

LEGISLATIVE ACTION

Senate House

Comm: RCS 04/13/2010

The Committee on Health and Human Services Appropriations (Gaetz) recommended the following:

Senate Amendment (with title amendment)

Delete lines 124 - 187 and insert:

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Section 3. Subsections (1) and (4) of section 408.815, Florida Statutes, are amended, and subsection (5) is added to that section, to read:

408.815 License or application denial; revocation.-

(1) In addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license or change of ownership application include any of the following actions by a controlling interest:

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- (a) False representation of a material fact in the license application or omission of any material fact from the application.
- (b) An intentional or negligent act materially affecting the health or safety of a client of the provider.
- (c) A violation of this part, authorizing statutes, or applicable rules.
 - (d) A demonstrated pattern of deficient performance.
- (e) The applicant, licensee, or controlling interest has been or is currently excluded, suspended, or terminated from participation in the state Medicaid program, the Medicaid program of any other state, or the Medicare program.
- (f) The applicant, licensee, or controlling interest is or was an administrator or controlling interest in a facility or entity during the period an event that caused or contributed to the facility or entity being excluded, suspended, or terminated from participation in the state Medicaid program, the Medicaid program of any other state, or the Medicare program.
- (4) In addition to the grounds provided in authorizing statutes, the agency shall deny an application for an initial $\frac{a}{a}$ license or a change-of-ownership license renewal if the applicant or a person having a controlling interest in the an applicant has been:
- (a) Has been convicted of, or entered enters a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, or a similar felony offense committed in another state or jurisdiction 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such

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conviction convictions or plea ended more than 15 years before prior to the date of the application;

- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
- (c) (b) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years; or
- (d) (c) Has been terminated for cause, pursuant to the appeals procedures established by the state, or Federal Government, from the federal Medicare program or from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination occurred at least 20 years before prior to the date of the application; or.
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.
- (5) In addition to the grounds provided in authorizing statutes, the agency shall deny an application for licensure renewal if the applicant or a person having a controlling interest in the applicant:
- (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under

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chapter 409, chapter 817, chapter 893, or a similar felony offense committed in another state or jurisdiction since July 1, 2009;

- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009;
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

Section 4. Paragraph (a) of subsection (4) and subsection (11) of section 408.910, Florida Statutes, are amended to read: 408.910 Florida Health Choices Program. -

- (4) ELIGIBILITY AND PARTICIPATION.—Participation in the program is voluntary and shall be available to employers, individuals, vendors, and health insurance agents as specified in this subsection.
 - (a) Employers eligible to enroll in the program include:
 - 1. Employers that have 1 to 50 employees.

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- 2. Fiscally constrained counties described in s. 218.67.
 - 3. Municipalities having populations of fewer than 50,000 residents.
 - 4. School districts in fiscally constrained counties.
 - 5. State universities and community colleges.
 - (11) CORPORATION.—There is created the Florida Health Choices, Inc., which shall be registered, incorporated, organized, and operated in compliance with part III of chapter 112 and chapters 119, 286, and 617. The purpose of the corporation is to administer the program created in this section and to conduct such other business as may further the administration of the program.
 - (a)1. The corporation shall be governed by a 5-member $\frac{15-}{100}$ member board of directors consisting of:
 - 1. Three ex officio, nonvoting members to include:
- a. The Secretary of Health Care Administration or a designee with expertise in health care services.
- b. The Secretary of Management Services or a designee with expertise in state employee benefits.
- c. The commissioner of the Office of Insurance Regulation or a designee with expertise in insurance regulation.
- a.2. One member Four members appointed by and serving at the pleasure of the Governor.
- b.3. Two Four members appointed by and serving at the pleasure of the President of the Senate.
- c.4. Two Four members appointed by and serving at the pleasure of the Speaker of the House of Representatives.
- 2.5. Board members may not include insurers, health insurance agents or brokers, health care providers, health

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maintenance organizations, prepaid service providers, or any other entity, affiliate or subsidiary of eligible vendors.

- (b)1. Members shall be appointed for terms of up to 4 $\frac{3}{3}$ years. In order to establish staggered terms, for the initial appointments the President of the Senate and the Speaker of the House of Representatives shall each appoint one member to a 2year term and one member to a 4-year term. Any member is eligible for reappointment. A vacancy on the board shall be filled for the unexpired portion of the term in the same manner as the original appointment.
- 2. Beginning July 1, 2011, the members of the board of directors shall appoint new members to the board of directors, subject to confirmation by the Senate.
- (c) The board shall select a chief executive officer for the corporation who shall be responsible for the selection of such other staff as may be authorized by the corporation's operating budget as adopted by the board.
- (d) Board members are entitled to receive, from funds of the corporation, reimbursement for per diem and travel expenses as provided by s. 112.061. No other compensation is authorized.
- (e) There is no liability on the part of, and no cause of action shall arise against, any member of the board or its employees or agents for any action taken by them in the performance of their powers and duties under this section.
- (f) The board shall develop and adopt bylaws and other corporate procedures as necessary for the operation of the corporation and carrying out the purposes of this section. The bylaws shall:
 - 1. Specify procedures for selection of officers and

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qualifications for reappointment, provided that no board member shall serve more than 9 consecutive years.

- 2. Require an annual membership meeting that provides an opportunity for input and interaction with individual participants in the program.
- 3. Specify policies and procedures regarding conflicts of interest, including the provisions of part III of chapter 112, which prohibit a member from participating in any decision that would inure to the benefit of the member or the organization that employs the member. The policies and procedures shall also require public disclosure of the interest that prevents the member from participating in a decision on a particular matter.
- (q) The corporation may exercise all powers granted to it under chapter 617 necessary to carry out the purposes of this section, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value to be held, used, and applied for the purposes of this section.
- (h) The corporation may establish technical advisory panels consisting of interested parties, including consumers, health care providers, individuals with expertise in insurance regulation, and insurers.
 - (i) The corporation shall:
- 1. Determine eligibility of employers, vendors, individuals, and agents in accordance with subsection (4).
- 2. Establish procedures necessary for the operation of the program, including, but not limited to, procedures for

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application, enrollment, risk assessment, risk adjustment, plan administration, performance monitoring, and consumer education.

- 3. Arrange for collection of contributions from participating employers and individuals.
- 4. Arrange for payment of premiums and other appropriate disbursements based on the selections of products and services by the individual participants.
- 5. Establish criteria for disenrollment of participating individuals based on failure to pay the individual's share of any contribution required to maintain enrollment in selected products.
- 6. Establish criteria for exclusion of vendors pursuant to paragraph (4)(d).
- 7. Develop and implement a plan for promoting public awareness of and participation in the program.
- 8. Secure staff and consultant services necessary to the operation of the program.
- 9. Establish policies and procedures regarding participation in the program for individuals, vendors, health insurance agents, and employers.
- 10. Develop a plan, in coordination with the Department of Revenue, to establish tax credits or refunds for employers that participate in the program. The corporation shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2009.

213 ======== T I T L E A M E N D M E N T ===========

And the title is amended as follows:

Delete lines 2 - 18



and insert:

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An act relating to health care; amending s. 400.471, F.S.; prohibiting the Agency for Health Care Administration from issuing an initial license to a home health agency for the purpose of opening a new home health agency under certain conditions until a specified date; prohibiting the agency from issuing a change-of-ownership license to a home health agency under certain conditions until a specified date; providing an exception; amending s. 400.474, F.S.; authorizing the agency to revoke a home health agency license if the applicant or any controlling interest has been sanctioned for acts specified under s. 400.471(10), F.S.; amending s. 408.815, F.S.; revising the grounds upon which the agency may deny or revoke an application for an initial license, a change-ofownership license, or a licensure renewal for certain health care entities listed in s. 408.802, F.S.; amending s. 408.910, F.S.; revising the list of employers who are eligible to enroll in the Florida Health Choices Program; revising the membership of the board of directors of the Florida Health Choices, Inc.; requiring the President of the Senate and the Speaker of the House of Representatives to initially appoint members to the board of directors for staggered terms; requiring that the members of the board appoint new members to the board of directors after a specified date, subject to Senate confirmation; deleting a provision that prohibits



245 board members from serving for more than a certain number of consecutive years; 246