



Appropriations Conference Chairs

House Health Care Appropriations/
Senate Appropriations Committee on Health and Human Services

House Bump Offer #1

Conforming Bills

SB 2510

HB 5303

Proviso

Sunday, April 30, 2023
412 Knott Building

**SB 2510 Health Care
Conforming Bills Side by Side Fiscal Year 2023-2024 House BUMP Offer #1**

| Row | Senate Conforming | | | Description | Senate Offer One | House Offer One | BUMP | House Conforming | | Modified or New BUMP | |
|-----|-------------------|---------|-------------|--|---|---------------------|--|------------------|-------------|---|--------------------------|
| | Bill Number | Section | Line Number | | | | | Section | Line Number | | Description |
| 4 | 2510 | 4 | 219 - 246 | Slots for Doctors Program. Amends s. 409.909, F.S., to establish the Slots for Doctors Program to address the physician workforce shortage. Directs AHCA to allocate \$100,000 to hospitals and qualified institutions for each newly created qualified resident position. | Senate Modified See Attachment Two | Accept Senate Offer | BUMP Modified - See Attachment 2A | 17, 18 | 612 - 649 | Slots for Doctors Program. Amends s. 409.909, F.S., to establish the Slots for Doctors Program to address the physician workforce shortage. Directs AHCA to allocate \$100,000 to hospitals and qualified institutions for each newly created qualified resident position. | See Attachment 2A |
| 6 | 2510 | 6 | 272 - 293 | Area Agency on Aging Contract Carryforward. The Area Agencies on Aging are asking for language to allow carryforward of unexpended state funds not to exceed 10% of their allocation of CCE funds | Senate | House - No Language | House - No Language | | | | |
| 13a | 2510 | New | | Medical Marijuana Licenses. Requires the Department of Health, notwithstanding s. 381.986(8)(a)2.b., F.S., to license all applicants that applied for licensure during the application period which, regardless of the applicant's final score, received: (1) a notice of intent for approval or denial from the department regarding the applicant's application for licensure; or (2) a final determination from the department as a result of a challenge to the application process determining that the applicant met all the requirements for licensure. | Senate New See Attachment One | House - No Language | House - No Language | | | | |
| | | | | Home Health Agency - The Agency for Health Care Administration shall distinguish private duty nursing services and attendant nursing care services from skilled home health services in its Medicaid provider enrollment process. As of October 1, 2021, the agency may not require a home health agency that does not provide Medicaid skilled home health services and provides only attendant nursing care services, private duty nursing services or both, to meet the requirements of Medicare certification or its accreditation equivalents for participation in the Medicaid program. | | | New BUMP Language - See Attachment 3 | | | | See Attachment 3 |
| | | | | Developmental Disabilities Pilot. Establishment of a pilot program for managed care model of service delivery for persons with disabilities. | | | New BUMP Language - See Attachment 4a | | | | See Attachment 4 |
| | | | | | | | | | | | |

Attachment 2A

Section 4. Present subsections (6) and (7) of section 409.909, Florida Statutes, are redesignated as subsections (7) and (8), respectively, and a new subsection (6) is added to that section, and present subsection (5) of that section is amended to read:

409.909 Statewide Medicaid Residency Program.—

(5) The Graduate Medical Education Startup Bonus Program is established to provide resources for the education and training of physicians in specialties which are in a statewide supply-and-demand deficit. Hospitals and qualifying institutions as defined in paragraph (2)(c) eligible for participation in subsection (1) or (6) are eligible to participate in the Graduate Medical Education Startup Bonus Program established under this subsection. Notwithstanding subsection (4) or an FTE's residency period, and in any state fiscal year in which funds are appropriated for the startup bonus program, the agency shall allocate a \$100,000 startup bonus for each newly created resident position that is authorized by the Accreditation Council for Graduate Medical Education or Osteopathic Postdoctoral Training Institution in an initial or established accredited training program that is in a physician specialty in statewide supply-and-demand deficit. In any year in which funding is not sufficient to provide \$100,000 for each newly created resident position, funding shall be reduced pro rata across all newly created resident positions in physician specialties in statewide supply-and-demand deficit.

(6) The Slots for Doctors Program is established to address the physician workforce shortage by increasing the supply of highly trained physicians through the creation of new resident positions, which will increase access to care and improve health outcomes for Medicaid recipients.

(a) Notwithstanding subsection (4), the agency annually shall allocate \$100,000 to hospitals and qualifying institutions

Attachment 2A

for each newly created resident position first filled on or after June 1, 2023, and filled thereafter, that is accredited by the Accreditation Council for Graduate Medical Education or the Osteopathic Postdoctoral Training Institution in an initial or established accredited training program which is in a physician specialty or subspecialty in a statewide supply-and-demand deficit.

(b) This program is designed to generate matching funds under Medicaid and distribute such funds to participating hospitals and qualifying institutions on a quarterly basis in each fiscal year for which an appropriation is made. Resident positions created under this subsection are not eligible for concurrent funding pursuant to subsection (1). ~~to participate in the Statewide Medicaid Residency Program.~~

(c) For purposes of this subsection, physician specialties and subspecialties, both adult and pediatric, in statewide supply-and-demand deficit are those identified as such in the General Appropriations Act.

(d) Funds allocated pursuant to this subsection may not be used for resident positions that have previously received funding pursuant to subsection (1).

Attachment 3

Home Health Agency - Medicare Certification

SB 2510 – Health

To be placed in an undesignated section of law-

The Agency for Health Care Administration shall distinguish private duty nursing services and attendant nursing care services from skilled home health services in its Medicaid provider enrollment process. As of October 1, 2021, the agency may not require a home health agency that does not provide Medicaid skilled home health services and provides only attendant nursing care services, private duty nursing services or both, to meet the requirements of Medicare certification or its accreditation equivalents for participation in the Medicaid program.

Attachment #4

By the Committee on Fiscal Policy; the Appropriations Committee
on Health and Human Services; and Senator Trumbull

594-04306-23

20231084c2

1 A bill to be entitled
2 An act relating to the pilot program for individuals
3 with developmental disabilities; creating s. 409.9855,
4 F.S.; requiring the Agency for Health Care
5 Administration to implement a pilot program for
6 individuals with developmental disabilities residing
7 in specified Statewide Medicaid Managed Care regions
8 to provide coverage of comprehensive services;
9 authorizing the agency to seek federal approval as
10 needed to implement the program; requiring the agency
11 to submit such request by a specified date; requiring
12 the agency to administer the pilot program but
13 delegate specified duties to the Agency for Persons
14 with Disabilities; requiring the Agency for Health
15 Care Administration to make payments for comprehensive
16 services under the pilot program using a managed care
17 model; providing applicability; requiring the Agency
18 for Health Care Administration to evaluate the
19 feasibility of implementing the pilot program
20 statewide; providing that participation in the pilot
21 program is voluntary and subject to specific
22 appropriation; providing construction; requiring the
23 Agency for Persons with Disabilities to approve a
24 needs assessment methodology for prospective
25 enrollees; providing enrollment eligibility
26 requirements; requiring the Agency for Health Care
27 Administration, in consultation with the Agency for
28 Persons with Disabilities, to make offers for
29 enrollment to eligible individuals within specified

594-04306-23

20231084c2

30 parameters; requiring that enrollees be afforded an
31 opportunity to enroll in any appropriate existing
32 Medicaid waiver program under certain circumstances;
33 requiring the Agency for Persons with Disabilities to
34 adopt certain rules; requiring participating plans to
35 cover specified benefits; providing additional
36 requirements for the provision of benefits by
37 participating plans under the pilot program; providing
38 eligibility requirements for plans; providing a
39 selection process; requiring the Agency for Health
40 Care Administration to give preference to certain
41 plans; requiring that plan payments be based on rates
42 specifically developed for a certain population;
43 requiring the Agency for Health Care Administration to
44 ensure that the rate be actuarially sound; requiring
45 that the revenues and expenditures of the selected
46 plan be included in specified reporting and regulatory
47 requirements; providing that implementation of the
48 program shall occur concurrently with other specified
49 services; requiring the Agency for Health Care
50 Administration, in consultation with the Agency for
51 Persons with Disabilities, to conduct certain audits
52 of the selected plans and submit specified progress
53 reports to the Governor and the Legislature by
54 specified dates throughout the program approval and
55 implementation process; providing requirements for the
56 respective reports; requiring the Agency for Health
57 Care Administration, in consultation with the Agency
58 for Persons with Disabilities, to conduct an

594-04306-23

20231084c2

59 evaluation of the pilot program; authorizing the
60 Agency for Health Care Administration to contract with
61 an independent evaluator to conduct such evaluation;
62 providing requirements for the evaluation; requiring
63 the Agency for Health Care Administration, in
64 consultation with the Agency for Persons with
65 Disabilities, to conduct quality assurance monitoring
66 of the pilot program; requiring the Agency for Health
67 Care Administration to submit the results of the
68 evaluation to the Governor and the Legislature by a
69 specified date; requiring participating plans to
70 maintain specified provider capacity limits; requiring
71 participating plans to consult with the Agency for
72 Persons with Disabilities before placing a pilot
73 program enrollee in certain group homes; providing for
74 the future repeal of the pilot program; amending s.
75 409.961, F.S.; conforming a provision to changes made
76 by the act; requiring that plans selected to
77 participate in the pilot program be plans awarded a
78 contract as a result of a specified invitation to
79 negotiate; requiring that the pilot program be
80 implemented in specified Statewide Medicaid Managed
81 Care regions; providing an effective date.

82

83

84 WHEREAS, the mission of the Agency for Persons with
85 Disabilities is developing community-based programs and services
86 for individuals with developmental disabilities and working with
87 private businesses, not-for-profit corporations, units of local

594-04306-23

20231084c2

88 government, and other organizations capable of providing needed
89 services to clients to promote their living, learning, and
90 working as part of their communities, and

91 WHEREAS, the Agency for Persons with Disabilities advances
92 that mission through the iBudget waiver, which is designed to
93 promote and maintain the health of eligible individuals with
94 developmental disabilities, to provide medically necessary
95 supports and services to delay or prevent institutionalization,
96 and to foster the principles and appreciation of self-
97 determination, and

98 WHEREAS, the Legislature intends for a comprehensive and
99 coordinated service delivery system for individuals with
100 developmental disabilities which includes all services specified
101 in ss. 393.066(3), 409.973, and 409.98, Florida Statutes, and
102 the state's home and community-based services Medicaid waiver
103 program, and

104 WHEREAS, the Legislature further intends that such service
105 delivery system ensure consumer education and choice, including
106 choice of provider, location of living setting, location of
107 services, and scheduling of services and supports; access to
108 care coordination services; local access to medically necessary
109 services; coordination of preventative, acute, and long-term
110 care and home and community-based services; reduction in
111 unnecessary service utilization; provision of habilitative and
112 rehabilitative services; and adherence to person-centered
113 planning as described in 42 C.F.R. s. 441.301(c)(1), and

114 WHEREAS, Florida continues to look for multiple innovative
115 pathways to serve individuals with developmental disabilities
116 and their families, including expanding the continuum of care to

594-04306-23

20231084c2

117 provide a robust and stable system that is a reliable provider
118 of services for individuals with developmental disabilities to
119 promote a comprehensive state of thriving in daily living,
120 community integration, and goal-based achievement, NOW,
121 THEREFORE,

122

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

124

125 Section 1. Section 409.9855, Florida Statutes, is created
126 to read:

127 409.9855 Pilot program for individuals with developmental
128 disabilities.-

129 (1) PILOT PROGRAM IMPLEMENTATION.-

130 (a) Using a managed care model, the agency shall implement
131 a pilot program for individuals with developmental disabilities
132 residing in Statewide Medicaid Managed Care Regions D and I to
133 provide coverage of comprehensive services.

134 (b) The agency may seek federal approval through a state
135 plan amendment or Medicaid waiver as necessary to implement the
136 pilot program. The agency shall submit a request for any federal
137 approval needed to implement the pilot program by September 1,
138 2023.

139 (c) Pursuant to s. 409.963, the agency shall administer the
140 pilot program but shall delegate specific duties and
141 responsibilities for the pilot program to the Agency for Persons
142 with Disabilities.

143 (d) The agency shall make payments for comprehensive
144 services, including community-based services described in s.
145 393.066(3) and approved through the state's home and community-

594-04306-23

20231084c2

146 based services Medicaid waiver program for individuals with
147 developmental disabilities, using a managed care model. Unless
148 otherwise specified, ss. 409.961-409.969 apply to the pilot
149 program.

150 (e) The agency shall evaluate the feasibility of statewide
151 implementation of the capitated managed care model used by the
152 pilot program to serve individuals with developmental
153 disabilities.

154 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.-

155 (a) Participation in the pilot program is voluntary and
156 limited to the maximum number of enrollees specified in the
157 General Appropriations Act. Enrollment in the pilot program does
158 not automatically entitle individuals to any other services
159 under chapter 393.

160 (b) The Agency for Persons with Disabilities shall approve
161 a needs assessment methodology to determine functional,
162 behavioral, and physical needs of prospective enrollees. This
163 assessment methodology may be administered by persons who have
164 completed such training as may be offered by the agency.
165 Eligibility to participate in the pilot program is determined
166 based on all of the following criteria:

167 1. Whether the individual is eligible for Medicaid.
168 2. Whether the individual is 18 years of age or older and
169 is on the waiting list for iBudget waiver services under chapter
170 393 and assigned to one of categories 1 through 6 as specified
171 in s. 393.065(5).

172 3. Whether the individual resides in a pilot program
173 region.

174 (c) Notwithstanding any provisions of s. 393.065 to the

594-04306-23

20231084c2

175 contrary and subject to the availability of funds, the agency,
176 in consultation with the Agency for Persons with Disabilities,
177 shall make offers for enrollment to eligible individuals. Before
178 making enrollment offers, the agency shall determine that
179 sufficient funds exist to support additional enrollment into
180 plans. The agency, in consultation with the Agency for Persons
181 with Disabilities, shall ensure that a statistically valid
182 population is sampled to participate in the pilot program. The
183 agency shall make enrollment offers and use clinical eligibility
184 criteria that ensure that pilot program sites have sufficient
185 diversity of enrollment to conduct a statistically valid test of
186 the managed care pilot program within a 3-year timeframe.

187 (d) Notwithstanding any provisions of s. 393.065 to the
188 contrary, an enrollee must be afforded an opportunity to enroll
189 in any appropriate existing Medicaid waiver program if any of
190 the following conditions occur:

191 1. At any point during the operation of the pilot program,
192 an enrollee declares an intent to voluntarily disenroll,
193 provided that he or she has been covered for the entire previous
194 plan year by the pilot program.

195 2. At any point during the operation of the pilot program,
196 the plan does not have sufficient enrollees to appropriately
197 provide adequate services to its enrollees.

198 3. The pilot program ceases to operate.

199
200 The Agency for Persons with Disabilities shall develop rules to
201 implement this subsection to ensure that an enrollee receives an
202 individualized transition plan to assist him or her in accessing
203 sufficient services and supports for the enrollee's safety,

594-04306-23

20231084c2

204 well-being, and continuity of care.

205 (3) PILOT PROGRAM BENEFITS.-

206 (a) Plans participating in the pilot program must, at a
207 minimum, cover the following:

208 1. All benefits included in s. 409.973.

209 2. All benefits included in s. 409.98.

210 3. All benefits included in s. 393.066(3), and all of the
211 following:

212 a. Adult day training.

213 b. Behavior analysis services.

214 c. Behavior assistant services.

215 d. Companion services.

216 e. Consumable medical supplies.

217 f. Dietitian services.

218 g. Durable medical equipment and supplies.

219 h. Environmental accessibility adaptations.

220 i. Occupational therapy.

221 j. Personal emergency response systems.

222 k. Personal supports.

223 l. Physical therapy.

224 m. Prevocational services.

225 n. Private duty nursing.

226 o. Residential habilitation, including the following
227 levels:

228 (I) Standard level.

229 (II) Behavior-focused level.

230 (III) Intensive-behavior level.

231 (IV) Enhanced intensive-behavior level.

232 p. Residential nursing services.

594-04306-23

20231084c2

233 q. Respiratory therapy.

234 r. Respite care.

235 s. Skilled nursing.

236 t. Specialized medical home care.

237 u. Specialized mental health counseling.

238 v. Speech therapy.

239 w. Support coordination.

240 x. Supported employment.

241 y. Supported living coaching.

242 z. Transportation.

243 (b) All providers of the services listed under paragraph
244 (a) must meet the provider qualifications outlined in the
245 Florida Medicaid Developmental Disabilities Individual Budgeting
246 Waiver Services Coverage and Limitations Handbook as adopted by
247 reference in rule 59G-13.070, Florida Administrative Code.

248 (c) Support coordination services must maximize the use of
249 natural supports and community partnerships.

250 (d) The plans participating in the pilot program must
251 provide all categories of benefits through a single, integrated
252 model of care.

253 (e) Services must be provided to enrollees in accordance
254 with an individualized care plan in consultation with the Agency
255 for Persons with Disabilities which is evaluated and updated at
256 least quarterly and as warranted by changes in an enrollee's
257 circumstances.

258 (4) ELIGIBLE PLANS; PLAN SELECTION.—

259 (a) To be eligible to participate in the pilot program, a
260 plan must have been awarded a contract to provide long-term care
261 services pursuant to s. 409.981 as a result of an invitation to

594-04306-23

20231084c2

262 negotiate.

263 (b) The agency shall select, as provided in s. 287.057(1),
264 one plan to participate in the pilot program for each of the two
265 regions. The director of the Agency for Persons with
266 Disabilities or his or her designee must be a member of the
267 negotiating team.

268 1. The invitation to negotiate must specify the criteria
269 and the relative weight assigned to each criterion that will be
270 used for determining the acceptability of submitted responses
271 and guiding the selection of the plans with which the agency and
272 the Agency for Persons with Disabilities negotiate. In addition
273 to any other criteria established by the agency, in consultation
274 with the Agency for Persons with Disabilities, the agency shall
275 consider the following factors in the selection of eligible
276 plans:

277 a. Experience serving similar populations, including the
278 plan's record of achieving specific quality standards with
279 similar populations.

280 b. Establishment of community partnerships with providers
281 which create opportunities for reinvestment in community-based
282 services.

283 c. Provision of additional benefits, particularly
284 behavioral health services, the coordination of dental care, and
285 other initiatives that improve overall well-being.

286 d. Provision of and capacity to provide mental health
287 therapies and analysis designed to meet the needs of individuals
288 with developmental disabilities.

289 e. Evidence that an eligible plan has written agreements or
290 signed contracts or has made substantial progress in

594-04306-23

20231084c2

291 establishing relationships with providers before submitting its
292 response.

293 f. Experience in the provision of person-centered planning
294 as described in 42 C.F.R. s. 441.301(c)(1).

295 g. Experience in robust provider development programs that
296 result in increased availability of Medicaid providers to serve
297 the developmental disabilities community.

298 2. After negotiations are conducted, the agency shall
299 select the eligible plans that are determined to be responsive
300 and provide the best value to the state. Preference must be
301 given to plans that:

302 a. Have signed contracts in sufficient numbers to meet the
303 specific standards established under s. 409.967(2)(c), including
304 contracts for personal supports, skilled nursing, residential
305 habilitation, adult day training, mental health services,
306 respite care, companion services, and supported employment, as
307 those services are defined in the Florida Medicaid Developmental
308 Disabilities Individual Budgeting Waiver Services Coverage and
309 Limitations Handbook as adopted by reference in rule 59G-13.070,
310 Florida Administrative Code.

311 b. Have well-defined programs for recognizing patient-
312 centered medical homes and providing increased compensation to
313 recognized medical homes, as defined by the plan.

314 c. Have well-defined programs related to person-centered
315 planning as described in 42 C.F.R. s. 441.301(c)(1).

316 d. Have robust and innovative programs for provider
317 development and collaboration with the Agency for Persons with
318 Disabilities.

319 (5) PAYMENT.—

594-04306-23

20231084c2

320 (a) The selected plans must receive a per-member, per-month
321 payment based on a rate developed specifically for the unique
322 needs of the developmentally disabled population.

323 (b) The agency must ensure that the rate for the integrated
324 system is actuarially sound.

325 (c) The revenues and expenditures of the selected plan
326 which are associated with the implementation of the pilot
327 program must be included in the reporting and regulatory
328 requirements established in s. 409.967(3).

329 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

330 (a) Full implementation of the pilot program shall occur
331 concurrent to the contracts awarded, pursuant to s. 409.966, for
332 the provision of managed medical assistance and long-term care
333 services.

334 (b) Upon implementation of the program, the agency, in
335 consultation with the Agency for Persons with Disabilities,
336 shall conduct audits of the selected plans' implementation of
337 person-centered planning.

338 (c) The agency, in consultation with the Agency for Persons
339 with Disabilities, shall submit progress reports to the
340 Governor, the President of the Senate, and the Speaker of the
341 House of Representatives upon the federal approval,
342 implementation, and operation of the pilot program, as follows:

343 1. By December 31, 2023, a status report on progress made
344 toward federal approval of the waiver or waiver amendment needed
345 to implement the pilot program.

346 2. By December 31, 2024, a status report on progress made
347 toward full implementation of the pilot program.

348 3. By December 31, 2025, and annually thereafter, a status

594-04306-23

20231084c2

349 report on the operation of the pilot program, including, but not
350 limited to, all of the following:

351 a. Program enrollment, including the number and
352 demographics of enrollees, statistically reflecting the
353 diversity of enrollees.

354 b. Any complaints received.

355 c. Access to approved services.

356 (d) The agency, in consultation with the Agency for Persons
357 with Disabilities, shall establish specific measures of access,
358 quality, and costs of the pilot program. The agency may contract
359 with an independent evaluator to conduct such evaluation. The
360 evaluation must include assessments of cost savings; consumer
361 education, choice, and access to services; plans for future
362 capacity and the enrollment of new Medicaid providers;
363 coordination of care; person-centered planning and person-
364 centered well-being outcomes; health and quality-of-life
365 outcomes; and quality of care by each eligibility category and
366 managed care plan in each pilot program site. The evaluation
367 must describe any administrative or legal barriers to the
368 implementation and operation of the pilot program in each
369 region.

370 1. The agency, in consultation with the Agency for Persons
371 with Disabilities, shall conduct quality assurance monitoring of
372 the pilot program to include client satisfaction with services,
373 client health and safety outcomes, client well-being outcomes,
374 and service delivery in accordance with the client's care plan.

375 2. The agency shall submit the results of the evaluation to
376 the Governor, the President of the Senate, and the Speaker of
377 the House of Representatives by October 1, 2029.

594-04306-23

20231084c2

378 (7) MANAGED CARE PLAN ACCOUNTABILITY.—

379 (a) In addition to the requirements of ss. 409.967,
380 409.975, and 409.982, plans participating in the pilot program
381 must have provider capacity within a maximum travel distance for
382 clients to services for specialized therapies, adult day
383 training, and prevocational training, for clients, as follows:

384 1. For urban areas, 15 miles travel distance for clients;
385 and

386 2. For rural areas, 30 miles travel distance for clients.

387 (b) Plans participating in the pilot program must consult
388 with the Agency for Persons with Disabilities before placing an
389 enrollee of the pilot program in a group home licensed by the
390 Agency for Persons with Disabilities.

391 (8) REPEAL.—This section shall be repealed October 2, 2029,
392 after submission of the evaluation pursuant to paragraph (6) (d),
393 unless reviewed and saved from repeal through reenactment by the
394 Legislature.

395 Section 2. Section 409.961, Florida Statutes, is amended to
396 read:

397 409.961 Statutory construction; applicability; rules.—It is
398 the intent of the Legislature that if any conflict exists
399 between the provisions contained in this part and in other parts
400 of this chapter, the provisions in this part control. Sections
401 409.961-409.9855 ~~409.961-409.985~~ apply only to the Medicaid
402 managed medical assistance program, the ~~and~~ long-term care
403 managed care program, and the pilot program for individuals with
404 developmental disabilities, as provided in this part. The agency
405 shall adopt any rules necessary to comply with or administer
406 this part and all rules necessary to comply with federal

594-04306-23

20231084c2

407 requirements. In addition, the department shall adopt and accept
408 the transfer of any rules necessary to carry out the
409 department's responsibilities for receiving and processing
410 Medicaid applications and determining Medicaid eligibility and
411 for ensuring compliance with and administering this part, as
412 those rules relate to the department's responsibilities, and any
413 other provisions related to the department's responsibility for
414 the determination of Medicaid eligibility. Contracts with the
415 agency and a person or entity, including Medicaid providers and
416 managed care plans, necessary to administer the Medicaid program
417 are not rules and are not subject to chapter 120.

418 Section 3. (1) For a plan to be selected to participate in
419 the pilot program for individuals with developmental
420 disabilities pursuant to s. 409.9855, Florida Statutes, as
421 created by this act, the plan must have been awarded a contract
422 as a result of the invitation to negotiate, ITN-04836, for
423 Statewide Medicaid Managed Care Program which was issued on
424 April 11, 2023.

425 (2) The pilot program for individuals with developmental
426 disabilities pursuant to s. 409.9855, Florida Statutes, as
427 created by this act, shall be implemented in Statewide Medicaid
428 Managed Care Regions D and I.

429 Section 4. This act shall take effect upon becoming a law.



144354

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

Senator Trumbull moved the following:

Senate Amendment

Delete line 257

and insert:

enrollment no later than January 31, 2024, with coverage for
enrollees becoming effective upon authorization and availability
of sufficient state and federal resources.

Health Care
Conforming Bill HB 5303 Fiscal Year 2023-2024 HOUSE BUMP OFFER #1

| Senate Conforming | | | | BUMP | House Conforming | | | | |
|-------------------|-------------|---------|-------------|-------------|---|---------|-------------|-------------|---|
| Row | Bill Number | Section | Line Number | Description | Bill Number | Section | Line Number | Description | |
| 1 | | | | | House | 5303 | 1 | 16 - 29 | Biomedical Research Trust Fund Use. Expands the use of trust fund cash beyond the named programs to include any cancer research initiative as appropriated by the Legislature. |
| 2 | | | | | House Modified: On Line 59, insert the underlined language: of the following allocation factors <u>based on activities in this state;</u> | 5303 | 2 | 30 - 111 | Casey DeSantis Cancer Research Program Eligibility. Removes the requirement for a cancer center to be Florida-based and replaces with a requirement for the center to have a physical location within Florida. |
| 3 | | | | | House | 5303 | 2 | 112 - 118 | Casey DeSantis Cancer Research Program Funding Calculation. Excludes \$37.7M of the appropriated funds from the annual allocation fraction and distributes it to participating centers proportionally |
| 4 | | | | | House | 5303 | 2 | 119 - 139 | Cancer Mortality Statistical Reporting. Adds breast cancer to the list of cancers to be included in the DOH tri-annual mortality rate and cancer research analysis report. |
| 5 | | | | | House | 5303 | 3 | 140 - 183 | Bankhead-Coley Program Endowed Research Chairs. Eliminate endowed research chair positions at cancer research and care institutions. |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|--|-----------------|------------------|--|--|-------------------------------------|------|
| 3 | AGENCY FOR HEALTH CARE ADMINISTRATION | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | PROGRAM: ADMINISTRATION AND SUPPORT | | | | | | | 5 |
| 24 | | | | | | | | 24 |
| 29 | EXECUTIVE DIRECTION AND SUPPORT SERVICES | | | | | | | 29 |
| 30 | | | | | | | | 30 |
| 31 | 189 SPECIAL CATEGORIES CONTRACTED SERVICES | | | | | | | 31 |
| 32 | | | | | | | | 32 |
| 36 | | | | | | | | 36 |
| 37 | From the funds in Specific Appropriation 189, \$1,000,000 in nonrecurring funds from the General Revenue Fund and \$1,500,000 in nonrecurring funds from the Medical Care Trust Fund are provided to obtain contracted legal counsel and actuarial services for the Statewide Medicaid Managed Care (SMMC) procurement in Fiscal Year 2023-2024. | Accept Senate Offer One - House Modified | House | House Modified | | From the funds in Specific Appropriation 189, \$2,500,000 in nonrecurring funds from the Medical Care Trust Fund are provided to obtain contracted legal counsel and actuarial services for the Statewide Medicaid Managed Care (SMMC) procurement in Fiscal Year 2023-2024. | | 37 |
| 37a | | | | | | | | 37a |
| 37b | | Accept Senate Offer One - New Language | House | New | | From the funds in Specific Appropriation 189, \$5,000,000 in nonrecurring funds from the General Revenue Fund shall be transferred to the Department of Management Services to provide a project assessment for the Florida Health Care Connections (FX) project at the Agency for Health Care Administration. | | 37b |
| 38 | | | | | | | | 38 |
| 39 | 189A SPECIAL CATEGORIES TRANSFER TO DEPARTMENT OF MANAGEMENT SERVICES - INDEPENDENT VERIFICATION AND VALIDATION | | | | | | | 39 |
| 40 | | | | | | | | 40 |
| 41 | Funds in Specific Appropriation 189A shall be transferred to the Department of Management Services to provide independent verification and validation (IV&V) services for the Florida Health Care Connection (FX) project at the Agency for Health Care Administration. | Accept Senate Offer One - No Language | House | Senate | | | | 41 |
| 48 | | | | | | | | 48 |
| 49 | 191 SPECIAL CATEGORIES FLORIDA HEALTH CARE CONNECTION (FX) | | | | | | | 49 |
| 50 | | | | | | | | 50 |
| 51 | Funds in Specific Appropriation 191 are provided to the Agency for Health Care Administration for the modular replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. Funding shall be held in reserve and is contingent on (1) HB 5003 becoming law, (2) the transfer of funds to the Department of Management Services in Specific Appropriation 189A, and (3) the procurement of Independent Verification and Validation Services by the Department of Management Services for this project. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Committee on Appropriations, and the chair of the House of Representatives Appropriations Committee. Each status report must include progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. | Accept Senate Offer One - No Language | House | Senate | | | | 51 |
| 52 | | | | | | | | 52 |
| 53 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 191, \$56,160,787 is provided to the Agency for Health Care Administration for the operations and maintenance of the modular replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. | | | 53 |
| 54 | | | | | | | | 54 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|---------------------------------------|-----------------|------------------|--|--|---|------|
| 55 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 191, \$3,230,996 is provided to the Agency for Health Care Administration to competitively procure a private sector provider with experience in conducting independent verification and validation (IV&V) services of public sector information technology projects subject to the federal Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access and Medicaid Information Technology Architecture (MITA) standards to provide independent verification and validation for all agency staff and vendor work needed to implement the modular replacement of the Florida Medicaid Management Information System and fiscal agent. Services shall include: (1) an evaluation of all current and future task orders and their alignment with the applicable contract scope and pricing; (2) an annual complete assessment of the project schedule(s); and (3) a thorough review of all budget requests and monthly and quarterly reporting that is submitted to the legislature. Monthly reports shall include technical reviews of all project deliverables submitted or accepted within the reporting period and assessments of the agency's project management and governance. The contract shall require that all deliverables be simultaneously provided to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, the Executive Office of the Governor's Office of Policy and Budget, the agency, and the Florida Digital Service. The contracted provider shall be available to provide all project related data to the Florida Digital Service in support of its project oversight responsibilities pursuant to section 282.0051, Florida Statutes. | | | 55 |
| 56 | | | | | | | | 56 |
| 57 | From the funds provided in Specific Appropriation 191, \$9,746,661 is provided to the Agency for Health Care Administration to competitively procure information technology staff augmentation and project support services, pursuant to section 287.0591, Florida Statutes, to assist the department with the project management, development, and implementation of the Florida Health Care Connection (FX) project. No funds are provided for Contract Number MED191, by and between the Agency for Healthcare Administration and The North Highland Company. No funds are provided for RFQ 015-21/22 Purchase Order C074BA, by and between the Agency for Health Care Administration and NTT Data. The agency shall follow the competitive solicitation processes authorized in section 287.057, Florida Statutes, for any procurement for new commodities or contracted services in excess of the threshold amount provided for Category Five in section 287.017, Florida Statutes. | Accept Senate Offer One - No Language | House | Senate | | | | 57 |
| 58 | | | | | | | | 58 |
| 59 | 192A SPECIAL CATEGORIES STRATEGIC ENTERPRISE ADVISORY SERVICES - FLORIDA HEALTH CARE CONNECTIONS (FX) | | | | | | | 59 |
| 60 | | | | | | | | 60 |
| 61 | | Accept BUMP Modified Language | House | Senate | Funds in Specific Appropriation 192A are provided to the Agency for Health Care Administration for strategic enterprise advisory services to support the modular replacement of the Florida Medicaid Management Information System and fiscal agent. | | Funds in Specific Appropriation 192A are provided to the Agency for Health Care Administration for strategic enterprise advisory services to support the modular replacement of the Florida Medicaid Management Information System and fiscal agent. <u>Of these funds, 75 percent shall be held in reserve. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the chair of the Senate Committee on Appropriations, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. Each status report must include copies of each task order and the progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks.</u> | 61 |
| 62 | | | | | | | | 62 |
| 63 | 192B SPECIAL CATEGORIES CLAIMS AND ENCOUNTERS PROCESSING (CORE) - FLORIDA HEALTH CARE CONNECTIONS (FX) | | | | | | | 63 |
| 64 | | | | | | | | 64 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|-------------------------|-----------------|------------------|---|--|-------------------------------------|------|
| 65 | | Accept Senate Offer One | House | Senate | Funds in Specific Appropriation 192B are provided to the Agency for Health Care Administration for the core services module replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. Of these funds, 75 percent shall be held in reserve. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the chair of the Senate Committee on Appropriations, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. Each status report must include copies of each task order and the progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. | | | 65 |
| 66 | | | | | | | | 66 |
| 67 | 192C SPECIAL CATEGORIES PROVIDER SERVICES MODULE - FLORIDA HEALTH CARE CONNECTIONS (FX) | | | | | | | 67 |
| 68 | | | | | | | | 68 |
| 69 | | Accept Senate Offer One | House | Senate | Funds in Specific Appropriation 192C are provided to the Agency for Health Care Administration for the provider services module replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. Of these funds, 75 percent shall be held in reserve. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. Each status report must include copies of each task order and the progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. | | | 69 |
| 70 | | | | | | | | 70 |
| 71 | 192D SPECIAL CATEGORIES UNIFIED OPERATIONS CENTER - FLORIDA HEALTH CARE CONNECTIONS (FX) | | | | | | | 71 |
| 72 | | | | | | | | 72 |
| 73 | | Accept Senate Offer One | House | Senate | Funds in Specific Appropriation 192D are provided to the Agency for Health Care Administration for the unified operations center module replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. Of these funds, 75 percent shall be held in reserve. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. Each status report must include copies of each task order and the progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. | | | 73 |
| 74 | | | | | | | | 74 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|--------------------------|-----------------|------------------|--|---|--|------|
| 75 | 192E SPECIAL CATEGORIES PHARMACY BENEFITS MANAGEMENT - FLORIDA HEALTH CARE CONNECTIONS (FX) | | | | | | | 75 |
| 76 | | | | | | | | 76 |
| 77 | | Accept Senate Offer One | House | Senate | Funds in Specific Appropriation 192E are provided to the Agency for Health Care Administration for the pharmacy benefits management module replacement of the Florida Medicaid Management Information System and fiscal agent that complies with all applicable federal and state laws and requirements, including, but not limited to, the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access Rule CMS-9115. Of these funds, 75 percent shall be held in reserve. The agency is authorized to submit quarterly budget amendments to request release of funds being held in reserve pursuant to the provisions of chapter 216, Florida Statutes, and based on the agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spend plan that identifies all project work and costs budgeted for Fiscal Year 2023-2024. The agency shall submit monthly project status reports to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget. Each status report must include copies of each task order and the progress made to date for each project milestone, deliverable, and task order, planned and actual deliverable completion dates, planned and actual costs incurred, and any project issues and risks. | | | 77 |
| 78 | | | | | | | | 78 |
| 79 | MEDICAID SERVICES TO INDIVIDUALS | | | | | | | 79 |
| 80 | | | | | | | | 80 |
| 88a | | Accept BUMP New Language | | | | | The Agency for Health Care Administration, in consultation with the Florida Birth-Related Neurological Injury Compensation Plan established under s. 766.303, Florida Statutes, shall prepare a status report regarding Medicaid third-party liability functions and rights under s. 409.910, Florida Statutes, as reviewed by the Agency in its report dated November 1, 2021. The report must be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Chief Financial Officer on or before November 1, 2023. | 88a |
| 90 | | | | | | | | 90 |
| 91 | | Accept House Offer One | House New | Senate | The Agency for Health Care Administration shall seek federal waiver approval and/or a state plan amendment as needed to implement Medicaid coverage for Certified Community Behavioral Health Clinics using a prospective payment system and quality incentive payments. | The Agency for Health Care Administration, in collaboration with the Department of Children and Families and community behavioral health providers that meet the federal Substance Abuse and Mental Health Services Administration criteria for certified community behavioral health clinics, shall develop a plan to implement certified community behavioral health clinics as a Medicaid covered service. The plan must include a process for certification, recommendations for Florida specific outcome measures and recommendations for a methodology for value-based payment. The Agency for Health Care Administration must complete the plan to implement by September 1, 2023, and submit a request for federal approval for Medicaid coverage of the certified community behavioral health clinic based on the plan no later than January 31, 2024. | | 91 |
| 92 | | | | | | | | 92 |
| 93 | | Accept House Offer One | Senate Modified | Senate | The Agency for Health Care Administration shall seek federal waiver approval and/or a state plan amendment as needed to participate in the Advancing Care for Exceptional Kids Act (Public Law No. 116-16) to provide for medical assistance to children with medically complex conditions, who choose to enroll in a health home through a designated provider or team of health care professionals as the child's health home for purposes of providing health home services. | The Agency for Health Care Administration shall develop a plan to participate in the Advancing Care for Exceptional Kids Act (Public Law No. 116-16) to provide for medical assistance to children with medically complex conditions, who choose to enroll in a health home through a designated provider or team of health care professionals as the child's health home for purposes of providing health home services. The plan must provide recommendations for specific outcome measures and verify that are no duplication of services currently provided within the Medicaid Program. | | 93 |
| 94 | | | | | | | | 94 |
| 98 | | | | | | | | 98 |
| 99 | 202 SPECIAL CATEGORIES GRADUATE MEDICAL EDUCATION | | | | | | | 99 |
| 100 | | | | | | | | 100 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|-------------------------------|-----------------|------------------|--|---|---|------|
| 101 | From the funds in Specific Appropriation 202, \$51,581,960 from the General Revenue Fund, \$40,520,000 from the Grants and Donations Trust Fund, and \$135,198,040 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program, the Slots for Doctors Program and the Graduate Medical Education Startup Bonus Program. Of these funds, \$97,300,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$30,000,000 shall be used to fund the Slots for Doctors Program in accordance with section 409.906(6), Florida Statutes. Of these funds, \$42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes. The physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit for the purposes of the Slots for Doctors and Graduate Medical Education Startup Bonus Programs are as follows: allergy or immunology; anesthesiology; cardiology; colon and rectal surgery; emergency medicine; endocrinology; family medicine; gastroenterology; general internal medicine; geriatric medicine; hematology; oncology; infectious diseases; neonatology; nephrology; neurological surgery; obstetrics/gynecology; ophthalmology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery/reconstructive surgery; psychiatry; pulmonary/critical care; radiation oncology; rheumatology; thoracic surgery; urology; and vascular surgery. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund. | Accept BUMP Modified Language | House Modified | Senate Modified | From the funds in Specific Appropriation 202, \$51,581,960 from the General Revenue Fund, \$40,520,000 from the Grants and Donations Trust Fund, and \$135,198,040 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program, the Slots for Doctors Program, and the Graduate Medical Education Startup Bonus Program. Of these funds, \$97,300,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$30,000,000 shall be used to fund the Slots for Doctors Program in accordance with section 409.909(6), Florida Statutes. Of these funds, \$42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes. The following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit for the purposes of the Slots for Doctors and Graduate Medical Education Startup Bonus Programs are as follows: allergy or immunology; anesthesiology; cardiology; colon and rectal surgery; emergency medicine; endocrinology; family medicine; gastroenterology; general internal medicine; geriatric medicine; hematology; oncology; infectious diseases; neonatology; nephrology; neurological surgery; obstetrics/gynecology; ophthalmology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery/reconstructive surgery; psychiatry; pulmonary/critical care; radiation oncology; rheumatology; thoracic surgery; urology; and vascular surgery. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund. Funding for the Slots for Doctors Program is contingent upon passage of Senate Bill 2510, or similar legislation, becoming a law. | Senate Offer #1 From the funds in Specific Appropriation 202, \$77,425,960 from the General Revenue Fund, \$40,520,000 from the Grants and Donations Trust Fund, and \$173,134,889 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds, \$191,080,849 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$52,934,224 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; colon and rectal surgery; emergency medicine; endocrinology; family medicine; gastroenterology; general internal medicine; geriatric medicine; hematology; oncology; infectious diseases; neonatology; nephrology; neurological surgery; obstetrics/gynecology; ophthalmology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery/reconstructive surgery; psychiatry; pulmonary/critical care; radiation oncology; rheumatology; thoracic surgery; urology; and vascular surgery. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund. | From the funds in Specific Appropriation 202, \$77,425,960 <u>\$64,350,048</u> from the General Revenue Fund, \$40,520,000 from the Grants and Donations Trust Fund, and \$173,134,889 <u>\$153,940,535</u> from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds, \$191,080,849 <u>\$158,810,583</u> shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$52,934,224 <u>\$42,262,976</u> shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; colon and rectal surgery; emergency medicine; endocrinology; family medicine; gastroenterology; general internal medicine; geriatric medicine; hematology; oncology; infectious diseases; neonatology; nephrology; neurological surgery; obstetrics/gynecology; ophthalmology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery/reconstructive surgery; psychiatry; pulmonary/critical care; radiation oncology; rheumatology; thoracic surgery; urology; and vascular surgery. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund. | 101 |
| | | | | | | House Offer #1 From the funds in Specific Appropriation 202, \$51,581,960 from the General Revenue Fund, \$40,520,000 from the Grants and Donations Trust Fund, and \$135,198,040 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program, the Slots for Doctors Program and the Graduate Medical Education Startup Bonus Program. Of these funds, \$97,300,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909(3), Florida Statutes. Of these funds, \$30,000,000 shall be used to fund the Slots for Doctors Program in accordance with section 409.906(6), Florida Statutes. Of these funds, \$42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909(5), Florida Statutes, and are provided for the following - The physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit for the purposes of the Slots for Doctors and Graduate Medical Education Startup Bonus Programs are as follows: allergy or immunology; anesthesiology; cardiology; colon and rectal surgery; emergency medicine; endocrinology; family medicine; gastroenterology; general internal medicine; geriatric medicine; hematology; oncology; infectious diseases; neonatology; nephrology; neurological surgery; obstetrics/gynecology; ophthalmology; orthopedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery/reconstructive surgery; psychiatry; pulmonary/critical care; radiation oncology; rheumatology; thoracic surgery; urology; and vascular surgery. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the nonfederal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund. | | |
| 102 | | | | | | | | 102 |
| 102b | | | | | | | | 102b |
| 116 | | | | | | | | 116 |
| 118 | | | | | | | | 118 |
| 119 | 203 SPECIAL CATEGORIES HOSPITAL INPATIENT SERVICES | | | | | | | 119 |
| 120 | | | | | | | | 120 |
| 124 | | | | | | | | 124 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|-------------------------|-----------------|------------------|--|--|-------------------------------------|------|
| 125 | From the funds in Specific Appropriations 203 and 209, \$2,528,248 from the General Revenue Fund and \$3,839,332 from the Medical Care Trust Fund are provided to make Medicaid payments for pediatric lung, adult lung, heart, liver, and adult and pediatric intestinal/multi-visceral transplants in Florida at global rates. The Agency for Health Care Administration shall set the global fee for facilities and physicians that provide these transplant procedures at the respective rates for pediatric lung transplants \$400,925 and \$58,421; adult lung transplants \$293,534 and \$47,252; adult heart transplants \$193,303 and \$38,661; adult liver \$136,887 and \$38,661; and intestinal/multi-visceral transplants \$644,344 and \$71,594. The payments shall be used to pay approved transplant facilities global facility and physician fees for providing these transplant services to Medicaid beneficiaries. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision. | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriations 203 and 209, \$3,300,518 from the General Revenue Fund and \$4,844,887 from the Medical Care Trust Fund are provided to make Medicaid payments for pediatric lung, adult lung, heart, liver, and adult and pediatric intestinal/multi-visceral transplants in Florida at global rates. The Agency for Health Care Administration shall set the global fee for facilities and physicians that provide these transplant procedures at the respective rates for pediatric lung transplants \$429,391 and \$62,569; adult lung transplants \$314,375 and \$50,607; adult heart transplants \$207,406 and \$41,406; adult liver \$146,606 and \$41,406; and intestinal/multi-visceral transplants \$690,092 and \$76,677. The payments shall be used to pay approved transplant facilities global facility and physician fees for providing these transplant services to Medicaid beneficiaries. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision. | | | 125 |
| 126 | | | | | | | | 126 |
| 127 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 203, \$30,971,380 in recurring funds from the General Revenue Fund and \$45,463,418 in recurring funds from the Medical Care Trust Fund are provided to hospitals serving children with severe medical conditions to increase the Diagnosis Related Grouping (DRG) reimbursement methodology for pediatric policy adjustors with a severity of illness level (SOI) 3 and 4. | | | 127 |
| 128 | | | | | | | | 128 |
| 129 | From the funds in Specific Appropriation 203, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping (DRG) reimbursement methodology for hospital inpatient services as directed in section 409.905(5)(c), Florida Statutes. | | Identical | Identical | From the funds in Specific Appropriation 203, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping (DRG) reimbursement methodology for hospital inpatient services as directed in section 409.905(5)(c), Florida Statutes. | | | 129 |
| 130 | | | | | | | | 130 |
| 131 | Base Rate - \$3,839.89 | | Identical | Identical | Base Rate - \$3,839.89 | | | 131 |
| 132 | Neonates Service Adjustor Severity Level 1 - 1.0 | | Identical | Identical | Neonates Service Adjustor Severity Level 1 - 1.0 | | | 132 |
| 133 | Neonates Service Adjustor Severity Level 2 - 1.52 | | Identical | Identical | Neonates Service Adjustor Severity Level 2 - 1.52 | | | 133 |
| 134 | Neonates Service Adjustor Severity Level 3 - 1.8 | Accept Senate Offer One | House | Senate | Neonates Service Adjustor Severity Level 3 - 2.310 | | | 134 |
| 135 | Neonates Service Adjustor Severity Level 4 - 2.0 | Accept Senate Offer One | House | Senate | Neonates Service Adjustor Severity Level 4 - 2.310 | | | 135 |
| 136 | Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs: | | Identical | Identical | Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs: | | | 136 |
| 137 | Severity Level 1 - 1.0 | | Identical | Identical | Severity Level 1 - 1.0 | | | 137 |
| 138 | Severity Level 2 - 1.52 | | Identical | Identical | Severity Level 2 - 1.52 | | | 138 |
| 139 | Severity Level 3 - 1.8 | Accept Senate Offer One | House | Senate | Severity Level 3 - 2.310 | | | 139 |
| 140 | Severity Level 4 - 2.0 | Accept Senate Offer One | House | Senate | Severity Level 4 - 2.310 | | | 140 |
| 141 | Outlier Threshold - \$60,000 | | Identical | Identical | Outlier Threshold - \$60,000 | | | 141 |
| 142 | Free Standing Rehabilitation Provider Adjustor - 2.749 | | Identical | Identical | Free Standing Rehabilitation Provider Adjustor - 2.749 | | | 142 |
| 143 | Rural Provider Adjustor - 2.347 | | Identical | Identical | Rural Provider Adjustor - 2.347 | | | 143 |
| 144 | Long Term Acute Care (LTAC) Provider Adjustor - 2.061 | | Identical | Identical | Long Term Acute Care (LTAC) Provider Adjustor - 2.061 | | | 144 |
| 145 | High Medicaid Provider Adjustor - 2.310 | | Identical | Identical | High Medicaid Provider Adjustor - 2.310 | | | 145 |
| 146 | Marginal Cost Percentage - 60% | | Identical | Identical | Marginal Cost Percentage - 60% | | | 146 |
| 147 | Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80% | | Identical | Identical | Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80% | | | 147 |
| 148 | Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80% | | Identical | Identical | Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80% | | | 148 |
| 149 | Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4 - 80% | | Identical | Identical | Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4 - 80% | | | 149 |
| 150 | Documentation and Coding Adjustment - 1/3 of 1% per year | | Identical | Identical | Documentation and Coding Adjustment - 1/3 of 1% per year | | | 150 |
| 151 | Level I Trauma Add On - 17% | | Identical | Identical | Level I Trauma Add On - 17% | | | 151 |
| 152 | Level II or Level II and Pediatric Add On - 11% | | Identical | Identical | Level II or Level II and Pediatric Add On - 11% | | | 152 |
| 153 | Pediatric Trauma Add On - 4% | | Identical | Identical | Pediatric Trauma Add On - 4% | | | 153 |
| 154 | | | | | | | | 154 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|-------------------------------|-----------------|------------------|---|--|---|------|
| 155 | | Accept House Offer One | House Modified | Senate Modified | From the funds in Specific Appropriations 203, 206, and 210, \$34,396,071 from the General Revenue Fund and \$50,490,579 from the Medical Care Trust Fund are provided to nonprofit hospitals that as of January 1, 2023, are separately licensed by the state as specialty hospitals providing comprehensive acute care services to children pursuant to section 395.002(28), Florida Statutes, as of the date of enactment of this bill into law, and remain so licensed and qualify for the High-Medicaid DRG and EAPG Policy Adjustor. Payments to these hospitals must be distributed to qualifying hospitals proportionately via average per claim (per discharge) amounts through the DRG and EAPG payment method based on each hospital's total of Simulated DRG and Trauma Add-On Payments plus Simulated EAPG payments to the total of these payments for all qualifying hospitals. Payment of these funds to an individual qualifying specialty hospital is contingent on that hospital entering into full network contracts with each applicable Medicaid managed care plan in the state by July 30, 2023, for a term of the entire fiscal year at a minimum. | <p>Senate Offer #1 From the funds in Specific Appropriations 203, 206, and 210, \$34,396,071 from the General Revenue Fund and \$50,490,579 from the Medical Care Trust Fund are provided to nonprofit hospitals that as of January 1, 2022, are separately licensed by the state as specialty hospitals providing comprehensive acute care services to children pursuant to section 395.002(28), Florida Statutes, as of the date of enactment of this bill into law, and remain so licensed and qualify for the High-Medicaid DRG and EAPG Policy Adjustor. Payments to these hospitals must be distributed to qualifying hospitals proportionately via average per claim (per discharge) amounts through the DRG and EAPG payment method based on each hospital's total of Simulated DRG and Trauma Add-On Payments plus Simulated EAPG payments to the total of these payments for all qualifying hospitals. Payment of these funds to an individual qualifying specialty hospital is contingent on that hospital entering into full network contracts with each applicable Medicaid managed care plan in the state by July 30, 2023, for a term of the entire fiscal year at a minimum.</p> <p>House Offer #1 From the funds in Specific Appropriations 203, 206, and 210, \$56,395,529 from the General Revenue Fund, of which \$21,999,458 is nonrecurring, and \$82,783,959 from the Medical Care Trust Fund, of which 32,293,380 is nonrecurring, are provided to nonprofit hospitals that as of January 1, 2022, are separately licensed by the state as specialty hospitals providing comprehensive acute care services to children pursuant to section 395.002(28), Florida Statutes, as of the date of enactment of this bill into law, and remain so licensed and qualify for the High-Medicaid DRG and EAPG Policy Adjustor. Payments to these hospitals must be distributed to qualifying hospitals proportionately via average per claim (per discharge) amounts through the DRG and EAPG payment method based on each hospital's total of Simulated DRG and Trauma Add-On Payments plus Simulated EAPG payments to the total of these payments for all qualifying hospitals. Payment of these funds to an individual qualifying specialty hospital is contingent on that hospital entering into full network contracts with each applicable Medicaid managed care plan in the state by July 30, 2023, for a term of the entire fiscal year at a minimum.</p> | | 155 |
| 156 | | | | | | | | 156 |
| 173 | 207 SPECIAL CATEGORIES OTHER FEE FOR SERVICE | | | | | | | 173 |
| 180 | | | | | | | | 180 |
| 186 | | | | | | | | 186 |
| 188 | | | | | | | | 188 |
| 189 | From the funds in Specific Appropriations 207 and 210, \$30,855,445 from the General Revenue Fund and \$45,293,235 from the Medical Care Trust Fund are provided to increase reimbursement rates for pediatric physicians to amounts greater than Medicare reimbursement rates, as designated by the Medicaid Managed Assistance Physician Incentive Program agreement. Payments under this section of proviso shall only be made for the portion of reimbursements greater than the Medicare rate. | Accept BUMP Modified Language | House Modified | Senate | | From the funds in Specific Appropriations 207 209 and 210, \$30,855,445 from the General Revenue Fund and \$45,293,235 from the Medical Care Trust Fund are provided to increase reimbursement rates for pediatric physicians, <u>including those pediatric physicians currently being paid at the Medicare reimbursement rate to amounts greater than Medicare reimbursement rate.s., as designated by the Medicaid-Managed Assistance Physician Incentive Program agreement. Payments under this section of proviso shall only be made for the portion of reimbursements greater than the Medicare rate.</u> | From the funds in Specific Appropriations 207209 and 210, \$30,855,445 from the General Revenue Fund and \$45,293,235 from the Medical Care Trust Fund are provided to increase reimbursement rates for <u>pediatric physicians providing pediatric care, including those physicians providing pediatric care currently being paid at the Medicare rate to amounts greater than Medicare reimbursement rates., as designated by the Medicaid-Managed Assistance Physician Incentive Program agreement. Payments under this section of proviso shall only be made for the portion of reimbursements greater than the Medicare rate.</u> | 189 |
| 190 | | | | | | | | 190 |
| 198a | 208 SPECIAL CATEGORIES PERSONAL CARE SERVICES | | | | | | | 198a |
| 198b | | | | | | | | 198b |
| 198c | | Accept BUMP New Language | | | | | From the funds in Specific Appropriation 208, \$2,000,000 in recurring funds from the General Revenue Fund and \$2,935,834 in recurring funds from the Medical Care Trust Fund are provided for a Prescribed Pediatric Extended Care (PPEC) rate increase. | 198c |
| 203 | 210 SPECIAL CATEGORIES PREPAID HEALTH PLANS | | | | | | | 203 |
| 204 | From the funds in Specific Appropriations 210, 211, and 221, the Agency for Health Care Administration may add continuous glucose monitors and related supplies required for use with those monitors as a pharmacy point-of-sale benefit, subject to utilization controls, for all enrollees under Medicaid fee-for-service (FFS) and Statewide Medicaid Managed Care (SMMC) programs. | Accept BUMP Modified Language | House Modified | Senate | From the funds in Specific Appropriation 210, the Agency for Health Care Administration is authorized to add U.S. Food and Drug Administration approved continuous glucose monitors and related supplies required for use with those monitors as a pharmacy point-of-sale benefit for all enrollees. | | From the funds in Specific Appropriation 210, the Agency for Health Care Administration is authorized to add U.S. Food and Drug Administration approved continuous glucose monitors and related supplies required for use with those monitors as a pharmacy point-of-sale benefit for all enrollees, contingent upon the passage of HB 967 or SB 988 or similar legislation. | 204 |
| 205 | | | | | | | | 205 |
| 222 | | | | | | | | 222 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|---|-----------------|--------------------|--|--|--|------|
| 222a | | Accept BUMP New Language | | | | | From the funds In Specific Appropriation 210, the Agency for Health Care Administration shall add rapid whole genome sequencing as a covered fee-for-service benefit for enrollees who are 20 years of age or younger; have a complex or acute illness of unknown etiology that has not been caused by environmental exposure, toxic ingestion, an infection with normal response to treatment, or trauma; and are receiving inpatient treatment in a hospital ICU of high-acuity pediatric care unit. The benefit shall be known as the Andrew John Anderson Rapid Whole Genome Sequencing Program. | 222a |
| 222b | | | | | | | | 222b |
| 231 | MEDICAID LONG TERM CARE | | | | | | | 231 |
| 232 | | | | | | | | 232 |
| 233 | 217 SPECIAL CATEGORIES HOME AND COMMUNITY BASED SERVICES | | | | | | | 233 |
| 234 | | | | | | | | 234 |
| 235 | From the funds in Specific Appropriation 217, the Agency shall implement an Integrated Plan for Persons with Developmental Disabilities Pilot Program contingent upon the passage of House Bill 831 or similar legislation. The Agency is authorized to enroll up to 600 individuals who are currently on the waiting list for Home and Community Based Waiver services at the Agency for Persons with Disabilities who voluntarily elect to participate in the pilot program. Upon selection of a single qualified long-term care plan, the Agency shall develop rate cells and a risk-adjusted capitation rate that blends funding for comprehensive services coverage including the benefits described in section 409.973, Florida Statutes, the community services described in section 393.066(3), Florida Statutes, and the long-term care plan benefits described in section 409.908, Florida Statutes The blended rate shall be used as the basis for reimbursement to a single qualified long-term care plan to provide coverage for comprehensive services for Medicaid recipients who have a developmental disability as defined in section 393.063, Florida Statutes The Agency may request spending authority in accordance with the provisions of chapter 216, Florida Statutes to implement the pilot program. | Accept BUMP New Language | House | Senate | | | From the funds in Specific Appropriation 217, the Agency shall implement an Integrated Plan for Persons with Developmental Disabilities Pilot Program contingent upon the passage of House Bill 831, Senate Bill 1084, or similar legislation. The Agency is authorized to enroll up to 600 individuals who are currently on the waiting list for Home and Community Based Waiver services at the Agency for Persons with Disabilities who voluntarily elect to participate in the pilot program. Upon selection of a single qualified long-term care plan, the Agency shall develop rate cells and a risk-adjusted capitation rate that blends funding for comprehensive services coverage including the benefits described in section 409.973, Florida Statutes, the community services described in section 393.066(3), Florida Statutes, and the long-term care plan benefits described in section 409.908, Florida Statutes The blended rate shall be used as the basis for reimbursement to a single qualified long-term care plan to provide coverage for comprehensive services for Medicaid recipients who have a developmental disability as defined in section 393.063, Florida Statutes The Agency may request spending authority in accordance with the provisions of chapter 216, Florida Statutes to implement the pilot program. | 235 |
| 236 | | | | | | | | 236 |
| 259 | 223 SPECIAL CATEGORIES PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) | | | | | | | 259 |
| 260 | | | | | | | | 260 |
| 264 | | | | | | | | 264 |
| 265 | The Agency for Health Care Administration shall annually submit a Program of All-Inclusive Care for the Elderly (PACE) report on all applications submitted to the agency, and include the name of the organization, the service area the organization represents, the number of slots requested and authorized, and the date of agency approval. The agency shall submit reports to the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee by December 30, 2023. | Accept Senate Offer One - No Language | House | Senate | | | | 265 |
| 266 | | | | | | | | 266 |
| 267 | From the funds in Specific Appropriation 223, \$2,867,094 from the General Revenue Fund and \$4,208,656 funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Flagler, Seminole and Volusia counties, as authorized by chapter 2021-41, Laws of Florida, effective July 1, 2023. | Accept Senate Offer One | House | Senate Modified | From the funds in Specific Appropriation 223, \$2,888,204 in recurring funds from the General Revenue Fund and \$4,239,644 in recurring funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Flagler, Volusia, and Seminole Counties, as authorized by the Agency for Health Care Administration in 2022, effective July 1, 2023. | From the funds in Specific Appropriation 223, \$2,888,204 from the General Revenue Fund and \$4,239,644 funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Flagler, Seminole and Volusia Counties, as authorized by section 22 of chapter 2021-41, Laws of Florida, effective July 1, 2023. | | 267 |
| 268 | | | | | | | | 268 |
| 269 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 223, \$3,518,755 in recurring funds from the General Revenue Fund and \$5,165,240 in recurring funds from the Medical Care Trust Fund are provided to authorize and fund 200 new Program for All-Inclusive Care for the Elderly (PACE) slots in Broward and Miami-Dade counties, designated specifically for the Florida PACE Centers, Inc., H. 1043, Centers for Medicare and Medicaid Services, in Broward and Miami-Dade Counties, effective July 1, 2023. | | | 269 |
| 270 | | | | | | | | 270 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|-------------------------------|-----------------|------------------|--|---|--|------|
| 271 | From the funds in Specific Appropriation 223, \$2,867,094 from the General Revenue Fund and \$4,208,656 funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots for a PACE Program owned by a non-profit organization with 14 owned and managed programs, to provide services to frail and elderly persons who reside in Escambia, Okaloosa and Santa Rosa counties, as authorized by chapter 2021-41, Laws of Florida, effective July 1, 2023. | Accept Senate Offer One | House | Senate Modified | From the funds in Specific Appropriation 223, \$2,888,255 in recurring funds from the General Revenue Fund and \$4,239,718 in recurring funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Escambia, Okaloosa, Santa Rosa Counties, effective July 1, 2023. | From the funds in Specific Appropriation 223, \$2,888,255 from the General Revenue Fund and \$4,239,718 funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots for a PACE Program owned by a non-profit organization with 14 owned and managed programs, to provide services to frail and elderly persons who reside in Escambia, Okaloosa and Santa Rosa Counties, as authorized by section 16 of chapter 2021-41, Laws of Florida, effective July 1, 2023. | | 271 |
| 272 | | | | | | | | 272 |
| 273 | | Accept Senate Offer One | House | Senate Modified | From the funds in Specific Appropriation 223, \$871,520 in recurring funds from the General Revenue Fund and \$1,279,319 in recurring funds from the Medical Care Trust Fund are provided to fund 200 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Broward County, as authorized by the Agency for Health Care Administration in 2022, effective April 1, 2024. | From the funds in Specific Appropriation 223, \$871,520 in recurring funds from the General Revenue Fund and \$1,279,319 in recurring funds from the Medical Care Trust Fund are provided to fund 200 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Broward County, as authorized by section 19 of chapter 2021-41, Laws of Florida, effective April 1, 2024. | | 273 |
| 274 | | | | | | | | 274 |
| 275 | | Accept BUMP Modified Language | House | Senate Modified | From the funds in Specific Appropriation 223, \$973,516 in recurring funds from the General Revenue Fund and \$1,429,040 in recurring funds from the Medical Care Trust Fund are provided to fund 125 authorized Program for All-Inclusive Care for the Elderly (PACE) slots and authorize and fund 75 new PACE slots in Martin and Palm Beach Counties, effective April 1, 2024. | From the funds in Specific Appropriation 223, \$973,516 in recurring funds from the General Revenue Fund and \$1,429,040 in recurring funds from the Medical Care Trust Fund are provided to fund 125 authorized Program for All-Inclusive Care for the Elderly (PACE) slots and authorize and fund 75 new PACE slots in Martin and Palm Beach Counties, as authorized by section 17 of chapter 2017-129, Laws of Florida, effective April 1, 2024. | From the funds in Specific Appropriation 223, \$973,516 in recurring funds from the General Revenue Fund and \$1,429,040 in recurring funds from the Medical Care Trust Fund are provided to fund 125 authorized Program for All-Inclusive Care for the Elderly (PACE) slots and authorize and fund 75 new PACE slots in Martin and Palm Beach Counties, as authorized by section 17 of chapter 2017-129, Laws of Florida, effective April 1, 2024. | 275 |
| 276 | | | | | | | | 276 |
| 277 | | Accept Senate Offer One | House | Senate Modified | From the funds in Specific Appropriation 223, \$1,788,692 in recurring funds from the General Revenue Fund and \$2,625,652 in recurring funds from the Medical Care Trust Fund are provided to authorize and fund 200 new Program for All-Inclusive Care for the Elderly (PACE) slots in Miami-Dade County, effective January 1, 2024. | From the funds in Specific Appropriation 223, \$1,788,692 in recurring funds from the General Revenue Fund and \$2,625,652 in recurring funds from the Medical Care Trust Fund are provided to authorize and fund 200 new Program for All-Inclusive Care for the Elderly (PACE) slots in Miami-Dade County, as authorized by section 17 of chapter 2021-41, Laws of Florida, effective January 1, 2024. | | 277 |
| 277a | | | | | | | | 277a |
| 277b | | Accept BUMP Modified Language | House | New | | From the funds in Specific Appropriation 223, \$962,752 in recurring funds from the General Revenue Fund and \$1,413,239 in recurring funds from the Medical Care Trust Fund are provided to fund 100 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Brevard County, as authorized by chapter 2022-156, Laws of Florida, effective January 1, 2024. | From the funds in Specific Appropriation 223, \$962,752 \$2,879,970 in recurring funds from the General Revenue Fund and \$1,413,239 \$4,227,558 in recurring funds from the Medical Care Trust Fund are provided to fund 100 200 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Brevard County, as authorized by chapter 2022-156, Laws of Florida, effective January 1, 2024. | 277b |
| 277c | | | | | | | | 277c |
| 277d | | Accept Senate Offer One | House | New | | From the funds in Specific Appropriation 223, \$942,810 in recurring funds from the General Revenue Fund and \$1,383,968 in recurring funds from the Medical Care Trust Fund are provided to authorize and fund 50 new Program for All-Inclusive Care for the Elderly (PACE) slots in Pinellas County for a not-for-profit hospice organization operating in Pinellas County, effective July 1, 2023. | | 277d |
| 277e | | | | | | | | 277e |
| 277f | | Accept Senate Offer One | House | New | | From the funds in Specific Appropriation 223 and subject to federal approval of the provider application submitted to the Agency for Health Care Administration, \$722,064 in recurring funds from the General Revenue Fund and \$1,059,930 in recurring funds from the Medical Care Trust Fund are provided to fund 150 new Program for All-Inclusive Care for the Elderly (PACE) slots in Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Leon, Wakulla, Walton, and Washington Counties, administered by one national, faith-based, not-for-profit organization established in 1896 with experience in operating rural PACE program services, effective April 1, 2024. | | 277f |
| 277g | | | | | | | | 277g |
| 277h | | Accept BUMP New Language | | | | | From the funds in Specific Appropriation 223, \$2,177,611 from the General Revenue Fund and \$3,196,552 funds from the Medical Care Trust Fund are provided to fund 100 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Clay and St. Johns Counties, as authorized by section 28 of chapter 2016-65, Laws of Florida, effective July 1, 2023. | 277h |
| 277i | | | | | | | | 277i |
| 277j | | Accept BUMP New Language | | | | | From the funds in Specific Appropriation 223, \$2,875,829 from the General Revenue Fund and \$4,221,478 funds from the Medical Care Trust Fund are provided to fund 150 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Flagler, Seminole and Volusia Counties, as submitted to the Agency for Health Care Administration in 2022, effective July 1, 2023. | 277j |
| 277k | | | | | | | | 277k |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|--------------------------|-----------------|------------------|---|--|---|------|
| 2771 | | Accept BUMP New Language | | | | | From the funds in Specific Appropriation 223, \$1,917,219 from the General Revenue Fund and \$2,814,319 funds from the Medical Care Trust Fund are provided to fund 100 authorized Program for All-Inclusive Care for the Elderly (PACE) slots in Broward County, as authorized by section 23 of chapter 2021-41, Laws of Florida, effective July 1, 2023. | 2771 |
| 278 | | | | | | | | 278 |
| 279 | | Accept Senate Offer One | House | Senate | The Agency for Health Care Administration shall submit a Program of All-Inclusive Care for the Elderly (PACE) monthly report of all PACE providers, including each providers authorized service area and slots, slots funded, total enrollments, actuarial dual rate, estimated monthly claims, and estimated cumulative claims. The report shall also include all applications submitted to the agency, and include the name of the organization, the service area the organization represents, the number of slots requested and authorized, and the date of agency approval. The agency shall submit reports to the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House Appropriations Committee. | | | 279 |
| 280 | PROGRAM: SERVICES TO PERSONS WITH DISABILITIES | | | | | | | 280 |
| 281 | | | | | | | | 281 |
| 282 | HOME AND COMMUNITY SERVICES | | | | | | | 282 |
| 320 | | | | | | | | 320 |
| 321 | 241 SPECIAL CATEGORIES HOME AND COMMUNITY BASED SERVICES WAIVER | | | | | | | 321 |
| 322 | | | | | | | | 322 |
| 328 | | | | | | | | 328 |
| 329 | From the funds in Specific Appropriation 241, \$32,262,996 from the General Revenue Fund and \$47,359,404 from the Operations and Maintenance Trust Fund are provided to expand the Home and Community Based Services Waiver by removing the greatest number of individuals permissible under the additional funding from the waiting list. Of these funds, the Agency is authorized to transfer funds from this Specific Appropriation to the Agency for Health Care Administration to allow up to 600 individuals who are currently on the waiting list for Home and Community Based Waiver services to voluntarily participate in the Integrated Plan for Persons with Developmental Disabilities Pilot Program in Miami-Dade County contingent upon the passage of House Bill 831 or similar legislation becoming law. | Accept BUMP New One | House | Senate | From the funds in Specific Appropriation 241, \$32,262,996 from the General Revenue Fund and \$47,359,404 from the Operations and Maintenance Trust Fund are provided to expand the Home and Community Based Services Waiver by removing the greatest number of individuals permissible under the additional funding from the waiting list. | | From the funds in Specific Appropriation 241, \$32,262,996 from the General Revenue Fund and \$47,359,404 from the Operations and Maintenance Trust Fund are provided to expand the Home and Community Based Services Waiver by removing the greatest number of individuals permissible under the additional funding from the waiting list. Of these funds, the Agency is authorized to transfer funds from this Specific Appropriation to the Agency for Health Care Administration to allow up to 600 individuals who are currently on the waiting list for Home and Community Based Waiver services to voluntarily participate in the Integrated Plan for Persons with Developmental Disabilities Pilot Program in Miami-Dade County contingent upon the passage of House Bill 831, Senate Bill 1084, or similar legislation becoming law. | 329 |
| 330 | | | | | | | | 330 |
| 331 | | Accept Bump Offer | House | Senate Modified | From the funds is Specific Appropriation 241, \$2,423,245 from the General Revenue Fund and \$3,557,123 from the Operations and Maintenance Trust Fund are provided for a uniform provider rate increase for Waiver Support Coordinators. | From the funds is Specific Appropriation 241, \$4,846,490 from the General Revenue Fund and \$7,114,246 from the Operations and Maintenance Trust Fund are provided for a uniform provider rate increase for Waiver Support Coordinators. | From the funds is Specific Appropriation 241, \$2,423,245 from the General Revenue Fund and \$3,557,123 from the Operations and Maintenance Trust Fund are provided for a uniform provider rate increase for Waiver Support Coordinators. | 331 |
| 332 | | | | | | | | 332 |
| 359 | CHILDREN AND FAMILIES, DEPARTMENT OF | | | | | | | 359 |
| 360 | | | | | | | | 360 |
| 391 | 314 SPECIAL CATEGORIES CONTRACTED SERVICES | | | | | | | 391 |
| 392 | | | | | | | | 392 |
| 393 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 314, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Children and Families for a pilot program to develop electronic health records for children involved in the foster care system. The department shall develop a competitive solicitation with the requirement that this pilot be interoperable with Florida's Comprehensive Child Welfare Information System. | | | 393 |
| 395 | | | | | | | | |
| 401 | 316 SPECIAL CATEGORIES GRANTS AND AIDS - GRANTS TO SHERIFFS FOR PROTECTIVE INVESTIGATIONS | | | | | | | 401 |
| 402 | | | | | | | | 402 |
| 403 | Funds provided in Specific Appropriation 316 shall be used by the department to award grants to the sheriffs of the following counties to conduct child protective investigations as mandated in section 39.3065, Florida Statutes. The funds shall be allocated as follows: | Accept Senate Offer One | House | Senate Modified | Funds in Specific Appropriation 316 are provided to support child protective investigations by the sheriffs of Manatee, Pasco, Pinellas, Broward, Hillsborough, Seminole, and Walton counties. Funding is appropriated to support each respective sheriff's operation through their expected transition date after which the department will assume responsibility for providing services. | Funds in Specific Appropriation 316 are provided to implement SB 7056, or substantially similar legislation, becoming a law. From the funds in Specific Appropriation 316, \$12,409,481 in nonrecurring funds from the General Revenue Fund is provided to support child protective investigation operations conducted by the following sheriffs through their expected transition date after which the department will assume responsibility for providing services. | | 403 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|-------------------------------|-----------------|------------------|---|---|--|------|
| 404 | | | | | | | | 404 |
| 405 | Broward County Sheriff..... 15,270,728 | Accept Senate Offer One | House | Senate | Broward County Sheriff..... 2,424,093 | | | 405 |
| 406 | Hillsborough County Sheriff..... 13,807,564 | | House | Senate | Hillsborough County Sheriff..... 2,334,478 | | | 406 |
| 407 | Manatee County Sheriff..... 4,924,225 | | House | Senate | Manatee County Sheriff..... 1,259,164 | | | 407 |
| 408 | Pasco County Sheriff..... 7,035,690 | | House | Senate | Pasco County Sheriff..... 1,735,794 | | | 408 |
| 409 | Pinellas County Sheriff..... 12,484,719 | | House | Senate | Pinellas County Sheriff..... 3,099,863 | | | 409 |
| 410 | Seminole County Sheriff..... 4,702,668 | | House | Senate | Seminole County Sheriff..... 1,287,537 | | | 410 |
| 411 | Walton County Sheriff..... 929,472 | | House | Senate | Walton County Sheriff..... 268,552 | | | 411 |
| 412 | | | | | | | | 412 |
| 413 | The department is authorized to submit budget amendments pursuant to the provisions of chapter 216, Florida Statutes, to transfer budget authority from the Grants and Aids - Grants to Sheriffs for Protective Investigations category to other operating categories as necessary to assume child protective investigative services from sheriffs who will no longer be responsible for child protective investigations. | Accept BUMP Modified Language | House | Senate Modified | | From the funds in Specific Appropriation 316, \$3,000,000 in recurring funds from the General Revenue Fund is provided to the Department of Children and Families for defense or indemnification for any legal claims or causes of action relating to the sheriffs' provision of child protective investigations. Funds necessary to cover claims or causes of actions brought before the applicable transfer date shall be transferred to the applicable sheriff's office. Funds necessary to cover claims or causes of action brought after the applicable transfer date may be used by the department. From the funds in Specific Appropriation 316, \$3,000,000 in nonrecurring funds from the General Revenue Fund is provided to reimburse the sheriffs when sufficient grant funds are not available to cover employee leave payouts for employees who terminate employment with a sheriff on or before the applicable transfer date. | From the funds in Specific Appropriation 316, \$3,000,000 in recurring funds from the General Revenue Fund is provided to the Department of Children and Families for defense or indemnification for any legal claims or causes of action relating to the sheriffs' provision of child protective investigations. Funds necessary to cover claims or causes of actions brought before the applicable transfer date shall be transferred to the applicable sheriff's office. Funds necessary to cover claims or causes of action brought after the applicable transfer date may be used by the department. From the funds in Specific Appropriation 316, \$3,000,000 in nonrecurring funds from the General Revenue Fund is provided to reimburse the sheriffs when sufficient grant funds are not available to cover employee leave payouts for employees who terminate employment with a sheriff on or before the applicable transfer date. <u>These funds shall be placed in reserve. The department is authorized to submit budget amendments requesting release of these funds pursuant to chapter 216, Florida Statutes.</u> | 413 |
| 414 | | | | | | | | 414 |
| 415 | 320 SPECIAL CATEGORIES GRANTS AND AIDS - CHILD PROTECTION | | | | | | | 415 |
| 419 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 320, \$1,000,000 from the General Revenue Fund shall be used by the Department of Children and Families for a pilot multichannel digital media campaign to recruit foster parents and guardian ad litem volunteers. The department shall submit a report on the pilot to the chair of the Senate Appropriations Committee, the chair of the House Appropriations Committee, and the Executive Office of the Governor's Office of Policy and Budget which includes the average cost per inquiry from prospective foster parents and guardian ad litem. An inquiry shall include basic contact information from the foster parent or guardian ad litem prospect. | | | 419 |
| 420 | | | | | | | | 420 |
| 469 | PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM | | | | | | | 469 |
| 470 | | | | | | | | 470 |
| 471 | ECONOMIC SELF SUFFICIENCY SERVICES | | | | | | | 471 |
| 472 | | | | | | | | 472 |
| 473 | 349 LUMP SUM ECONOMIC SELF SUFFICIENCY CUSTOMER CALL CENTER | | | | | | | 473 |
| 474 | | | | | | | | 474 |
| 475 | | Accept Senate Offer One | House | Senate | Funds in Specific Appropriation 349 are provided to support the operation of the Economic Self Sufficiency Customer Call Center. Pursuant to the provisions of chapter 216, Florida Statutes, the department is authorized to submit a budget amendment requesting the release of funds if actual or projected call volume exceeds existing capacity and additional resources are needed in order to address that workload, or to implement additional federal requirements that impact operations, including Medicaid redetermination. | | | 475 |
| 476 | | | | | | | | 476 |
| 477 | 350 SPECIAL CATEGORIES GRANTS AND AIDS - CHALLENGE GRANTS | | | | | | | 477 |
| 478 | | | | | | | | 478 |
| 479 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 350, \$16,835,322 in additional recurring funding from the General Revenue Fund is provided to support the Challenge Grant program through rapid rehousing and homelessness prevention services to vulnerable populations. | | | 479 |
| 480 | | | | | | | | 480 |
| 481 | 352 SPECIAL CATEGORIES GRANTS AND AIDS - HOMELESS HOUSING ASSISTANCE GRANTS | | | | | | | 481 |
| 482 | | | | | | | | 482 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|--|-------------------------------|-----------------|------------------|---|---|--|------|
| 483 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 352, \$2,205,056 in additional recurring funds from the General Revenue Fund is provided to the Homeless Housing Assistance Grant program to support the Continuum of Care (CoC) lead agencies and the department's housing initiatives. | | | 483 |
| 484 | PROGRAM: COMMUNITY SERVICES | | | | | | | 484 |
| 485 | | | | | | | | 485 |
| 486 | COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES | | | | | | | 486 |
| 548 | 376 SPECIAL CATEGORIES GRANTS AND AIDS - CENTRAL RECEIVING FACILITIES | | | | | | | 548 |
| 549 | | | | | | | | 549 |
| 550 | | Accept Senate Offer One | House | Senate | The funds in Specific Appropriation 376 are provided for receiving systems pursuant to section 394.4573, Florida Statutes. Receiving systems consist of one or more facilities serving a defined geographic area and are responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders. Receiving systems provide a single point of entry (central receiving facility) or a coordinated system of entry for an array of behavioral health services, conduct initial assessments and triage, and provide care coordination to link individuals to their needed level of behavioral health care. | | | 550 |
| 551 | | | | | | | | 551 |
| 552 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 376, \$19,878,768 in recurring funds from the General Revenue Fund shall fund the existing central receiving facilities in judicial circuits 2, 3, 4, 5, 7, 9, 12, 13, 17, and 18. | | | 552 |
| 553 | | | | | | | | 553 |
| 554 | | Accept BUMP Modified Language | House | Senate | From the funds in Specific Appropriation 376, \$31,000,000 in recurring funds from the General Revenue Fund is provided for the expansion of receiving systems operated by not-for-profit behavioral health care providers in judicial circuits 1, 2, 3, 5, 8, 11, 12, 15, 18, and 20. | | From the funds in Specific Appropriation 376, \$31,000,000 in recurring funds from the General Revenue Fund is provided for the expansion of receiving systems operated by behavioral health care providers in judicial circuits 1, 2, 3, 5, 8, 11, 12, 15, 18, and 20. <u>These funds shall be placed in reserve. The department is authorized to submit budget amendments requesting release of funds pursuant to chapter 216, Florida Statutes.</u> | 554 |
| 555 | ELDER AFFAIRS, DEPARTMENT OF | | | | | | | 555 |
| 556 | | | | | | | | 556 |
| 557 | PROGRAM: SERVICES TO ELDERS PROGRAM | | | | | | | 557 |
| 621 | | | | | | | | 621 |
| 622 | 402 SPECIAL CATEGORIES GRANTS AND AIDS - COMMUNITY CARE FOR THE ELDERLY | | | | | | | 622 |
| 623 | | | | | | | | 623 |
| 628 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 402, \$1,214,012 in recurring funding from the General Revenue Fund and \$436,185 in recurring funding from the Operations and Maintenance Trust Fund are provided to the Aging Resource Centers related to Statewide Medicaid Managed Care Long Term Care Program. | | | 628 |
| 629 | HEALTH, DEPARTMENT OF | | | | | | | 629 |
| 752 | 464 SPECIAL CATEGORIES FLORIDA CONSORTIUM OF NATIONAL CANCER INSTITUTE CENTERS PROGRAM | | | | | | | 752 |
| 753 | | | | | | | | 753 |
| 756 | Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Casey DeSantis Cancer Research Program as follows: H. Lee Moffitt Cancer Center and Research Institute and Mayo Clinic Comprehensive Cancer Center are eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; the University of Miami Sylvester Comprehensive Cancer Center is eligible for Tier 2 designation as a NCI designated cancer center; and the University of Florida Health Shands Cancer Hospital is eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program. | Accept House Offer One | House | Senate Modified | Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Casey DeSantis Cancer Research Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; the University of Miami Sylvester Comprehensive Cancer Center is eligible for Tier 2 designation as a NCI designated cancer center; and the University of Florida Health Shands Cancer Hospital is eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program. | Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Casey DeSantis Cancer Research Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; the University of Miami Sylvester Comprehensive Cancer Center and the University of Florida Health Shands Cancer Hospital are eligible for Tier 2 designation as a NCI designated cancer center. | | 756 |
| 756 | | | | | | | | 756 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|--|-----------------|--------------------|---|--|--|------|
| 756a | | Accept BUMP New Language | | | | | <p>All cancer centers receiving funding under the Casey DeSantis Cancer Research Program shall submit to the Florida Cancer Data System, on a quarterly basis beginning September 30, 2023, data on new cancer diagnoses and cancer recurrence. All funded cancer centers shall submit to the Department of Health, on a quarterly basis beginning September 30, 2023, data on patient outcomes by cancer type and mortality and survival rates for patients treated as determined by the Department of Health. By January 1, 2024, all funded cancer centers shall submit a report to the Department of Health containing comprehensive findings and protocols of best practices leading to improved outcomes among patients. A cancer center receiving funds pursuant to the Casey DeSantis Cancer Research Program shall be compliant with the requirements of this proviso, and the Department of Health may recover funds awarded for failure to comply with the requirements of this proviso.</p> <p>The Department of Health shall produce a long-range comprehensive plan on the Casey DeSantis Cancer Research Program. The plan shall, at a minimum, include the following components:</p> <p>(1) Expanded eligibility of the Casey DeSantis Cancer Research Program to include a broader pool of Florida-based cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers to receive funding through the program.</p> <p>(2) Development of an academic collaborative that integrates research institutions and medical schools into the Casey DeSantis Cancer Research Program to expand geographic reach into underserved areas of the state.</p> | 756a |
| 756a | | Accept BUMP New Language | | | | | <p>(3) Revision of the tiers established in section 381.915(4), Florida Statutes, to be replaced by a fund weighting methodology that focuses on quality of care, efficacy of treatment, and patient outcomes and includes consideration for philanthropic sources of fund generation by applicant cancer research centers.</p> <p>The Department of Health may contract with third parties to assist in the development of the comprehensive plan, and must solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers not currently funded under the Casey DeSantis Cancer Research Program in addition to those cancer centers currently funded under the Program. The comprehensive plan shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor no later than January 1, 2024.</p> | 756a |
| 757 | | | | | | | | 757 |
| 758 | 465 SPECIAL CATEGORIES FLORIDA CANCER INNOVATION FUND | | | | | | | 758 |
| 759 | | | | | | | | 759 |
| 760 | Funds in Specific Appropriation 465, are provided for the Florida Cancer Innovation Fund. The purpose of the Fund is to award research grants to support innovative cancer research, including emerging research trends and promising practices, that can serve as a catalyst for further exploration. The Department of Health shall award funds through a competitive process based on scientific merit, as determined by independent peer review. The State Surgeon General or their designee shall determine the final award amounts. | Accept BUMP Modified Language | House | Senate Modified | From the funds in Specific Appropriation 465, \$20,000,000 in nonrecurring funds from the General Revenue Fund is provided for the purpose of awarding research grants to support innovative cancer research, including emerging research trends and promising practices, which can serve as a catalyst for further exploration. The Florida Cancer Control and Research Advisory Council shall review all grant applications and make grant funding recommendations to the Department of Health. | Funds in Specific Appropriation 465, are provided for the purpose of awarding research grants to support innovative cancer research, including emerging research trends and promising practices, which can serve as a catalyst for further exploration. The Florida Cancer Control and Research Advisory Council shall review all grant applications and make grant funding recommendations to the Department of Health. | Funds in Specific Appropriation 465, are provided for the purpose of awarding research grants to support innovative cancer research, including emerging research trends and promising practices, which can serve as a catalyst for further exploration. The Florida Cancer Control and Research Advisory Council shall review all grant applications and make grant funding recommendations to the Department of Health. <u>The Department of Health shall make final grant allocation awards.</u> | 760 |
| 761 | | | | | | | | 761 |
| 762 | 466 SPECIAL CATEGORIES ENDOWED CANCER RESEARCH | | | | | | | 762 |
| 763 | | | | | | | | 763 |
| 764 | | Accept House Offer One - No Language | House | Senate | Funds in Specific Appropriation 466, are provided to the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes. | | | 764 |
| 765 | | | | | | | | 765 |

FY 23-24 - Proviso
House Health Care Appropriations Subcommittee/Senate Appropriations Committee on Health and Human Services
House Bump Offer #1

| Line | HB 5001 | BUMP Offer | House Offer One | Senate Offer One | SB 2500 | Senate Modified or New Language Senate Offer #1 House Modified or New Language House Offer #1 | BUMP Modified or New Language Offer | Line |
|------|---|-----------------------------|-----------------|--------------------|--|--|---|------|
| 765A | 472A SPECIAL CATEGORIES DENTAL STUDENT LOAN REPAYMENT PROGRAM | | | | | | | 765A |
| 765B | | | | | | | | 765B |
| 765C | | Accept Bump New Language | | | | | From the funds in Specific Appropriation 472A, \$2,000,000 in recurring funds from the General Revenue Fund is provided for the Dental Student Loan Repayment Program and the Donated Dental Services Program to be used as authorized pursuant to sections 381.4019 and 381.40195, Florida Statutes. | 765C |
| 765D | | | | | | | | 765D |
| 765E | 474A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND NONSTATE ENTITIES - FIXED CAPITAL OUTLAY RURAL HOSPITALS | | | | | | | 765E |
| 765F | | | | | | | | 765F |
| 765G | | Accept Bump New Language | | | | | From the funds in Specific Appropriation 474A, \$10,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Department of Health for the Rural Hospital Capital Improvement Grant Program and shall be allocated in accordance with the grant process in section 395.6061, Florida Statutes. | 765G |
| 765H | | | | | | | | 765H |
| 823 | MEDICAL MARIJUANA REGULATION | | | | | | | 823 |
| 824 | | | | | | | | 824 |
| 825 | 495 SPECIAL CATEGORIES TRANSFER TO FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (FAMU) - DIVISION OF RESEARCH | | | | | | | 825 |
| 826 | | | | | | | | 826 |
| 827 | Funds provided in Specific Appropriation 495 shall be used exclusively for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities pursuant to section 381.986(7)(d), Florida Statutes. | Accept Senate Offer One | House | Senate Modified | Funds provided in Specific Appropriation 495 shall be used exclusively for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities pursuant to section 381.986(7)(d), Florida Statutes. | Funds provided in Specific Appropriation 495 shall be used exclusively for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities to include evidence-based pedagogical studies pursuant to section 381.986(7)(d), Florida Statutes. | | 827 |
| 828 | PROGRAM: SERVICES TO VETERANS' PROGRAM | | | | | | | 828 |
| 941 | | | | | | | | 941 |
| 942 | 568 SALARIES AND BENEFITS | | | | | | | 942 |
| 943 | | | | | | | | 943 |
| 944 | | Accept Senate Offer One | House | Senate Modified | From the funds in Specific Appropriations 568, 570, and 579, \$1,025,246 in recurring funds from the Operations and Maintenance Trust Fund, \$15,186 in nonrecurring funds from the Operations and Maintenance Trust Fund, 605,360 in salary rate and 15 positions shall be placed in reserve for the operation of the Ardie R. Copas and Alwyn C. Cashe State Veterans Nursing Homes. The department is authorized to submit budget amendments for release pursuant to the provisions of chapter 216, Florida Statutes. The release is contingent upon the submission of actual and projected occupancy data indicating that the current number of staff are insufficient to meet the required staffing ratio for the operation of the home(s). | From the funds in Specific Appropriations 568, 570, and 579, \$576,665 in recurring funds from the Operations and Maintenance Trust Fund, \$10,761 in nonrecurring funds from the Operations and Maintenance Trust Fund, 327,680 in salary rate and eight positions shall be placed in reserve for the operation of the Ardie R. Copas State Veterans Nursing Home. The department is authorized to submit budget amendments for release pursuant to the provisions of chapter 216, Florida Statutes. The release is contingent upon the submission of actual and projected occupancy data indicating that the current number of staff are insufficient to meet the required staffing ratio for the operation of the home. | | 944 |
| 945 | | | | | | | | 945 |
| 946 | 572A FIXED CAPITAL OUTLAY STATE NURSING HOME FOR VETERANS - DMS MGD | | | | | | | 946 |
| 947 | | | | | | | | 947 |
| 948 | | Accept Senate Offer One | House | Senate | From the funds in Specific Appropriation 572A, the nonrecurring sum of \$500,000 from the General Revenue Fund is provided to the Florida Department of Veterans' Affairs for preliminary engineering and site feasibility studies pertaining to the construction of a State Veterans' Nursing Home in Collier County. | | | 948 |
| 949 | | | | | | | | 949 |