

## CHAPTER 2022-150

### Senate Bill No. 2526

An act relating to health; amending s. 17.41, F.S.; providing that the Department of Financial Services Tobacco Settlement Clearing Trust Fund shall be referred to as the “Lawton Chiles Trust Fund”; amending s. 210.201, F.S.; providing an appropriation to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute for a specified purpose; authorizing such appropriation to be used to secure certain financing; providing construction; amending s. 381.02035, F.S.; authorizing pharmacists and wholesalers employed by or under contract with forensic facilities managed by the Agency for Persons with Disabilities to import prescription drugs under the Canadian Prescription Drug Importation Program for dispensing to clients in such facilities; amending s. 381.915, F.S.; renaming the Florida Consortium of National Cancer Institute Centers Program as the “Casey DeSantis Cancer Research Program”; revising a short title; amending s. 394.9082, F.S.; requiring that the Department of Children and Families’ contracts with managing entities be made available on the department’s website; requiring the department to conduct a specified review of managing entities every 2 years; requiring the department to submit the review to the Governor and the Legislature by a specified date; requiring managing entities to provide notice to providers before removing the provider from the provider network; amending s. 409.814, F.S.; providing for continued Title XXI-funded coverage for certain enrollees beyond 19 years of age under certain circumstances; providing for eligibility; amending s. 409.908, F.S.; requiring the agency to base its rate of payments for nursing home care in its Title XIX Long-Term Care Reimbursement Plan in accordance with specified minimum wage requirements; amending ss. 20.435, 210.20, and 409.816, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Subsection (1) of section 17.41, Florida Statutes, is amended to read:

17.41 Department of Financial Services Tobacco Settlement Clearing Trust Fund.—

(1) The Department of Financial Services Tobacco Settlement Clearing Trust Fund, which shall be referred to as the “Lawton Chiles Trust Fund,” is created within that department.

Section 2. Section 210.201, Florida Statutes, is amended to read:

210.201 H. Lee Moffitt Cancer Center and Research Institute facilities; establishment; funding.—

(1) The Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute shall construct, furnish, and equip, and shall covenant to complete, the cancer research and clinical and related facilities of the H. Lee Moffitt Cancer Center and Research Institute funded with proceeds from the Cigarette Tax Collection Trust Fund pursuant to s. 210.20. Moneys transferred to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute pursuant to s. 210.20 may be used to secure financing to pay costs related to constructing, furnishing, equipping, operating, and maintaining cancer research and clinical and related facilities; furnishing, equipping, operating, and maintaining other leased or owned properties; and paying costs incurred in connection with purchasing, financing, operating, and maintaining such equipment, facilities, and properties as provided in s. 210.20. Such financing may include the issuance of tax-exempt bonds or other forms of indebtedness by a local authority, municipality, or county pursuant to parts II and III of chapter 159. Such bonds shall not constitute state bonds for purposes of s. 11, Art. VII of the State Constitution, but shall constitute bonds of a “local agency,” as defined in s. 159.27(4). The cigarette tax dollars pledged to facilities pursuant to s. 210.20 may be replaced annually by the Legislature from tobacco litigation settlement proceeds.

(2) Beginning in the 2022-2023 fiscal year, and annually through the 2052-2053 fiscal year, the sum of \$20 million is appropriated and shall be transferred to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute for construction and development of Moffitt’s Pasco County life sciences park. Moneys transferred to the Board of Directors of the H. Lee Moffitt Cancer Center and Research Institute pursuant to this subsection may be used to secure financing to pay costs related to the construction and development of Moffitt’s Pasco County life sciences park. Such financing may include the issuance of tax-exempt bonds or other forms of indebtedness by a local authority, municipality, or county pursuant to parts II and III of chapter 159. Such bonds shall not constitute state bonds for purposes of s. 11, Art. VII of the State Constitution, but shall constitute bonds of a local agency as defined in s. 159.27(4).

*[Section 2(2), ch. 2022-150, was vetoed by the Governor.]*

Section 3. Paragraph (f) is added to subsection (7) of section 381.02035, Florida Statutes, to read:

381.02035 Canadian Prescription Drug Importation Program.—

(7) ELIGIBLE IMPORTERS.—The following entities may import prescription drugs from an eligible Canadian supplier under the program:

(f) A pharmacist or wholesaler employed by or under contract with a forensic facility, as defined in s. 916.106, that is managed by the Agency for Persons with Disabilities, for dispensing to clients treated in such facility.

Section 4. Section 381.915, Florida Statutes, is amended to read:

~~381.915 Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program.~~

(1) This section may be cited as the “Casey DeSantis Cancer Research Florida NCI Cancer Centers Act.”

(2) The Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida’s citizens, and capitalize on the potential educational opportunities available to its students. The department shall make payments to Florida-based cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center’s annual allocation calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center’s tier-designated weight under subsection (4) multiplied by each of the following allocation factors: number of reportable cases, peer-review costs, and biomedical education and training. As used in this section, the term:

(a) “Biomedical education and training” means instruction that is offered to a student who is enrolled in a biomedical research program at an affiliated university as a medical student or a student in a master’s or doctoral degree program, or who is a resident physician trainee or postdoctoral trainee in such program. An affiliated university biomedical research program must be accredited or approved by a nationally recognized agency and offered through an institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Full-time equivalency for trainees shall be prorated for training received in oncologic sciences and oncologic medicine.

(b) “Cancer center” means a freestanding center, a center situated within an academic institution, or a formal research-based consortium under centralized leadership that has achieved NCI designation or is prepared to achieve NCI designation by July 1, 2019.

(c) “Florida-based” means that a cancer center’s actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state.

(d) “Peer-review costs” means the total annual direct costs for peer-reviewed cancer-related research projects, consistent with reporting guidelines provided by the NCI, for the most recent annual reporting period available.

(e) “Reportable cases” means cases of cancer in which a cancer center is involved in the diagnosis, evaluation of the diagnosis, evaluation of the extent of cancer spread at the time of diagnosis, or administration of all or any part of the first course of therapy for the most recent annual reporting period available. Cases relating to patients enrolled in institutional or investigator-initiated interventional clinical trials shall be weighted at 1.2 relative to other cases weighted at 1.0. Determination of institutional or investigator-initiated interventional clinical trials must be consistent with reporting guidelines provided by the NCI.

(4) Tier designations and corresponding weights within the Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program are as follows:

(a) Tier 1: Florida-based NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.

(b) Tier 2: Florida-based NCI-designated cancer centers, which shall be weighted at 1.25.

(c) Tier 3: Florida-based cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:

a. Conducting cancer-related basic scientific research and cancer-related population scientific research;

b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;

c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI’s Clinical Trials Reporting Program;

d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;

e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and

f. Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall receive Tier 3 designations or provide additional criteria for such designation.

3. A cancer center’s participation in Tier 3 may not extend beyond June 30, 2024.

4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center until June 30, 2024.

(5) The department shall use the following formula to calculate a participating cancer center’s allocation fraction:

$$CAF=[0.4x(CRC\div TCRC)]+[0.3x(CPC\div TCPC)]+[0.3x(CBE\div TCBE)]$$

Where:

CAF=A cancer center’s allocation fraction.

CRC=A cancer center’s tier-weighted reportable cases.

TCRC=The total tier-weighted reportable cases for all cancer centers.

CPC=A cancer center’s tier-weighted peer-review costs.

TCPC=The total tier-weighted peer-review costs for all cancer centers.

CBE=A cancer center’s tier-weighted biomedical education and training.

TCBE=The total tier-weighted biomedical education and training for all cancer centers.

(6) A cancer center’s annual allocation shall be calculated by multiplying the funds appropriated for the Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program in the General Appropriations Act by that cancer center’s allocation fraction. If the calculation results in an annual allocation that is less than \$16 million, that cancer center’s annual allocation shall be increased to a sum equaling

\$16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

(7) Beginning July 1, 2017, and every 3 years thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for 1 year. The report must include:

(a) An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:

1. Lung cancer.
2. Pancreatic cancer.
3. Sarcoma.
4. Melanoma.
5. Leukemia and myelodysplastic syndromes.
6. Brain cancer.

(b) Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.

(c) A list and narrative description of collaborative grants and inter-institutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

(8) This section is subject to annual appropriation by the Legislature.

(9) The department may adopt rules to administer this section.

Section 5. Paragraph (i) of subsection (5) of section 394.9082, Florida Statutes, is amended, and paragraphs (k) and (l) are added to subsection (4) of that section, to read:

394.9082 Behavioral health managing entities.—

(4) CONTRACT WITH MANAGING ENTITIES.—

(k) The department's contracts with managing entities must be made available in a publicly accessible format on the department's website.

(1) Every 2 years, the department shall conduct a comprehensive, multiyear review of the revenues, expenditures, and financial positions of managing entities covering the most recent 2 consecutive fiscal years. The review must include a comprehensive system-of-care analysis. The department shall submit the review to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 of every other year, beginning in 2023.

(5) MANAGING ENTITY DUTIES.—A managing entity shall:

(i) Develop a comprehensive provider network of qualified providers to deliver behavioral health services. The managing entity is not required to competitively procure network providers but shall publicize opportunities to join the provider network and evaluate providers in the network to determine if they may remain in the network. A managing entity must provide notice to a provider before the provider is removed from the network. The managing entity shall publish these processes on its website. The managing entity shall ensure continuity of care for clients if a provider ceases to provide a service or leaves the network.

Section 6. Present subsections (4) through (11) of section 409.814, Florida Statutes, are redesignated as subsections (5) through (12), respectively, a new subsection (4) is added to that section, and present subsections (5), (6), and (10) are amended, to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. If an enrolled individual is determined to be ineligible for coverage, he or she must be immediately disenrolled from the respective Florida Kidcare program component.

(4) A Title XXI-funded child who reaches 19 years of age is eligible for continued Title XXI-funded coverage for the duration of a pregnancy and the postpartum period consisting of the 12-month period beginning on the last day of a pregnancy, if such pregnancy or postpartum period begins prior to the child reaching 19 years of age, and if the child is ineligible for Medicaid.

~~(6)(5)~~ A child who is otherwise eligible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph ~~(5)(a)(4)(a)~~ which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan is eligible for Florida Kidcare coverage when enrollment is possible.

~~(7)(6)~~ A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection ~~(5)(4)~~ may participate in the Florida Kidcare program as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following:

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

(b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.

~~(11)(10)~~ Subject to paragraph ~~(5)(a)(4)(a)~~, the Florida Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 working days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

Section 7. Subsection (2) of section 409.908, Florida Statutes, is amended to read:

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

(2)(a)1. Reimbursement to nursing homes licensed under part II of chapter 400 and state-owned-and-operated intermediate care facilities for the developmentally disabled licensed under part VIII of chapter 400 must be made prospectively.



2. Unless otherwise limited or directed in the General Appropriations Act, reimbursement to hospitals licensed under part I of chapter 395 for the provision of swing-bed nursing home services must be made on the basis of the average statewide nursing home payment, and reimbursement to a hospital licensed under part I of chapter 395 for the provision of skilled nursing services must be made on the basis of the average nursing home payment for those services in the county in which the hospital is located. When a hospital is located in a county that does not have any community nursing homes, reimbursement shall be determined by averaging the nursing home payments in counties that surround the county in which the hospital is located. Reimbursement to hospitals, including Medicaid payment of Medicare copayments, for skilled nursing services shall be limited to 30 days, unless a prior authorization has been obtained from the agency. Medicaid reimbursement may be extended by the agency beyond 30 days, and approval must be based upon verification by the patient's physician that the patient requires short-term rehabilitative and recuperative services only, in which case an extension of no more than 15 days may be approved. Reimbursement to a hospital licensed under part I of chapter 395 for the temporary provision of skilled nursing services to nursing home residents who have been displaced as the result of a natural disaster or other emergency may not exceed the average county nursing home payment for those services in the county in which the hospital is located and is limited to the period of time which the agency considers necessary for continued placement of the nursing home residents in the hospital.

(b) Subject to any limitations or directions in the General Appropriations Act, the agency shall establish and implement a state Title XIX Long-Term Care Reimbursement Plan for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.

1. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate prices shall be calculated for each patient care subcomponent, initially based on the September 2016 rate setting cost reports and subsequently based on the most recently audited cost report used during a rebasing year. The direct care subcomponent of the per diem rate for any providers still being reimbursed on a cost basis shall be limited by the cost-based class ceiling, and the indirect care subcomponent may be limited by the lower of the cost-based class ceiling, the target rate class ceiling, or the individual provider target. The ceilings and targets apply only to providers being reimbursed on a cost-based system. Effective October 1, 2018, a prospective payment methodology shall be implemented for rate setting purposes with the following parameters:

a. Peer Groups, including:

(I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee Counties; and

(II) South-SMMC Regions 10-11, plus Palm Beach and Okeechobee Counties.

b. Percentage of Median Costs based on the cost reports used for September 2016 rate setting:

(I) Direct Care Costs..... 100 percent.

(II) Indirect Care Costs.....92 percent.

(III) Operating Costs..... 86 percent.

c. Floors:

(I) Direct Care Component..... 95 percent.

(II) Indirect Care Component.....92.5 percent.

(III) Operating Component.....None.

d. Pass-through Payments.....Real Estate and Personal Property Taxes and Property Insurance.

e. Quality Incentive Program Payment Pool.....6 percent of September 2016 non-property related payments of included facilities.

f. Quality Score Threshold to Quality for Quality Incentive Payment.....20th percentile of included facilities.

g. Fair Rental Value System Payment Parameters:

(I) Building Value per Square Foot based on 2018 RS Means.

(II) Land Valuation..... 10 percent of Gross Building value.

(III) Facility Square Footage..... Actual Square Footage.

(IV) Moveable Equipment Allowance..... \$8,000 per bed.

(V) Obsolescence Factor..... 1.5 percent.

(VI) Fair Rental Rate of Return..... 8 percent.

(VII) Minimum Occupancy..... 90 percent.

(VIII) Maximum Facility Age..... 40 years.

(IX) Minimum Square Footage per Bed.....350.

- (X) Maximum Square Footage for Bed.....500.
- (XI) Minimum Cost of a renovation/replacements.....\$500 per bed.

h. Ventilator Supplemental payment of \$200 per Medicaid day of 40,000 ventilator Medicaid days per fiscal year.

2. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, and certified nursing assistants who deliver care directly to residents in the nursing home facility, allowable therapy costs, and dietary costs. This excludes nursing administration, staff development, the staffing coordinator, and the administrative portion of the minimum data set and care plan coordinators. The direct care subcomponent also includes medically necessary dental care, vision care, hearing care, and podiatric care.

3. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate, including complex medical equipment, medical supplies, and other allowable ancillary costs. Costs may not be allocated directly or indirectly to the direct care subcomponent from a home office or management company.

4. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.

5. Every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider.

6. A direct care supplemental payment may be made to providers whose direct care hours per patient day are above the 80th percentile and who provide Medicaid services to a larger percentage of Medicaid patients than the state average.

7. For the period beginning on October 1, 2018, and ending on September 30, 2021, the agency shall reimburse providers the greater of their September 2016 cost-based rate or their prospective payment rate. Effective October 1, 2021, the agency shall reimburse providers the greater of 95 percent of their cost-based rate or their rebased prospective payment rate, using the most recently audited cost report for each facility. This subparagraph shall expire September 30, 2023.

8. Pediatric, Florida Department of Veterans Affairs, and government-owned facilities are exempt from the pricing model established in this subsection and shall remain on a cost-based prospective payment system. Effective October 1, 2018, the agency shall set rates for all facilities remaining on a cost-based prospective payment system using each facility's most recently audited cost report, eliminating retroactive settlements.

It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment. The agency shall base the rates of payments in accordance with the minimum wage requirements as provided in the General Appropriations Act.

Section 8. Paragraph (a) of subsection (7) of section 20.435, Florida Statutes, is amended to read:

20.435 Department of Health; trust funds.—The following trust funds shall be administered by the Department of Health:

(7) Biomedical Research Trust Fund.

(a) Funds to be credited to the trust fund shall consist of funds appropriated by the Legislature. Funds shall be used for the purposes of the James and Esther King Biomedical Research Program, the Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program, and the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program as specified in ss. 215.5602, 288.955, 381.915, and 381.922. The trust fund is exempt from the service charges imposed by s. 215.20.

Section 9. Paragraph (c) of subsection (2) of section 210.20, Florida Statutes, is amended to read:

210.20 Employees and assistants; distribution of funds.—

(2) As collections are received by the division from such cigarette taxes, it shall pay the same into a trust fund in the State Treasury designated “Cigarette Tax Collection Trust Fund” which shall be paid and distributed as follows:

(c) Beginning July 1, 2017, and continuing through June 30, 2033, the division shall from month to month certify to the Chief Financial Officer the amount derived from the cigarette tax imposed by s. 210.02, less the service charges provided for in s. 215.20 and less 0.9 percent of the amount derived from the cigarette tax imposed by s. 210.02, which shall be deposited into the Alcoholic Beverage and Tobacco Trust Fund, specifying an amount equal to 1 percent of the net collections, not to exceed \$3 million annually, and that amount shall be deposited into the Biomedical Research Trust Fund in the Department of Health. These funds are appropriated annually from the Biomedical Research Trust Fund for the advancement of cures for cancers

afflicting pediatric populations through basic or applied research, including, but not limited to, clinical trials and nontoxic drug discovery. These funds are not included in the calculation for the distribution of funds pursuant to s. 381.915; however, these funds shall be distributed to cancer centers participating in the Casey DeSantis Cancer Research Florida Consortium of National Cancer Institute Centers Program in the same proportion as is allocated to each cancer center in accordance with s. 381.915 and are in addition to any funds distributed pursuant to that section.

Section 10. Subsection (3) of section 409.816, Florida Statutes, is amended to read:

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

(3) Enrollees in families with a family income above 150 percent of the federal poverty level who are not receiving coverage under the Medicaid program or who are not eligible under s. 409.814(7) ~~s. 409.814(6)~~ may be required to pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges on a sliding scale related to income, except that the total annual aggregate cost sharing with respect to all children in a family may not exceed 5 percent of the family’s income. However, copayments, deductibles, coinsurance, or similar charges may not be imposed for preventive services, including well-baby and well-child care, age-appropriate immunizations, and routine hearing and vision screenings.

Section 11. This act shall take effect July 1, 2022.

Approved by the Governor June 2, 2022.

Filed in Office Secretary of State June 2, 2022.