entity to submit the
20 list, along with its application, if applying for
21 certain state grants or contracts; providing a civil
22 penalty; requiring the department to adopt rules;
23 requiring the department to publish and maintain on
24 its website a current list of covered entities and
25 their refused services; requiring the department to
26 develop and administer a certain public education and
27 awareness program; providing construction; providing
28 for severability; amending s. 381.96, F.S.; revising
29 the definition of the term "eligible client" and

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30 defining the term "pregnancy support services," rather
31 than "pregnancy and parenting support services";
32 revising department duties and contract requirements
33 to conform to changes made by the act; repealing ss.
34 4, 6, and 7 of chapter 2023-21, Laws of Florida,
35 relating to termination of pregnancies, powers of the
36 Agency for Health Care Administration, and the use of
37 telehealth to provide services, respectively; amending
38 s. 390.011, F.S.; deleting the definition of the term
39 "fatal fetal abnormality"; amending s. 390.0111, F.S.;
40 revising the timeframe in which a physician may
41 perform a termination of pregnancy; revising
42 exceptions; repealing s. 395.3027, F.S., relating to
43 patient immigration status data collection in
44 hospitals; amending s. 409.905, F.S.; defining the
45 terms "gender identity" and "transgender individual";
46 requiring the agency to provide Medicaid reimbursement
47 for medically necessary treatment for or related to
48 gender dysphoria or comparable or equivalent
49 diagnoses; prohibiting the agency from discriminating
50 in its reimbursement on the basis of a recipient's
51 gender identity or that the recipient is a transgender
52 individual; amending s. 456.001, F.S.; deleting the
53 definition of the terms "sex" and "sex-reassignment
54 prescriptions or procedures"; repealing ss. 456.52 and
55 766.318, F.S., relating to sex-reassignment
56 prescriptions and procedures and civil liability for
57 provision of sex-reassignment prescriptions or
58 procedures to minors, respectively; amending ss.

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59 61.517, 61.534, 409.908, 409.913, 456.074, and
60 636.0145, F.S.; conforming provisions and cross-
61 references to changes made by the act; providing an
62 effective date.

63
64 Be It Enacted by the Legislature of the State of Florida:

65
66 Section 1. This act may be cited as the "Health Care
67 Freedom Act."

68 Section 2. Section 286.31, Florida Statutes, is repealed.

69 Section 3. Section 286.311, Florida Statutes, is repealed.

70 Section 4. Section 381.00321, Florida Statutes, is
71 repealed.

72 Section 5. Section 381.027, Florida Statutes, is created to
73 read:

74 381.027 Requirements for covered entities; notice of
75 refused services; department duties.-

76 (1) SHORT TITLE.-This section may be cited as the "Health
77 Care Transparency and Accessibility Act."

78 (2) DEFINITIONS.-As used in this section, the term:

79 (a) "Covered entity" means any health care facility that
80 uses, plans to use, or relies upon a denial of care provision to
81 refuse to provide a health care service, or referral for a
82 health care service, for any reason. The term does not include a
83 health care practitioner.

84 (b) "Denial of care provision" means any federal or state
85 law that purports or is asserted to allow a health care facility
86 to opt out of providing a health care service, or referral for a
87 health care service, including, but not limited to, ss.

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88 381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss.
89 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n;
90 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of
91 Labor, Health and Human Services, and Education, and Related
92 Agencies Appropriations Act of 2019, Division B of Pub. L. No.
93 115-245; and 45 C.F.R. part 88.

94 (c) "Department" means the Department of Health.

95 (d) "Health care facility" has the same meaning as in s.
96 381.026(2).

97 (e) "Health care practitioner" has the same meaning as in
98 s. 456.001.

99 (f) "Health care services" has the same meaning as in s.
100 624.27(1).

101 (g) "Referral" has the same meaning as in s. 456.053(3).

102 (h) "Refused service" means a health care service that a
103 covered entity chooses not to provide, or not to provide a
104 referral for, based on one or more denials of care provisions.
105 The term includes health care services that the covered entity
106 selectively provides to some, but not all, patients based on
107 their identity, objections to a health care service, or other
108 nonmedical reasons.

109 (3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

110 (a) By October 1, 2024, each covered entity shall adopt a
111 policy for providing patients with a complete list of its
112 refused services. A covered entity shall:

113 1. Provide written notice to the patient or the patient's
114 representative which includes the complete list of its refused
115 services before any health care service is initiated.

116 a. In the case of an emergency, the covered entity must

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117 promptly provide written notice after the patient is capable of
118 receiving such notice or when the patient's representative is
119 available.

120 b. The patient or patient's representative shall
121 acknowledge receipt of the written notice of refused services.

122 2. Retain all acknowledgements of receipt of the written
123 notice of refused services for a period of at least 3 years.

124 3. Provide a complete list of its refused services to any
125 person upon request.

126 (b) By October 1, 2024, a covered entity shall submit to
127 the department a complete list of its refused services. If any
128 change is made to the list, the covered entity must notify the
129 department within 30 days after making the change.

130 (c) If applying for any state grant or contract related to
131 providing a health care service, a covered entity must submit,
132 along with its application, a complete list of its refused
133 services.

134 (d) A covered entity that fails to comply with this
135 subsection is subject to a fine not exceeding \$5,000 for each
136 day the covered entity is not in compliance.

137 (4) DEPARTMENT DUTIES.—

138 (a) The department shall adopt rules to implement this
139 section, which must include a process for receiving and
140 investigating complaints regarding covered entities that fail to
141 comply with this section.

142 (b) By January 1, 2025, the department shall publish and
143 maintain on its website a current list of covered entities and
144 the refused services for each covered entity.

145 (c) The department shall develop and administer a public

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146 education and awareness program regarding the denial of health
147 care services, including how the denial of health care services
148 can negatively impact health care access and quality, how the
149 denial of health care services may be avoided, and how the
150 denial of health care services affects vulnerable people and
151 communities.

152 (5) CONSTRUCTION.—

153 (a) This section does not authorize denials of health care
154 services or discrimination in the provision of health care
155 services.

156 (b) This section does not limit any cause of action under
157 state or federal law, or limit any remedy in law or equity,
158 against a health care facility or health care practitioner.

159 (c) Compliance with this section does not reduce or limit
160 any potential liability for covered entities associated with the
161 refused services or any violations of state or federal law.

162 (d) Section 761.03 does not provide a claim relating to, or
163 a defense to a claim under, this section, or provide a basis for
164 challenging the application or enforcement of this section or
165 the use of funds associated with the application or enforcement
166 of this section.

167 (6) SEVERABILITY.—If any provision of this section or its
168 application to any person or circumstance is held invalid, the
169 invalidity does not affect other provisions or applications of
170 this section which can be given effect without the invalid
171 provision or application, and to this end the provisions of this
172 section are severable.

173 Section 6. Section 381.96, Florida Statutes, is amended to
174 read:

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175 381.96 Pregnancy support and wellness services.-

176 (1) DEFINITIONS.-As used in this section, the term:

177 (a) "Department" means the Department of Health.

178 (b) "Eligible client" means ~~any of the following:~~

179 ~~1. a pregnant woman or a woman who suspects she is~~
180 ~~pregnant, and the family of such woman, who voluntarily seeks~~
181 ~~pregnancy support services and any woman who voluntarily seeks~~
182 ~~wellness services.~~

183 ~~2. A woman who has given birth in the previous 12 months~~
184 ~~and her family.~~

185 ~~3. A parent or parents or a legal guardian or legal~~
186 ~~guardians, and the families of such parents and legal guardians,~~
187 ~~for up to 12 months after the birth of a child or the adoption~~
188 ~~of a child younger than 3 years of age.~~

189 (c) "Florida Pregnancy Care Network, Inc.," or "network"
190 means the not-for-profit statewide alliance of pregnancy support
191 organizations that provide pregnancy support and wellness
192 services through a comprehensive system of care to women and
193 their families.

194 (d) "Pregnancy ~~and parenting~~ support services" means
195 services that promote and encourage childbirth, including, but
196 not limited to:

197 1. Direct client services, such as pregnancy testing,
198 counseling, referral, training, and education for pregnant women
199 and their families. A woman and her family continue to be
200 eligible to receive direct client services for up to 12 months
201 after the birth of the child.

202 ~~2. Nonmedical material assistance that improves the~~
203 ~~pregnancy or parenting situation of families, including, but not~~

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204 ~~limited to, clothing, car seats, cribs, formula, and diapers.~~

205 ~~3. Counseling or mentoring, education materials, and~~
206 ~~classes regarding pregnancy, parenting, adoption, life skills,~~
207 ~~and employment readiness.~~

208 ~~4.~~ Network awareness activities, including a promotional
209 campaign to educate the public about the pregnancy support
210 services offered by the network and a website that provides
211 information on the location of providers in the user's area and
212 other available community resources.

213 ~~3.5.~~ Communication activities, including the operation and
214 maintenance of a hotline or call center with a single statewide
215 toll-free number that is available 24 hours a day for an
216 eligible client to obtain the location and contact information
217 for a pregnancy center located in the client's area.

218 (e) "Wellness services" means services or activities
219 intended to maintain and improve health or prevent illness and
220 injury, including, but not limited to, high blood pressure
221 screening, anemia testing, thyroid screening, cholesterol
222 screening, diabetes screening, and assistance with smoking
223 cessation.

224 (2) DEPARTMENT DUTIES.—The department shall contract with
225 the network for the management and delivery of pregnancy ~~and~~
226 ~~parenting~~ support services and wellness services to eligible
227 clients.

228 (3) CONTRACT REQUIREMENTS.—The department contract shall
229 specify the contract deliverables, including financial reports
230 and other reports due to the department, timeframes for
231 achieving contractual obligations, and any other requirements
232 the department determines are necessary, such as staffing and

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233 location requirements. The contract shall require the network
234 to:

235 (a) Establish, implement, and monitor a comprehensive
236 system of care through subcontractors to meet the pregnancy ~~and~~
237 ~~parenting~~ support and wellness needs of eligible clients.

238 (b) Establish and manage subcontracts with a sufficient
239 number of providers to ensure the availability of pregnancy ~~and~~
240 ~~parenting~~ support services and wellness services for eligible
241 clients, and maintain and manage the delivery of such services
242 throughout the contract period.

243 (c) Spend at least 90 ~~85~~ percent of the contract funds on
244 pregnancy ~~and parenting~~ support services, ~~excluding services~~
245 ~~specified in subparagraph (1)(d)4.~~ and wellness services.

246 (d) Offer wellness services through vouchers or other
247 appropriate arrangements that allow the purchase of services
248 from qualified health care providers.

249 (e) Require a background screening under s. 943.0542 for
250 all paid staff and volunteers of a subcontractor if such staff
251 or volunteers provide direct client services to an eligible
252 client who is a minor or an elderly person or who has a
253 disability.

254 (f) Annually monitor its subcontractors and specify the
255 sanctions that shall be imposed for noncompliance with the terms
256 of a subcontract.

257 (g) Subcontract only with providers that exclusively
258 promote and support childbirth.

259 (h) Ensure that informational materials provided to an
260 eligible client by a provider are current and accurate and cite
261 the reference source of any medical statement included in such

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262 materials.

263 (i) Ensure that the department is provided with all
264 information necessary for the report required under subsection
265 (5).

266 (4) SERVICES.—Services provided pursuant to this section
267 must be provided in a noncoercive manner and may not include any
268 religious content.

269 (5) REPORT.—By July 1, 2024, and each year thereafter, the
270 department shall report to the Governor, the President of the
271 Senate, and the Speaker of the House of Representatives on the
272 amount and types of services provided by the network; the
273 expenditures for such services; and the number of, and
274 demographic information for, women, ~~parents,~~ and families served
275 by the network.

276 Section 7. Sections 4, 6, and 7 of chapter 2023-21, Laws of
277 Florida, are repealed.

278 Section 8. Subsection (6) of section 390.011, Florida
279 Statutes, is amended to read:

280 390.011 Definitions.—As used in this chapter, the term:

281 ~~(6) "Fatal fetal abnormality" means a terminal condition~~
282 ~~that, in reasonable medical judgment, regardless of the~~
283 ~~provision of life-saving medical treatment, is incompatible with~~
284 ~~life outside the womb and will result in death upon birth or~~
285 ~~imminently thereafter.~~

286 Section 9. Subsection (1) of section 390.0111, Florida
287 Statutes, is amended to read:

288 390.0111 Termination of pregnancies.—

289 (1) TERMINATION IN THIRD TRIMESTER AFTER GESTATIONAL AGE OF
290 15 WEEKS; WHEN ALLOWED.—A physician may not perform a

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291 termination of pregnancy on any human being in the third
292 trimester of pregnancy ~~if the physician determines the~~
293 ~~gestational age of the fetus is more than 15 weeks~~ unless one of
294 the following conditions is met:

295 (a) Two physicians certify in writing that, in reasonable
296 medical judgment, the termination of the pregnancy is necessary
297 to save the pregnant woman's life or avert a serious risk of
298 substantial and irreversible physical impairment of a major
299 bodily function of the pregnant woman other than a psychological
300 condition.

301 (b) The physician certifies in writing that, in reasonable
302 medical judgment, there is a medical necessity for legitimate
303 emergency medical procedures for termination of the pregnancy to
304 save the pregnant woman's life or avert a serious risk of
305 imminent substantial and irreversible physical impairment of a
306 major bodily function of the pregnant woman other than a
307 psychological condition, and another physician is not available
308 for consultation.

309 ~~(c) The fetus has not achieved viability under s. 390.01112~~
310 ~~and two physicians certify in writing that, in reasonable~~
311 ~~medical judgment, the fetus has a fatal fetal abnormality.~~

312 Section 10. Section 395.3027, Florida Statutes, is
313 repealed.

314 Section 11. Present subsections (4) through (12) of section
315 409.905, Florida Statutes, are redesignated as subsections (5)
316 through (13), respectively, and a new subsection (4) is added to
317 that section, to read:

318 409.905 Mandatory Medicaid services.—The agency may make
319 payments for the following services, which are required of the

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320 state by Title XIX of the Social Security Act, furnished by
321 Medicaid providers to recipients who are determined to be
322 eligible on the dates on which the services were provided. Any
323 service under this section shall be provided only when medically
324 necessary and in accordance with state and federal law.
325 Mandatory services rendered by providers in mobile units to
326 Medicaid recipients may be restricted by the agency. Nothing in
327 this section shall be construed to prevent or limit the agency
328 from adjusting fees, reimbursement rates, lengths of stay,
329 number of visits, number of services, or any other adjustments
330 necessary to comply with the availability of moneys and any
331 limitations or directions provided for in the General
332 Appropriations Act or chapter 216.

333 (4) GENDER-AFFIRMING CARE.-

334 (a) Definitions.-As used in this section, the term:

335 1. "Gender identity" means an individual's internal sense
336 of that individual's gender, regardless of the sex assigned to
337 that individual at birth.

338 2. "Transgender individual" means an individual who
339 identifies as a gender different from the sex assigned to that
340 individual at birth.

341 (b) Reimbursement.-The agency shall provide reimbursement
342 for medically necessary treatment for or related to gender
343 dysphoria as defined by the Diagnostic and Statistical Manual of
344 Mental Disorders, Fifth Edition, published by the American
345 Psychiatric Association or a comparable or equivalent diagnosis.

346 (c) Discrimination prohibited.-The agency may not
347 discriminate in its reimbursement of medically necessary
348 treatment on the basis of the recipient's gender identity or on

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349 the basis that the recipient is a transgender individual.

350 Section 12. Subsections (8) and (9) of section 456.001,
351 Florida Statutes, are amended to read:

352 456.001 Definitions.—As used in this chapter, the term:

353 ~~(8) "Sex" means the classification of a person as either~~
354 ~~male or female based on the organization of the human body of~~
355 ~~such person for a specific reproductive role, as indicated by~~
356 ~~the person's sex chromosomes, naturally occurring sex hormones,~~
357 ~~and internal and external genitalia present at birth.~~

358 ~~(9) (a) "Sex-reassignment prescriptions or procedures"~~
359 ~~means:~~

360 ~~1. The prescription or administration of puberty blockers~~
361 ~~for the purpose of attempting to stop or delay normal puberty in~~
362 ~~order to affirm a person's perception of his or her sex if that~~
363 ~~perception is inconsistent with the person's sex as defined in~~
364 ~~subsection (8).~~

365 ~~2. The prescription or administration of hormones or~~
366 ~~hormone antagonists to affirm a person's perception of his or~~
367 ~~her sex if that perception is inconsistent with the person's sex~~
368 ~~as defined in subsection (8).~~

369 ~~3. Any medical procedure, including a surgical procedure,~~
370 ~~to affirm a person's perception of his or her sex if that~~
371 ~~perception is inconsistent with the person's sex as defined in~~
372 ~~subsection (8).~~

373 ~~(b) The term does not include:~~

374 ~~1. Treatment provided by a physician who, in his or her~~
375 ~~good faith clinical judgment, performs procedures upon or~~
376 ~~provides therapies to a minor born with a medically verifiable~~
377 ~~genetic disorder of sexual development, including any of the~~

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378 following:

379 ~~a. External biological sex characteristics that are~~
380 ~~unresolvably ambiguous.~~

381 ~~b. A disorder of sexual development in which the physician~~
382 ~~has determined through genetic or biochemical testing that the~~
383 ~~patient does not have a normal sex chromosome structure, sex~~
384 ~~steroid hormone production, or sex steroid hormone action for a~~
385 ~~male or female, as applicable.~~

386 ~~2. Prescriptions or procedures to treat an infection, an~~
387 ~~injury, a disease, or a disorder that has been caused or~~
388 ~~exacerbated by the performance of any sex reassignment~~
389 ~~prescription or procedure, regardless of whether such~~
390 ~~prescription or procedure was performed in accordance with state~~
391 ~~or federal law.~~

392 ~~3. Prescriptions or procedures provided to a patient for~~
393 ~~the treatment of a physical disorder, physical injury, or~~
394 ~~physical illness that would, as certified by a physician~~
395 ~~licensed under chapter 458 or chapter 459, place the individual~~
396 ~~in imminent danger of death or impairment of a major bodily~~
397 ~~function without the prescription or procedure.~~

398 Section 13. Section 456.52, Florida Statutes, is repealed.

399 Section 14. Section 766.318, Florida Statutes, is repealed.

400 Section 15. Subsection (1) of section 61.517, Florida
401 Statutes, is amended to read:

402 61.517 Temporary emergency jurisdiction.—

403 (1) A court of this state has temporary emergency
404 jurisdiction if the child is present in this state and:

405 (a) The child has been abandoned; or

406 (b) It is necessary in an emergency to protect the child

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407 because the child, or a sibling or parent of the child, is
408 subjected to or threatened with mistreatment or abuse; ~~or~~

409 ~~(c) It is necessary in an emergency to protect the child~~
410 ~~because the child has been subjected to or is threatened with~~
411 ~~being subjected to sex reassignment prescriptions or procedures,~~
412 ~~as defined in s. 456.001.~~

413 Section 16. Subsection (1) of section 61.534, Florida
414 Statutes, is amended to read:

415 61.534 Warrant to take physical custody of child.—

416 (1) Upon the filing of a petition seeking enforcement of a
417 child custody determination, the petitioner may file a verified
418 application for the issuance of a warrant to take physical
419 custody of the child if the child is likely to imminently suffer
420 serious physical harm or removal from this state. Serious
421 ~~physical harm includes, but is not limited to, being subjected~~
422 ~~to sex reassignment prescriptions or procedures as defined in s.~~
423 ~~456.001.~~

424 Section 17. Paragraph (a) of subsection (1) of section
425 409.908, Florida Statutes, is amended to read:

426 409.908 Reimbursement of Medicaid providers.—Subject to
427 specific appropriations, the agency shall reimburse Medicaid
428 providers, in accordance with state and federal law, according
429 to methodologies set forth in the rules of the agency and in
430 policy manuals and handbooks incorporated by reference therein.
431 These methodologies may include fee schedules, reimbursement
432 methods based on cost reporting, negotiated fees, competitive
433 bidding pursuant to s. 287.057, and other mechanisms the agency
434 considers efficient and effective for purchasing services or
435 goods on behalf of recipients. If a provider is reimbursed based

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436 on cost reporting and submits a cost report late and that cost
437 report would have been used to set a lower reimbursement rate
438 for a rate semester, then the provider's rate for that semester
439 shall be retroactively calculated using the new cost report, and
440 full payment at the recalculated rate shall be effected
441 retroactively. Medicare-granted extensions for filing cost
442 reports, if applicable, shall also apply to Medicaid cost
443 reports. Payment for Medicaid compensable services made on
444 behalf of Medicaid-eligible persons is subject to the
445 availability of moneys and any limitations or directions
446 provided for in the General Appropriations Act or chapter 216.
447 Further, nothing in this section shall be construed to prevent
448 or limit the agency from adjusting fees, reimbursement rates,
449 lengths of stay, number of visits, or number of services, or
450 making any other adjustments necessary to comply with the
451 availability of moneys and any limitations or directions
452 provided for in the General Appropriations Act, provided the
453 adjustment is consistent with legislative intent.

454 (1) Reimbursement to hospitals licensed under part I of
455 chapter 395 must be made prospectively or on the basis of
456 negotiation.

457 (a) Reimbursement for inpatient care is limited as provided
458 in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise provided in
459 this subsection.

460 1. If authorized by the General Appropriations Act, the
461 agency may modify reimbursement for specific types of services
462 or diagnoses, recipient ages, and hospital provider types.

463 2. The agency may establish an alternative methodology to
464 the DRG-based prospective payment system to set reimbursement

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465 rates for:

466 a. State-owned psychiatric hospitals.

467 b. Newborn hearing screening services.

468 c. Transplant services for which the agency has established
469 a global fee.

470 d. Recipients who have tuberculosis that is resistant to
471 therapy who are in need of long-term, hospital-based treatment
472 pursuant to s. 392.62.

473 3. The agency shall modify reimbursement according to other
474 methodologies recognized in the General Appropriations Act.

475

476 The agency may receive funds from state entities, including, but
477 not limited to, the Department of Health, local governments, and
478 other local political subdivisions, for the purpose of making
479 special exception payments, including federal matching funds,
480 through the Medicaid inpatient reimbursement methodologies.

481 Funds received for this purpose shall be separately accounted
482 for and may not be commingled with other state or local funds in
483 any manner. The agency may certify all local governmental funds
484 used as state match under Title XIX of the Social Security Act,
485 to the extent and in the manner authorized under the General
486 Appropriations Act and pursuant to an agreement between the
487 agency and the local governmental entity. In order for the
488 agency to certify such local governmental funds, a local
489 governmental entity must submit a final, executed letter of
490 agreement to the agency, which must be received by October 1 of
491 each fiscal year and provide the total amount of local
492 governmental funds authorized by the entity for that fiscal year
493 under this paragraph, paragraph (b), or the General

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494 Appropriations Act. The local governmental entity shall use a
495 certification form prescribed by the agency. At a minimum, the
496 certification form must identify the amount being certified and
497 describe the relationship between the certifying local
498 governmental entity and the local health care provider. The
499 agency shall prepare an annual statement of impact which
500 documents the specific activities undertaken during the previous
501 fiscal year pursuant to this paragraph, to be submitted to the
502 Legislature annually by January 1.

503 Section 18. Subsection (36) of section 409.913, Florida
504 Statutes, is amended to read:

505 409.913 Oversight of the integrity of the Medicaid
506 program.—The agency shall operate a program to oversee the
507 activities of Florida Medicaid recipients, and providers and
508 their representatives, to ensure that fraudulent and abusive
509 behavior and neglect of recipients occur to the minimum extent
510 possible, and to recover overpayments and impose sanctions as
511 appropriate. Each January 15, the agency and the Medicaid Fraud
512 Control Unit of the Department of Legal Affairs shall submit a
513 report to the Legislature documenting the effectiveness of the
514 state's efforts to control Medicaid fraud and abuse and to
515 recover Medicaid overpayments during the previous fiscal year.
516 The report must describe the number of cases opened and
517 investigated each year; the sources of the cases opened; the
518 disposition of the cases closed each year; the amount of
519 overpayments alleged in preliminary and final audit letters; the
520 number and amount of fines or penalties imposed; any reductions
521 in overpayment amounts negotiated in settlement agreements or by
522 other means; the amount of final agency determinations of

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523 overpayments; the amount deducted from federal claiming as a
524 result of overpayments; the amount of overpayments recovered
525 each year; the amount of cost of investigation recovered each
526 year; the average length of time to collect from the time the
527 case was opened until the overpayment is paid in full; the
528 amount determined as uncollectible and the portion of the
529 uncollectible amount subsequently reclaimed from the Federal
530 Government; the number of providers, by type, that are
531 terminated from participation in the Medicaid program as a
532 result of fraud and abuse; and all costs associated with
533 discovering and prosecuting cases of Medicaid overpayments and
534 making recoveries in such cases. The report must also document
535 actions taken to prevent overpayments and the number of
536 providers prevented from enrolling in or reenrolling in the
537 Medicaid program as a result of documented Medicaid fraud and
538 abuse and must include policy recommendations necessary to
539 prevent or recover overpayments and changes necessary to prevent
540 and detect Medicaid fraud. All policy recommendations in the
541 report must include a detailed fiscal analysis, including, but
542 not limited to, implementation costs, estimated savings to the
543 Medicaid program, and the return on investment. The agency must
544 submit the policy recommendations and fiscal analyses in the
545 report to the appropriate estimating conference, pursuant to s.
546 216.137, by February 15 of each year. The agency and the
547 Medicaid Fraud Control Unit of the Department of Legal Affairs
548 each must include detailed unit-specific performance standards,
549 benchmarks, and metrics in the report, including projected cost
550 savings to the state Medicaid program during the following
551 fiscal year.

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552 (36) The agency may provide to a sample of Medicaid
553 recipients or their representatives through the distribution of
554 explanations of benefits information about services reimbursed
555 by the Medicaid program for goods and services to such
556 recipients, including information on how to report inappropriate
557 or incorrect billing to the agency or other law enforcement
558 entities for review or investigation, information on how to
559 report criminal Medicaid fraud to the Medicaid Fraud Control
560 Unit's toll-free hotline number, and information about the
561 rewards available under s. 409.9203. The explanation of benefits
562 may not be mailed for Medicaid independent laboratory services
563 as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid
564 certified match services as described in ss. 409.9071 and
565 1011.70.

566 Section 19. Paragraph (c) of subsection (5) of section
567 456.074, Florida Statutes, is amended to read:

568 456.074 Certain health care practitioners; immediate
569 suspension of license.—

570 (5) The department shall issue an emergency order
571 suspending the license of any health care practitioner who is
572 arrested for committing or attempting, soliciting, or conspiring
573 to commit any act that would constitute a violation of any of
574 the following criminal offenses in this state or similar
575 offenses in another jurisdiction:

576 ~~(c) Section 456.52(5)(b), relating to prescribing,~~
577 ~~administering, or performing sex reassignment prescriptions or~~
578 ~~procedures for a patient younger than 18 years of age.~~

579 Section 20. Section 636.0145, Florida Statutes, is amended
580 to read:

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581 636.0145 Certain entities contracting with Medicaid.—An
582 entity that is providing comprehensive inpatient and outpatient
583 mental health care services to certain Medicaid recipients in
584 Hillsborough, Highlands, Hardee, Manatee, and Polk Counties
585 through a capitated, prepaid arrangement pursuant to the federal
586 waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become
587 licensed under this chapter by December 31, 1998. Any entity
588 licensed under this chapter which provides services solely to
589 Medicaid recipients under a contract with Medicaid is exempt
590 from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and
591 636.066(1).

592 Section 21. This act shall take effect July 1, 2024.