

Committee Substitute for
Committee Substitute for Senate Bill No. 1178

An act relating to minority health care; creating s. 381.736, F.S.; providing for the Department of Health to monitor and report on Florida's status regarding the Healthy People 2010 goals and objectives currently tracked by the department; requiring an annual report to the Legislature; requiring the department to work with various groups to educate health care professionals on racial and ethnic issues in health, to recruit and train health care professionals from minority backgrounds, and to promote certain research; amending s. 409.901, F.S.; defining the term "minority physician network"; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to contract with minority physician networks; providing guidelines for the operation of the networks; defining the term "cost-effective"; requiring the agency to conduct actuarially sound audits; providing an effective date.

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

Section 1. Section 381.736, Florida Statutes, is created to read:

381.736 Florida Healthy People 2010 Program.—

(1) The Department of Health shall, using existing resources, monitor and report Florida's status on the Healthy People 2010 goals and objectives currently tracked and available to the department. The federal Healthy People 2010 goals and objectives are designed to measure and help to improve the health of all Americans by advancing the following goals:

(a) Increase the quality and years of healthy life.

(b) Eliminate health disparities among different segments of the population.

(2) The department shall report to the Legislature by December 31 of each year on the status of disparities in health among minorities and nonminorities, using health indicators currently available that are consistent with those identified by the federal Healthy People 2010 goals and objectives.

(3) To reduce negative health consequences that result from ignoring racial and ethnic cultures, the department shall work with minority physician networks to develop programs to educate health care professionals about the importance of culture in health status. These programs shall include, but need not be limited to:

(a) The education of health care providers about the prevalence of specific health conditions among certain minority groups.

(b) The training of clinicians to be sensitive to cultural diversity among patients and to recognize that inherent biases can lead to disparate treatments.

(c) The creation of initiatives that educate private-sector health care and managed care organizations about the importance of cross-cultural training of health care professionals and the effect of such training on the professional-patient relationship.

(d) The fostering of increased use of interpreter services in health care settings.

(4) The department shall work with and promote the establishment of public and private partnerships with charitable organizations, hospitals, and minority physician networks to increase the proportion of health care professionals from minority backgrounds.

(5) The department shall promote research on methods by which to reduce disparities in health care at colleges and universities that have historically large minority enrollments, including centers of excellence in this state identified by the National Center on Minority Health and Health Disparities, by working with those colleges and universities and with community representatives to encourage local minority students to pursue professions in health care.

Section 2. Subsections (23), (24), (25), and (26) of section 409.901, Florida Statutes, are renumbered as subsections (24), (25), (26), and (27), respectively, and a new subsection (23) is added to that section, to read:

409.901 Definitions; ss. 409.901-409.920.—As used in ss. 409.901-409.920, except as otherwise specifically provided, the term:

(23) “Minority physician network” means a network of primary care physicians with experience managing Medicaid or Medicare recipients that is predominantly owned by minorities as defined in s. 288.703, which may have a collaborative partnership with a public college or university and a tax-exempt charitable corporation.

Section 3. Subsection (45) is added to section 409.912, Florida Statutes, to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency may establish prior authorization requirements for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization

is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization.

(45) The agency shall contract with established minority physician networks that provide services to historically underserved minority patients. The networks must provide cost-effective Medicaid services, comply with the requirements to be a MediPass provider, and provide their primary care physicians with access to data and other management tools necessary to assist them in ensuring the appropriate use of services, including inpatient hospital services and pharmaceuticals.

(a) The agency shall provide for the development and expansion of minority physician networks in each service area to provide services to Medicaid recipients who are eligible to participate under federal law and rules.

(b) The agency shall reimburse each minority physician network as a fee-for-service provider, including the case management fee for primary care, or as a capitated rate provider for Medicaid services. Any savings shall be shared with the minority physician networks pursuant to the contract.

(c) For purposes of this subsection, the term "cost-effective" means that a network's per-member, per-month costs to the state, including, but not limited to, fee-for-service costs, administrative costs, and case-management fees, must be no greater than the state's costs associated with contracts for Medicaid services established under subsection (3), which shall be actuarially adjusted for case mix, model, and service area. The agency shall conduct actuarially sound audits adjusted for case mix and model in order to ensure such cost-effectiveness and shall publish the audit results on its Internet website and submit the audit results annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than December 31. Contracts established pursuant to this subsection which are not cost-effective may not be renewed.

(d) The agency may apply for any federal waivers needed to implement this paragraph.

Section 4. This act shall take effect July 1, 2004.

Approved by the Governor June 24, 2004.

Filed in Office Secretary of State June 24, 2004.