By Senator Jones

34-00613-25 2025932__

A bill to be entitled

An act relating to the Health Care Freedom Act; providing a short title; repealing ss. 286.31, 286.311, and 381.00321, F.S., relating to the prohibited use of state funds for travel to another state for purpose of abortion services, the prohibited use of state funds for sex-reassignment prescriptions or procedures, and the right of medical conscience of health care providers and health care payors, respectively; creating s. 381.027, F.S.; providing a short title; defining terms; requiring a covered entity to, by a specified date, adopt a policy relating to providing written notice of a complete list of its refused services to patients; providing requirements for such notice; requiring a covered entity to submit a complete list of its refused services to the Department of Health by a specified date; requiring a covered entity to notify the department within a specified timeframe after a change is made to such list; requiring a covered entity to submit the list, along with its application, if applying for certain state grants or contracts; providing a civil penalty; requiring the department to adopt rules; requiring the department to publish and maintain on its website a current list of covered entities and their refused services by a specified date; requiring the department to develop and administer a certain public education and awareness program; providing construction; providing for

severability; amending s. 381.96, F.S.; revising the definition of the term "eligible client" and redefining the term "pregnancy and parenting support services" as "pregnancy support services,"; revising department duties and contract requirements to conform to changes made by the act; amending s. 390.011, F.S.; deleting the definition of the term "fatal fetal abnormality"; amending s. 390.0111, F.S.; revising the timeframe in which a physician may perform a termination of pregnancy; revising exceptions; deleting the prohibition against the use of telehealth to perform abortions, the requirement that medications intended for use in a medical abortion be dispensed in person by a physician, and the prohibition against dispensing such medication through the United States Postal Service or any other courier or shipping service; amending s. 390.012, F.S.; revising rules the Agency for Health Care Administration may develop and enforce to regulate abortion clinics; repealing s. 395.3027, F.S., relating to patient immigration status data collection in hospitals; amending s. 409.905, F.S.; defining the terms "gender identity" and "transgender individual"; requiring the agency to provide Medicaid reimbursement for medically necessary treatment for or related to gender dysphoria or a comparable or equivalent diagnosis; prohibiting the agency from discriminating in its reimbursement on the basis of a recipient's gender identity or that the recipient is a transgender individual; amending s.

456.001, F.S.; deleting the definition of the terms "sex" and "sex-reassignment prescriptions or procedures"; amending s. 456.47, F.S.; deleting the prohibition against the use of telehealth to perform abortions, including medical abortions; repealing ss. 456.52 and 766.318, F.S., relating to sex-reassignment prescriptions and procedures and civil liability for provision of sex-reassignment prescriptions or procedures to minors, respectively; amending ss. 61.517, 61.534, 409.908, 409.913, 456.074, and 636.0145, F.S.; conforming provisions and cross-references to changes made by the act; providing an effective date.

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

Section 1. This act may be cited as the "Health Care Freedom Act."

Section 2. Section 286.31, Florida Statutes, is repealed.

Section 3. Section 286.311, Florida Statutes, is repealed.

Section 4. Section 381.00321, Florida Statutes, is repealed.

Section 5. Section 381.027, Florida Statutes, is created to read:

381.027 Requirements for covered entities; notice of refused services; department duties.—

(1) SHORT TITLE.—This section may be cited as the "Health Care Transparency and Accessibility Act."

(2) DEFINITIONS.—As used in this section, the term:

(a) "Covered entity" means any health care facility that uses, plans to use, or relies upon a denial of care provision to refuse to provide a health care service, or referral for a health care service, for any reason. The term does not include a health care practitioner.

(b) "Denial of care provision" means any federal or state law that purports or is asserted to allow a health care facility to opt out of providing a health care service, or referral for a health care service, including, but not limited to, ss. 381.0051(5), 390.0111(8), 483.918, and 765.1105; 42 U.S.C. ss. 18023(b)(4) and 18113; 42 U.S.C. s. 300a-7; 42 U.S.C. s. 238n; 42 U.S.C. s. 2000bb et seq.; s. 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2019, Division B of Pub. L. No. 115-245; and 45 C.F.R. part 88.

(c) "Department" means the Department of Health.

(d) "Health care facility" has the same meaning as in s. 381.026(2).

(e) "Health care practitioner" has the same meaning as in s. 456.001.

(f) "Health care services" has the same meaning as in s. 624.27(1).

(g) "Referral" has the same meaning as in s. 456.053(3).

(h) "Refused service" means a health care service that a covered entity chooses not to provide, or not to provide a referral for, based on one or more denials of care provisions. The term includes health care services that the covered entity selectively provides to some, but not all, patients based on their identity, objections to a health care service, or other

nonmedical reasons.

(3) REQUIREMENTS FOR COVERED ENTITIES; PENALTY.—

(a) By October 1, 2025, each covered entity shall adopt a policy for providing patients with a complete list of its refused services. A covered entity shall:

1. Provide written notice to the patient or the patient's representative which includes the complete list of its refused services before any health care service is initiated.

a. In the case of an emergency, the covered entity must promptly provide written notice after the patient is capable of receiving such notice or when the patient's representative is available.

b. The patient or patient's representative shall acknowledge receipt of the written notice of refused services.

2. Retain all acknowledgments of receipt of the written notice of refused services for a period of at least 3 years.

3. Provide a complete list of its refused services to any person upon request.

(b) By October 1, 2025, a covered entity shall submit to the department a complete list of its refused services. If any change is made to the list, the covered entity must notify the department within 30 days after making the change.

(c) If applying for any state grant or contract related to providing a health care service, a covered entity must submit, along with its application, a complete list of its refused services.

(d) A covered entity that fails to comply with this subsection is subject to a fine not to exceed $5,000 for each day the covered entity is not in compliance.

(4) DEPARTMENT DUTIES.—

(a) The department shall adopt rules to implement this section which must include a process for receiving and investigating complaints regarding covered entities not in compliance with this section.

(b) By January 1, 2026, the department shall publish and maintain on its website a current list of covered entities and the refused services for each covered entity.

(c) The department shall develop and administer a public education and awareness program regarding the denial of health care services, including how the denial of health care services can negatively impact health care access and quality, how the denial of health care services may be avoided, and how the denial of health care services affects vulnerable people and communities.

(5) CONSTRUCTION.—

(a) This section does not authorize denials of health care services or discrimination in the provision of health care services.

(b) This section does not limit any cause of action under state or federal law, or limit any remedy in law or equity, against a health care facility or health care practitioner.

(c) Compliance with this section does not reduce or limit any potential liability for covered entities associated with the refused services or any violations of state or federal law.

(d) Section 761.03 does not provide a claim relating to, or a defense to a claim under, this section, or provide a basis for challenging the application or enforcement of this section or the use of funds associated with the application or enforcement

of this section.

(6) SEVERABILITY.—If any provision of this section or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this section which can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

Section 6. Section 381.96, Florida Statutes, is amended to read:

381.96 Pregnancy support and wellness services.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Department" means the Department of Health.

(b) "Eligible client" means ~~any of the following:~~

~~1.~~ a pregnant woman or a woman who suspects she is pregnant, and the family of such woman, who voluntarily seeks pregnancy support services and any woman who voluntarily seeks wellness services.

~~2. A woman who has given birth in the previous 12 months and her family.~~

~~3. A parent or parents or a legal guardian or legal guardians, and the families of such parents and legal guardians, for up to 12 months after the birth of a child or the adoption of a child younger than 3 years of age.~~

(c) "Florida Pregnancy Care Network, Inc.," or "network" means the not-for-profit statewide alliance of pregnancy support organizations that provide pregnancy support and wellness services through a comprehensive system of care to women and their families.

(d) "Pregnancy ~~and parenting~~ support services" means

services that promote and encourage childbirth, including, but not limited to:

1. Direct client services, such as pregnancy testing, counseling, referral, training, and education for pregnant women and their families. A woman and her family remain eligible to receive direct client services for up to 12 months after the birth of the child.

2. ~~Nonmedical material assistance that improves the pregnancy or parenting situation of families, including, but not limited to, clothing, car seats, cribs, formula, and diapers.~~

~~3. Counseling or mentoring, education materials, and classes regarding pregnancy, parenting, adoption, life skills, and employment readiness.~~

~~4.~~ Network awareness activities, including a promotional campaign to educate the public about the pregnancy support services offered by the network and a website that provides information on the location of providers in the user's area and other available community resources.

3.~~5.~~ Communication activities, including the operation and maintenance of a hotline or call center with a single statewide toll-free number that is available 24 hours a day for an eligible client to obtain the location and contact information for a pregnancy center located in the client's area.

(e) "Wellness services" means services or activities intended to maintain and improve health or prevent illness and injury, including, but not limited to, high blood pressure screening, anemia testing, thyroid screening, cholesterol screening, diabetes screening, and assistance with smoking cessation.

(2) DEPARTMENT DUTIES.—The department shall contract with the network for the management and delivery of pregnancy ~~and parenting~~ support services and wellness services to eligible clients.

(3) CONTRACT REQUIREMENTS.—The department contract must ~~shall~~ specify the contract deliverables, including financial reports and other reports due to the department, timeframes for achieving contractual obligations, and any other requirements the department determines are necessary, such as staffing and location requirements. The contract must ~~shall~~ require the network to:

(a) Establish, implement, and monitor a comprehensive system of care through subcontractors to meet the pregnancy ~~and parenting~~ support and wellness needs of eligible clients.

(b) Establish and manage subcontracts with a sufficient number of providers to ensure the availability of pregnancy ~~and parenting~~ support services and wellness services for eligible clients, and maintain and manage the delivery of such services throughout the contract period.

(c) Spend at least 90 ~~85~~ percent of the contract funds on pregnancy ~~and parenting~~ support services~~, excluding services specified in subparagraph (1)(d)4.,~~ and wellness services.

(d) Offer wellness services through vouchers or other appropriate arrangements that allow the purchase of services from qualified health care providers.

(e) Require a background screening under s. 943.0542 for all paid staff and volunteers of a subcontractor if such staff or volunteers provide direct client services to an eligible client who is a minor or an elderly person or who has a

disability.

(f) ~~Annually~~ Monitor its subcontractors annually and specify the sanctions that will ~~shall~~ be imposed for noncompliance with the terms of a subcontract.

(g) Subcontract only with providers that exclusively promote and support childbirth.

(h) Ensure that informational materials provided to an eligible client by a provider are current and accurate and cite the reference source of any medical statement included in such materials.

(i) Ensure that the department is provided with all information necessary for the report required under subsection (5).

(4) SERVICES.—Services provided pursuant to this section must be provided in a noncoercive manner and may not include any religious content.

(5) REPORT.—By July 1, 2024, and each year thereafter, the department shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the amount and types of services provided by the network; the expenditures for such services; and the number of, and demographic information for, women~~, parents,~~ and families served by the network.

Section 7. Subsection (6) of section 390.011, Florida Statutes, is amended to read:

390.011 Definitions.—As used in this chapter, the term:

~~(6) "Fatal fetal abnormality" means a terminal condition that, in reasonable medical judgment, regardless of the provision of life-saving medical treatment, is incompatible with~~

~~life outside the womb and will result in death upon birth or imminently thereafter.~~

Section 8. Subsections (1) and (2) of section 390.0111, Florida Statutes, are amended to read:

390.0111 Termination of pregnancies.—

(1) TERMINATION IN THIRD TRIMESTER ~~AFTER GESTATIONAL AGE OF 6 WEEKS~~; WHEN ALLOWED.—A physician may not knowingly perform or induce a termination of pregnancy on any person in the third trimester of pregnancy ~~if the physician determines the gestational age of the fetus is more than 6 weeks~~ unless one of the following conditions is met:

(a) Two physicians certify in writing that, in reasonable medical judgment, the termination of the pregnancy is necessary to save the pregnant woman's life or avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition.

(b) The physician certifies in writing that, in reasonable medical judgment, there is a medical necessity for legitimate emergency medical procedures for termination of the pregnancy to save the pregnant woman's life or avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition, and another physician is not available for consultation.

~~(c) The pregnancy has not progressed to the third trimester and two physicians certify in writing that, in reasonable medical judgment, the fetus has a fatal fetal abnormality.~~

~~(d) The pregnancy is the result of rape, incest, or human~~

~~trafficking and the gestational age of the fetus is not more than 15 weeks as determined by the physician. At the time the woman schedules or arrives for her appointment to obtain the abortion, she must provide a copy of a restraining order, police report, medical record, or other court order or documentation providing evidence that she is obtaining the termination of pregnancy because she is a victim of rape, incest, or human trafficking. If the woman is 18 years of age or older, the physician must report any known or suspected human trafficking to a local law enforcement agency. If the woman is a minor, the physician must report the incident of rape, incest, or human trafficking to the central abuse hotline as required by s. 39.201.~~

(2) IN-PERSON PERFORMANCE BY PHYSICIAN REQUIRED.—Only a physician may perform or induce a termination of pregnancy. ~~A physician may not use telehealth as defined in s. 456.47 to perform an abortion, including, but not limited to, medical abortions. Any medications intended for use in a medical abortion must be dispensed in person by a physician and may not be dispensed through the United States Postal Service or by any other courier or shipping service.~~

Section 9. Subsection (1) of section 390.012, Florida Statutes, is amended to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(1) The agency may develop and enforce rules pursuant to ss. 390.011-390.018 and part II of chapter 408 for the health, care, and treatment of persons in abortion clinics and for the safe operation of such clinics. The rules must be reasonably

related to the preservation of maternal health of the clients, must be in accordance with s. 797.03, may not impose an unconstitutional burden on a woman's freedom to decide whether to terminate her pregnancy, and must provide for all of the following:

(a) The performance of pregnancy termination procedures only by a licensed physician.

(b) The making, protection, and preservation of patient records, which must be treated as medical records under chapter 458. When performing a license inspection of a clinic, the agency shall inspect at least 50 percent of patient records generated since the clinic's last license inspection.

(c) Annual inspections by the agency of all clinics licensed under this chapter to ensure that such clinics are in compliance with this chapter and agency rules.

(d) The prompt investigation of credible allegations of abortions being performed at a clinic that is not licensed to perform such procedures.

Section 10. Section 395.3027, Florida Statutes, is repealed.

Section 11. Present subsections (4) through (12) of section 409.905, Florida Statutes, are redesignated as subsections (5) through (13), respectively, and a new subsection (4) is added to that section, to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any

service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(4) GENDER-AFFIRMING CARE.—

(a) *Definitions.*—As used in this section, the term:

1. "Gender identity" means an individual's internal sense of that individual's gender, regardless of the sex assigned to that individual at birth.

2. "Transgender individual" means an individual who identifies as a gender different from the sex assigned to that individual at birth.

(b) *Reimbursement.*—The agency shall provide reimbursement for medically necessary treatment for or related to gender dysphoria as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association or a comparable or equivalent diagnosis.

(c) *Discrimination prohibited.*—The agency may not discriminate in its reimbursement of medically necessary treatment on the basis of the recipient's gender identity or on the basis that the recipient is a transgender individual.

Section 12. Subsections (8) and (9) of section 456.001, Florida Statutes, are amended to read:

456.001 Definitions.—As used in this chapter, the term:

~~(8) "Sex" means the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person's sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.~~

~~(9)(a) "Sex-reassignment prescriptions or procedures" means:~~

~~1. The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).~~

~~2. The prescription or administration of hormones or hormone antagonists to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).~~

~~3. Any medical procedure, including a surgical procedure, to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).~~

~~(b) The term does not include:~~

~~1. Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:~~

~~a. External biological sex characteristics that are unresolvably ambiguous.~~

~~b. A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.~~

~~2. Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law.~~

~~3. Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under chapter 458 or chapter 459, place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.~~

Section 13. Paragraph (f) of subsection (2) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

(2) PRACTICE STANDARDS.—

~~(f) A telehealth provider may not use telehealth to perform an abortion, including, but not limited to, medical abortions as defined in s. 390.011.~~

Section 14. Section 456.52, Florida Statutes, is repealed.

Section 15. Section 766.318, Florida Statutes, is repealed.

Section 16. Subsection (1) of section 61.517, Florida Statutes, is amended to read:

61.517 Temporary emergency jurisdiction.—

(1) A court of this state has temporary emergency jurisdiction if the child is present in this state and:

(a) The child has been abandoned; or

(b) It is necessary in an emergency to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse~~; or~~

~~(c) It is necessary in an emergency to protect the child because the child has been subjected to or is threatened with being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001~~.

Section 17. Subsection (1) of section 61.534, Florida Statutes, is amended to read:

61.534 Warrant to take physical custody of child.—

(1) Upon the filing of a petition seeking enforcement of a child custody determination, the petitioner may file a verified application for the issuance of a warrant to take physical custody of the child if the child is likely to imminently suffer serious physical harm or removal from this state. ~~Serious physical harm includes, but is not limited to, being subjected to sex-reassignment prescriptions or procedures as defined in s. 456.001.~~

Section 18. Paragraph (a) of subsection (1) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement

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

(1) Reimbursement to hospitals licensed under part I of chapter 395 must be made prospectively or on the basis of negotiation.

(a) Reimbursement for inpatient care is limited as provided in s. 409.905(6) ~~s. 409.905(5)~~, except as otherwise provided in this subsection.

1. If authorized by the General Appropriations Act, the

agency may modify reimbursement for specific types of services or diagnoses, recipient ages, and hospital provider types.

2. The agency may establish an alternative methodology to the DRG-based prospective payment system to set reimbursement rates for:

a. State-owned psychiatric hospitals.

b. Newborn hearing screening services.

c. Transplant services for which the agency has established a global fee.

d. Recipients who have tuberculosis that is resistant to therapy who are in need of long-term, hospital-based treatment pursuant to s. 392.62.

3. The agency shall modify reimbursement according to other methodologies recognized in the General Appropriations Act.

The agency may receive funds from state entities, including, but not limited to, the Department of Health, local governments, and other local political subdivisions, for the purpose of making special exception payments, including federal matching funds, through the Medicaid inpatient reimbursement methodologies. Funds received for this purpose shall be separately accounted for and may not be commingled with other state or local funds in any manner. The agency may certify all local governmental funds used as state match under Title XIX of the Social Security Act, to the extent and in the manner authorized under the General Appropriations Act and pursuant to an agreement between the agency and the local governmental entity. In order for the agency to certify such local governmental funds, a local governmental entity must submit a final, executed letter of

agreement to the agency, which must be received by October 1 of each fiscal year and provide the total amount of local governmental funds authorized by the entity for that fiscal year under this paragraph, paragraph (b), or the General Appropriations Act. The local governmental entity shall use a certification form prescribed by the agency. At a minimum, the certification form must identify the amount being certified and describe the relationship between the certifying local governmental entity and the local health care provider. The agency shall prepare an annual statement of impact which documents the specific activities undertaken during the previous fiscal year pursuant to this paragraph, to be submitted to the Legislature annually by January 1.

Section 19. Subsection (36) of section 409.913, Florida Statutes, is amended to read:

409.913 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as appropriate. Each January 15, the agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs shall submit a report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases opened and investigated each year; the sources of the cases opened; the disposition of the cases closed each year; the amount of

overpayments alleged in preliminary and final audit letters; the number and amount of fines or penalties imposed; any reductions in overpayment amounts negotiated in settlement agreements or by other means; the amount of final agency determinations of overpayments; the amount deducted from federal claiming as a result of overpayments; the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to collect from the time the case was opened until the overpayment is paid in full; the amount determined as uncollectible and the portion of the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document actions taken to prevent overpayments and the number of providers prevented from enrolling in or reenrolling in the Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud. All policy recommendations in the report must include a detailed fiscal analysis, including, but not limited to, implementation costs, estimated savings to the Medicaid program, and the return on investment. The agency must submit the policy recommendations and fiscal analyses in the report to the appropriate estimating conference, pursuant to s. 216.137, by February 15 of each year. The agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs

each must include detailed unit-specific performance standards, benchmarks, and metrics in the report, including projected cost savings to the state Medicaid program during the following fiscal year.

(36) The agency may provide to a sample of Medicaid recipients or their representatives through the distribution of explanations of benefits information about services reimbursed by the Medicaid program for goods and services to such recipients, including information on how to report inappropriate or incorrect billing to the agency or other law enforcement entities for review or investigation, information on how to report criminal Medicaid fraud to the Medicaid Fraud Control Unit's toll-free hotline number, and information about the rewards available under s. 409.9203. The explanation of benefits may not be mailed for Medicaid independent laboratory services as described in s. 409.905(8) ~~s. 409.905(7)~~ or for Medicaid certified match services as described in ss. 409.9071 and 1011.70.

Section 20. Paragraph (c) of subsection (5) of section 456.074, Florida Statutes, is amended to read:

456.074 Certain health care practitioners; immediate suspension of license.—

(5) The department shall issue an emergency order suspending the license of any health care practitioner who is arrested for committing or attempting, soliciting, or conspiring to commit any act that would constitute a violation of any of the following criminal offenses in this state or similar offenses in another jurisdiction:

~~(c) Section 456.52(5)(b), relating to prescribing,~~

~~administering, or performing sex-reassignment prescriptions or procedures for a patient younger than 18 years of age.~~

Section 21. Section 636.0145, Florida Statutes, is amended to read:

636.0145 Certain entities contracting with Medicaid.—An entity that is providing comprehensive inpatient and outpatient mental health care services to certain Medicaid recipients in Hillsborough, Highlands, Hardee, Manatee, and Polk Counties through a capitated, prepaid arrangement pursuant to the federal waiver provided for in s. 409.905(6) ~~s. 409.905(5)~~ must become licensed under this chapter by December 31, 1998. Any entity licensed under this chapter which provides services solely to Medicaid recipients under a contract with Medicaid is exempt from ss. 636.017, 636.018, 636.022, 636.028, 636.034, and 636.066(1).

Section 22. This act shall take effect July 1, 2025.