



**House Appropriations/Senate Appropriations
Conference Chairs**

House Health Care Appropriations/Senate Health and Human Services Appropriations

House Bump Offer #1

**Conforming Bills
HB 5201 - Medicaid
HB 5203 – Cancer Centers**

**Monday, April 28, 2014
212 Knott Building
11:00 PM**

**HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
 MEDICAID CONFORMING BILL – FISCAL YEAR 2014-15**

| | House Bill 5201: Medicaid | House Bump Offer #1 | Senate Bill 2512: Medicaid |
|---|----------------------------------|----------------------------|---|
| 1 | | Senate Language | Section 1. (s. 395.602(2)(e), F.S.) Amends the definition of “rural hospital” to include hospitals meeting the qualifications of a federal “sole community hospital” and other qualifications. This section of the bill also removes an obsolete statutory provision. |
| 2 | | House (no language) | Section 3. (s. 409.962(13), F.S.) Amends the definition of “provider service network” within Statewide Medicaid Managed Care to provide that a group of affiliated providers that owns a controlling interest in a PSN must be affiliated for the purpose of providing health care. |
| 3 | | House (no language) | Section 5. (s. 409.974(1), F.S.) Current law requires AHCA to competitively procure a specified number of managed care plans in each of the 11 regions for Statewide Medicaid Managed Care, or within a specified range in each region. At least one plan per region must be a provider service network. The bill requires that if a contracted PSN is the only PSN in a region and if that PSN undergoes a change in ownership or business structure that causes it to no longer qualify as a PSN, then AHCA must terminate its contract and procure a new PSN for that region. |
| 4 | | House (no language) | Section X. (s. 409.915(5), F.S.) Counties are allowed to divide their financial responsibility for their share of Medicaid costs with special tax districts or authorities that participate in the Medicaid Program because such district or authorities levy ad valorem taxes. This amendment recognizes that such districts or authorities may, in fact, not levy such taxes. In that case there would be no division between the county and the district or authority. |

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| | House Bill 5201: Medicaid | House Bump Offer #1 | Senate Bill 2512: Medicaid |
|---|----------------------------------|--------------------------------|---|
| 5 | | House (no language) | Section X. (s. 395.002, F.S.) Adds a definition of children’s embedded hospital. “Embedded children’s hospital” means a general hospital that does not qualify as a specialty hospital pursuant to 395.002(28) but serves as a regional referral center for comprehensive and specialized pediatric services, as documented by the following criteria: <ul style="list-style-type: none"> a) Licensed bed capacity including 75 or more pediatric beds and at least 40 neonatal intensive care beds; b) Annual pediatric hospital utilization equal to greater than 25,000 pediatric inpatient days and 22,000 pediatric emergency department visits; c) Medical staff that includes 25 or more pediatric specialties; and d) At least 50 percent Medicaid utilization of the total annual inpatient pediatric days. |

**HOUSE HEALTH CARE APPROPRIATIONS / SENATE HEALTH AND HUMAN SERVICES APPROPRIATIONS
CONFORMING BILLS – FISCAL YEAR 2014-15**

| | House Bill 5203 | House Bump Offer #1 | Senate Bill: |
|---|---|-------------------------------------|---------------------|
| 1 | Section 1. (s. 20.435(8)(a), F.S.) Adds the Florida Consortium of National Cancer Institute Centers Program to the list of cancer research programs that the Biomedical Research Trust Fund (BRTF) is authorized to fund. The BRTF is currently used to fund the James and Esther King and Bankhead/Coley programs. (The bill creates the consortium program under Section 4.) | House | |
| 2 | Section 2. (s. 210.20(2)(c), F.S.) Repeals language currently requiring that one percent of the net collections from the cigarette tax imposed under s. 210.02, F.S., be deposited into the BRTF and that that amount (not to exceed \$3 million) be appropriated annually to DOH and the Sanford-Burnham Medical Research Institute to establish grants for biomedical research. | Senate-No Language | |
| 3 | Section 3. (s. 215.5602(12)(a), F.S.) Repeals language currently requiring that \$5 million each be appropriated annually from the BRTF to the Moffitt Cancer Center, the Sylvester Cancer Center, and the Shands Cancer Hospital. | House | |
| 4 | <p>Section 4. (s. 381.915, F.S.) Creates a competitive grant program, called the Florida Consortium of National Cancer Institute Centers Program, to provide funding to Florida-based cancer centers recognized as NCI-designated cancer centers, NCI-designated comprehensive cancer centers, and cancer centers working to achieve NCI-designation.</p> <p>Directs DOH to make quarterly payments based on an allocation fraction to cancer centers in the following weighted tiers:</p> <ul style="list-style-type: none"> • Tier 1 (1.5 weight): Florida-based NCI-designated comprehensive cancer centers; • Tier 2 (1.25 weight): Florida-based NCI-designated cancer centers; and • Tier 3 (1.0 weight): Cancer centers working toward achieving NCI designation within the next five years that meet six additional criteria in the bill. <p>The calculation of the allocation fraction includes the following variables:</p> | House with Modifications | |

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| | House Bill 5203 | House Bump Offer #1 | Senate Bill: |
|---|---|------------------------------------|---------------------|
| | <ul style="list-style-type: none"> • Reportable Cases (40% weight): Number of cancer cases in which a cancer center is involved regarding diagnosis, evaluation of the extent of cancer spread at time of diagnosis, or the administration of any part of the first course of therapy. • Peer-Review Costs (30% weight): Annual direct costs for peer-reviewed cancer research projects. • Biomedical Education/Training (30% weight): Amount of biomedical research instruction offered to students at an affiliated medical school or graduate school. <p>Provides that any cancer center receiving funds in the program will receive a minimum of \$16-12 <u>16</u> million annually.</p> <p>Requires the DOH and participating cancer centers to report specific metrics relating to cancer mortality and external funding for cancer-related research to the Cancer Control and Research Advisory Council.</p> <p>The aggregate dollars for the consortium program are subject to annual legislative appropriations.</p> | | |
| 5 | Section 5. The bill takes effect July 1, 2014. | House | |

