

26 | a penalty; creating s. 395.3011, F.S.; defining the
 27 | term "extraordinary collection action"; prohibiting
 28 | certain collection activities by a licensed facility;
 29 | amending s. 624.27, F.S.; revising the definition of
 30 | the term "health care provider"; creating s. 627.446,
 31 | F.S.; defining the term "health insurer"; requiring
 32 | each health insurer to provide insureds with an
 33 | advanced explanation of benefits within specified
 34 | timeframes; providing requirements for the advanced
 35 | explanation of benefits; amending ss. 627.6387 and
 36 | 627.6648, F.S.; revising the definition of the term
 37 | "health insurer"; providing that a shared savings
 38 | incentive offered by a health insurer constitutes a
 39 | medical expense for rate development and rate filing
 40 | purposes for individual and group health insurance
 41 | policies, respectively; amending s. 641.31076, F.S.;
 42 | revising the definition of the term "health
 43 | maintenance organization"; providing that a shared
 44 | savings incentive offered by a health maintenance
 45 | organization constitutes a medical expense for rate
 46 | development and rate filing purposes for individual or
 47 | group health maintenance contracts; amending ss.
 48 | 475.01, 475.611, 517.191, 768.28, and 787.061, F.S.;
 49 | conforming provisions to changes made by the act;
 50 | providing applicability; requiring the Agency for

51 Health Care Administration and the Office of Insurance
52 Regulation to notify the Division of Law Revision upon
53 the promulgation of certain federal rules; amending s.
54 409.016, F.S.; defining the term "management
55 functions"; amending s. 409.987, F.S.; revising
56 requirements for contracts the Department of Children
57 and Families has with community-based care lead
58 agencies; providing duties for board members of lead
59 agencies; requiring lead agencies to ensure that board
60 members participate in certain annual training;
61 requiring the posting of a fidelity bond; revising the
62 definition of the term "conflict of interest";
63 defining the term "related party"; requiring the lead
64 agency's board of directors to disclose to the
65 department any known actual or potential conflicts of
66 interest; prohibiting a lead agency from entering into
67 a contract or being a party to any transaction with
68 related parties if a conflict of interest is not
69 properly disclosed; prohibiting a lead agency from
70 entering into a contract or being a party to any
71 transaction with related parties for officer-level or
72 director-level staffing to perform management
73 functions; requiring that the contract with the
74 department and the lead agency specify the
75 administrative functions that the lead agency may

76 subcontract; authorizing a lead agency to enter into
 77 certain contracts or be a party to certain
 78 transactions, provided that a certain requirement for
 79 fees, rates, and prices paid is met and any conflict
 80 of interest is properly disclosed; requiring that
 81 department contracts impose contractual penalties on
 82 lead agencies for undisclosed conflicts of interest;
 83 providing applicability; requiring that certain
 84 contracts be reprocured; authorizing the department to
 85 recoup lead agency expenses for the execution of
 86 certain contracts; amending s. 409.988, F.S.; revising
 87 lead agency duties; specifying requirements for and
 88 limitations on an exemption for lead agencies from
 89 certain contract requirements; providing for renewal
 90 of the exemption; authorizing the department to deny
 91 an exemption renewal request under certain
 92 circumstances; requiring such lead agencies to undergo
 93 an operational audit by the Auditor General;
 94 specifying requirements for the audit; requiring the
 95 Auditor General to conduct such audits upon
 96 notification by the department; repealing s. 409.991,
 97 F.S., relating to allocation of funds for community-
 98 based care lead agencies; creating s. 409.9913, F.S.;
 99 defining the terms "core services funding" and
 100 "operational and fixed costs"; requiring the

101 department, in collaboration with the lead agencies
102 and providers of child welfare services, to develop a
103 specific funding methodology for the allocation of
104 core services which must meet certain criteria;
105 requiring the lead agencies and providers of child
106 welfare services to submit to the department certain
107 financial information; requiring the department to
108 submit to the Governor and the Legislature certain
109 reports by specified dates; providing construction;
110 authorizing the department to include certain rates
111 and total allocations in certain reports; requiring
112 the Legislature to allocate funding to the lead
113 agencies with due consideration of the specified
114 funding methodology, beginning with a specified fiscal
115 year; prohibiting the department from changing a lead
116 agency's allocation of funds provided in the General
117 Appropriations Act without legislative approval;
118 authorizing the department to approve certain risk
119 pool funding for a lead agency; requiring the
120 department to submit to the Governor and the
121 Legislature certain monthly reports for a specified
122 period of time; amending s. 409.992, F.S.; revising
123 requirements for lead agency practices in the
124 procurement of commodities and contractual services;
125 requiring the department to impose certain penalties

126 for a lead agency's noncompliance with applicable
 127 procurement law; requiring that the contract between
 128 the department and the lead agency specify the rights
 129 and obligations with regard to real property held by
 130 the lead agency during the term of the contract;
 131 providing applicability of certain limitations on the
 132 salaries of community-based care lead agency
 133 administrative employees; amending s. 409.994, F.S.;
 134 revising the conditions under which the department may
 135 petition a court for the appointment of a receiver for
 136 a community-based care lead agency; amending s.
 137 409.996, F.S.; revising requirements for contracts
 138 between the department and lead agencies; revising the
 139 actions the department may take under certain
 140 circumstances; making a technical change; providing
 141 duties of the department; requiring the department, by
 142 specified dates, to submit certain reports to the
 143 Governor and the Legislature; establishing the Future
 144 of Child Protection Contracting and Funding Workgroup
 145 within the department; requiring the department to
 146 convene the workgroup and submit a report to the
 147 Governor and the Legislature by a specified date;
 148 providing for membership of the workgroup; specifying
 149 requirements for the report; terminating the workgroup
 150 upon the submission of the report; providing an

151 effective date.

152

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

154

155 Section 1. Present subsections (4) through (12) of section
 156 95.11, Florida Statutes, are redesignated as subsections (5)
 157 through (13), respectively, a new subsection (4) is added to
 158 that section, and paragraph (b) of subsection (2), paragraph (n)
 159 of subsection (3), paragraphs (f) and (g) of present subsection
 160 (5), and present subsection (10) are amended, to read:

161 95.11 Limitations other than for the recovery of real
 162 property.—Actions other than for recovery of real property shall
 163 be commenced as follows:

164 (2) WITHIN FIVE YEARS.—

165 (b) A legal or equitable action on a contract, obligation,
 166 or liability founded on a written instrument, except for an
 167 action to enforce a claim against a payment bond, which shall be
 168 governed by the applicable provisions of paragraph (6)(e)
 169 ~~paragraph (5)(e)~~, s. 255.05(10), s. 337.18(1), or s.
 170 713.23(1)(e), and except for an action for a deficiency judgment
 171 governed by paragraph (6)(h) ~~paragraph (5)(h)~~.

172 (3) WITHIN FOUR YEARS.—

173 (n) An action for assault, battery, false arrest,
 174 malicious prosecution, malicious interference, false
 175 imprisonment, or any other intentional tort, except as provided

176 in subsections (5), (6), and (8) ~~subsections (4), (5), and (7)~~.

177 (4) WITHIN THREE YEARS.—An action to collect medical debt
178 for services rendered by a facility licensed under chapter 395,
179 provided that the period of limitations shall run from the date
180 on which the facility refers the medical debt to a third party
181 for collection.

182 ~~(6)-(5)~~ WITHIN ONE YEAR.—

183 (f) Except for actions described in subsection (9) ~~(8)~~, a
184 petition for extraordinary writ, other than a petition
185 challenging a criminal conviction, filed by or on behalf of a
186 prisoner as defined in s. 57.085.

187 (g) Except for actions described in subsection (9) ~~(8)~~, an
188 action brought by or on behalf of a prisoner, as defined in s.
189 57.085, relating to the conditions of the prisoner's
190 confinement.

191 ~~(11)-(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM
192 ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding
193 paragraph (5)(e) ~~paragraph (4)(e)~~, an action for wrongful death
194 seeking damages authorized under s. 768.21 brought against a
195 natural person for an intentional tort resulting in death from
196 acts described in s. 782.04 or s. 782.07 may be commenced at any
197 time. This subsection shall not be construed to require an
198 arrest, the filing of formal criminal charges, or a conviction
199 for a violation of s. 782.04 or s. 782.07 as a condition for
200 filing a civil action.

201 Section 2. Section 222.26, Florida Statutes, is created to
 202 read:

203 222.26 Additional exemptions from legal process concerning
 204 medical debt.—If a debt is owed for medical services provided by
 205 a facility licensed under chapter 395, the following property is
 206 exempt from attachment, garnishment, or other legal process in
 207 an action on such debt:

208 (1) A debtor's interest, not to exceed \$10,000 in value,
 209 in a single motor vehicle as defined in s. 320.01(1).

210 (2) A debtor's interest in personal property, not to
 211 exceed \$10,000 in value, if the debtor does not claim or receive
 212 the benefits of a homestead exemption under s. 4, Art. X of the
 213 State Constitution.

214 Section 3. Present paragraphs (b), (c), and (d) of
 215 subsection (1) of section 395.301, Florida Statutes, are
 216 redesignated as paragraphs (c), (d), and (e) of that subsection,
 217 respectively, present subsection (6) is redesignated as
 218 subsection (8) of that section, a new paragraph (b) is added to
 219 subsection (1), a new subsection (6) and subsection (7) are
 220 added to that section, and present paragraph (b) of subsection
 221 (1) is amended, to read:

222 395.301 Price transparency; itemized patient statement or
 223 bill; patient admission status notification.—

224 (1) A facility licensed under this chapter shall provide
 225 timely and accurate financial information and quality of service

226 | measures to patients and prospective patients of the facility,
 227 | or to patients' survivors or legal guardians, as appropriate.
 228 | Such information shall be provided in accordance with this
 229 | section and rules adopted by the agency pursuant to this chapter
 230 | and s. 408.05. Licensed facilities operating exclusively as
 231 | state facilities are exempt from this subsection.

232 | (b) Each licensed facility shall post on its website a
 233 | consumer-friendly list of standard charges for at least 300
 234 | shoppable health care services, or an Internet-based price
 235 | estimator tool meeting federal standards. If a facility provides
 236 | fewer than 300 distinct shoppable health care services, it shall
 237 | make available on its website the standard charges for each
 238 | service it provides. As used in this paragraph, the term:

239 | 1. "Shoppable health care service" means a service that
 240 | can be scheduled by a healthcare consumer in advance. The term
 241 | includes, but is not limited to, the services described in s.
 242 | 627.6387(2)(e) and any services defined in regulations or
 243 | guidance issued by the United States Department of Health and
 244 | Human Services.

245 | 2. "Standard charge" has the same meaning as that term is
 246 | defined in regulations or guidance issued by the United States
 247 | Department of Health and Human Services for purposes of hospital
 248 | price transparency.

249 | ~~(c)(b)~~1. ~~Upon request, and~~ Before providing any
 250 | nonemergency medical services, each licensed facility shall

251 provide in writing or by electronic means a good faith estimate
252 of reasonably anticipated charges by the facility for the
253 treatment of a the patient's or prospective patient's specific
254 condition. The facility must provide the estimate to the patient
255 or prospective patient within 7 business days after the receipt
256 of the request and is not required to adjust the estimate for
257 any potential insurance coverage. The facility must provide the
258 estimate to the patient's health insurer, as defined in s.
259 627.446(1), and the patient at least 3 business days before the
260 date such service is to be provided, but no later than 1
261 business day after the date such service is scheduled or, in the
262 case of a service scheduled at least 10 business days in
263 advance, no later than 3 business days after the date the
264 service is scheduled. The facility must provide the estimate to
265 the patient no later than 3 business days after the date the
266 patient requests an estimate. The estimate may be based on the
267 descriptive service bundles developed by the agency under s.
268 408.05(3)(c) unless the patient or prospective patient requests
269 a more personalized and specific estimate that accounts for the
270 specific condition and characteristics of the patient or
271 prospective patient. The facility shall inform the patient or
272 prospective patient that he or she may contact his or her health
273 insurer ~~or health maintenance organization~~ for additional
274 information concerning cost-sharing responsibilities.

275 2. In the estimate, the facility shall provide to the

276 patient or prospective patient information on the facility's
277 financial assistance policy, including the application process,
278 payment plans, and discounts and the facility's charity care
279 policy and collection procedures.

280 3. The estimate shall clearly identify any facility fees
281 and, if applicable, include a statement notifying the patient or
282 prospective patient that a facility fee is included in the
283 estimate, the purpose of the fee, and that the patient may pay
284 less for the procedure or service at another facility or in
285 another health care setting.

286 4. ~~Upon request,~~ The facility shall notify the patient or
287 prospective patient of any revision to the estimate.

288 5. In the estimate, the facility must notify the patient
289 or prospective patient that services may be provided in the
290 health care facility by the facility as well as by other health
291 care providers that may separately bill the patient, if
292 applicable.

293 6. ~~The facility shall take action to educate the public~~
294 ~~that such estimates are available upon request.~~

295 7. Failure to timely provide the estimate pursuant to this
296 paragraph shall result in a daily fine of \$1,000 until the
297 estimate is provided to the patient or prospective patient and
298 the health insurer. The total fine per patient estimate may not
299 exceed \$10,000.

300

301 ~~The provision of an estimate does not preclude the actual~~
 302 ~~charges from exceeding the estimate.~~

303 (6) Each facility shall establish an internal process for
 304 reviewing and responding to grievances from patients. Such
 305 process must allow a patient to dispute charges that appear on
 306 the patient's itemized statement or bill. The facility shall
 307 prominently post on its website and indicate in bold print on
 308 each itemized statement or bill the instructions for initiating
 309 a grievance and the direct contact information required to
 310 initiate the grievance process. The facility must provide an
 311 initial response to a patient grievance within 7 business days
 312 after the patient formally files a grievance disputing all or a
 313 portion of an itemized statement or bill.

314 (7) Each licensed facility shall disclose to a patient, a
 315 prospective patient, or a patient's legal guardian whether a
 316 cost-sharing obligation for a particular covered health care
 317 service or item exceeds the charge that applies to an individual
 318 who pays cash or the cash equivalent for the same health care
 319 service or item in the absence of health insurance coverage.
 320 Failure to provide a disclosure in compliance with this
 321 subsection may result in a fine not to exceed \$500 per incident.

322 Section 4. Section 395.3011, Florida Statutes, is created
 323 to read:

324 395.3011 Billing and collection activities.—

325 (1) As used in this section, the term "extraordinary

326 collection action" means any of the following actions taken by a
 327 licensed facility against an individual in relation to obtaining
 328 payment of a bill for care covered under the facility's
 329 financial assistance policy:

330 (a) Selling the individual's debt to another party.

331 (b) Reporting adverse information about the individual to
 332 consumer credit reporting agencies or credit bureaus.

333 (c) Deferring, denying, or requiring a payment before
 334 providing medically necessary care because of the individual's
 335 nonpayment of one or more bills for previously provided care
 336 covered under the facility's financial assistance policy.

337 (d) Actions that require a legal or judicial process,
 338 including, but not limited to:

339 1. Placing a lien on the individual's property;

340 2. Foreclosing on the individual's real property;

341 3. Attaching or seizing the individual's bank account or
 342 any other personal property;

343 4. Commencing a civil action against the individual;

344 5. Causing the individual's arrest; or

345 6. Garnishing the individual's wages.

346 (2) A facility may not engage in an extraordinary
 347 collection action against an individual to obtain payment for
 348 services:

349 (a) Before the facility has made reasonable efforts to
 350 determine whether the individual is eligible for assistance

351 under its financial assistance policy for the care provided and,
 352 if eligible, before a decision is made by the facility on the
 353 patient's application for such financial assistance.

354 (b) Before the facility has provided the individual with
 355 an itemized statement or bill.

356 (c) During an ongoing grievance process as described in s.
 357 395.301(6) or an ongoing appeal of a claim adjudication.

358 (d) Before billing any applicable insurer and allowing the
 359 insurer to adjudicate a claim.

360 (e) For 30 days after notifying the patient in writing, by
 361 certified mail, or by other traceable delivery method, that a
 362 collection action will commence absent additional action by the
 363 patient.

364 (f) While the individual:

365 1. Negotiates in good faith the final amount of a bill for
 366 services rendered; or

367 2. Complies with all terms of a payment plan with the
 368 facility.

369 Section 5. Paragraph (b) of subsection (1) of section
 370 624.27, Florida Statutes, is amended to read:

371 624.27 Direct health care agreements; exemption from
 372 code.—

373 (1) As used in this section, the term:

374 (b) "Health care provider" means a health care provider
 375 licensed under chapter 458, chapter 459, chapter 460, chapter

376 461, chapter 464, or chapter 466, chapter 490, or chapter 491,
377 or a health care group practice, who provides health care
378 services to patients.

379 Section 6. Section 627.446, Florida Statutes, is created
380 to read:

381 627.446 Advanced explanation of benefits.-

382 (1) As used in this section, the term "health insurer"
383 means a health insurer issuing individual or group coverage or a
384 health maintenance organization issuing coverage through an
385 individual or a group contract.

386 (2) Each health insurer shall prepare an advanced
387 explanation of benefits upon receiving a patient estimate from a
388 facility pursuant to s. 395.301(1). The health insurer must
389 provide the advanced explanation of benefits to the insured no
390 later than 1 business day after receiving the patient estimate
391 from the facility or, in the case of a service scheduled at
392 least 10 business days in advance, no later than 3 business days
393 after receiving such estimate. The health insurer must provide
394 an advanced explanation of benefits to the insured no later than
395 3 business days after the date on which the health insurer
396 receives a request from the insured.

397 (3) At a minimum, the advanced explanation of benefits
398 must include detailed coverage and cost-sharing information
399 pursuant to the No Surprises Act, Title I of Division BB of the
400 Consolidated Appropriations Act, 2021, Pub. L. No. 116-260.

401 Section 7. Paragraph (b) of subsection (2) and paragraph
 402 (a) of subsection (4) of section 627.6387, Florida Statutes, are
 403 amended to read:

404 627.6387 Shared savings incentive program.—

405 (2) As used in this section, the term:

406 (b) "Health insurer" means an authorized insurer issuing
 407 major medical or other comprehensive coverage through an
 408 individual policy ~~offering health insurance as defined in s.~~
 409 ~~624.603.~~

410 (4)(a) A shared savings incentive offered by a health
 411 insurer in accordance with this section:

412 1. Is not an administrative expense for rate development
 413 or rate filing purposes and shall be counted as a medical
 414 expense for such purposes.

415 2. Does not constitute an unfair method of competition or
 416 an unfair or deceptive act or practice under s. 626.9541 and is
 417 presumed to be appropriate unless credible data clearly
 418 demonstrates otherwise.

419 Section 8. Paragraph (b) of subsection (2) and paragraph
 420 (a) of subsection (4) of section 627.6648, Florida Statutes, are
 421 amended to read:

422 627.6648 Shared savings incentive program.—

423 (2) As used in this section, the term:

424 (b) "Health insurer" means an authorized insurer issuing
 425 major medical or other comprehensive coverage through a group

426 ~~policy offering health insurance as defined in s. 624.603.~~ The
427 term does not include the state group health insurance program
428 provided under s. 110.123.

429 (4)(a) A shared savings incentive offered by a health
430 insurer in accordance with this section:

431 1. Is not an administrative expense for rate development
432 or rate filing purposes and shall be counted as a medical
433 expense for such purposes.

434 2. Does not constitute an unfair method of competition or
435 an unfair or deceptive act or practice under s. 626.9541 and is
436 presumed to be appropriate unless credible data clearly
437 demonstrates otherwise.

438 Section 9. Paragraph (b) of subsection (2) and paragraph
439 (a) of subsection (4) of section 641.31076, Florida Statutes,
440 are amended to read:

441 641.31076 Shared savings incentive program.—

442 (2) As used in this section, the term:

443 (b) "Health maintenance organization" means an authorized
444 health maintenance organization issuing major medical or other
445 comprehensive coverage through individual or group contract ~~has~~
446 ~~the same meaning as provided in s. 641.19.~~ The term does not
447 include the state group health insurance program provided under
448 s. 110.123.

449 (4) A shared savings incentive offered by a health
450 maintenance organization in accordance with this section:

451 (a) Is not an administrative expense for rate development
 452 or rate filing purposes and shall be counted as a medical
 453 expense for such purposes.

454 Section 10. Paragraphs (a) and (j) of subsection (1) of
 455 section 475.01, Florida Statutes, are amended to read:

456 475.01 Definitions.—

457 (1) As used in this part:

458 (a) "Broker" means a person who, for another, and for a
 459 compensation or valuable consideration directly or indirectly
 460 paid or promised, expressly or impliedly, or with an intent to
 461 collect or receive a compensation or valuable consideration
 462 therefor, appraises, auctions, sells, exchanges, buys, rents, or
 463 offers, attempts or agrees to appraise, auction, or negotiate
 464 the sale, exchange, purchase, or rental of business enterprises
 465 or business opportunities or any real property or any interest
 466 in or concerning the same, including mineral rights or leases,
 467 or who advertises or holds out to the public by any oral or
 468 printed solicitation or representation that she or he is engaged
 469 in the business of appraising, auctioning, buying, selling,
 470 exchanging, leasing, or renting business enterprises or business
 471 opportunities or real property of others or interests therein,
 472 including mineral rights, or who takes any part in the procuring
 473 of sellers, purchasers, lessors, or lessees of business
 474 enterprises or business opportunities or the real property of
 475 another, or leases, or interest therein, including mineral

476 rights, or who directs or assists in the procuring of prospects
477 or in the negotiation or closing of any transaction which does,
478 or is calculated to, result in a sale, exchange, or leasing
479 thereof, and who receives, expects, or is promised any
480 compensation or valuable consideration, directly or indirectly
481 therefor; and all persons who advertise rental property
482 information or lists. A broker renders a professional service
483 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
484 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
485 in the definition of the term "broker," it specifically excludes
486 those appraisal services which must be performed only by a
487 state-licensed or state-certified appraiser, and those appraisal
488 services which may be performed by a registered trainee
489 appraiser as defined in part II. The term "broker" also includes
490 any person who is a general partner, officer, or director of a
491 partnership or corporation which acts as a broker. The term
492 "broker" also includes any person or entity who undertakes to
493 list or sell one or more timeshare periods per year in one or
494 more timeshare plans on behalf of any number of persons, except
495 as provided in ss. 475.011 and 721.20.

496 (j) "Sales associate" means a person who performs any act
497 specified in the definition of "broker," but who performs such
498 act under the direction, control, or management of another
499 person. A sales associate renders a professional service and is
500 a professional within the meaning of s. 95.11(5)(b) ~~s.~~

501 ~~95.11(4)(b).~~

502 Section 11. Paragraph (h) of subsection (1) of section
503 475.611, Florida Statutes, is amended to read:

504 475.611 Definitions.—

505 (1) As used in this part, the term:

506 (h) "Appraiser" means any person who is a registered
507 trainee real estate appraiser, a licensed real estate appraiser,
508 or a certified real estate appraiser. An appraiser renders a
509 professional service and is a professional within the meaning of
510 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

511 Section 12. Subsection (7) of section 517.191, Florida
512 Statutes, is amended to read:

513 517.191 Injunction to restrain violations; civil
514 penalties; enforcement by Attorney General.—

515 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
516 enforcement action brought under this section based on a
517 violation of any provision of this chapter or any rule or order
518 issued under this chapter shall be brought within 6 years after
519 the facts giving rise to the cause of action were discovered or
520 should have been discovered with the exercise of due diligence,
521 but not more than 8 years after the date such violation
522 occurred.

523 Section 13. Subsection (14) of section 768.28, Florida
524 Statutes, is amended to read:

525 768.28 Waiver of sovereign immunity in tort actions;

526 recovery limits; civil liability for damages caused during a
527 riot; limitation on attorney fees; statute of limitations;
528 exclusions; indemnification; risk management programs.—

529 (14) Every claim against the state or one of its agencies
530 or subdivisions for damages for a negligent or wrongful act or
531 omission pursuant to this section shall be forever barred unless
532 the civil action is commenced by filing a complaint in the court
533 of appropriate jurisdiction within 4 years after such claim
534 accrues; except that an action for contribution must be
535 commenced within the limitations provided in s. 768.31(4), and
536 an action for damages arising from medical malpractice or
537 wrongful death must be commenced within the limitations for such
538 actions in s. 95.11(5) ~~s. 95.11(4)~~.

539 Section 14. Subsection (4) of section 787.061, Florida
540 Statutes, is amended to read:

541 787.061 Civil actions by victims of human trafficking.—

542 (4) STATUTE OF LIMITATIONS.—The statute of limitations as
543 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as
544 applicable, governs an action brought under this section.

545 Section 15. The requirements of s. 395.301(1)(b), Florida
546 Statutes, as created by this act, relating to shoppable health
547 care services, do not apply to ambulatory surgical centers as
548 defined in s. 395.002, Florida Statutes, until January 1, 2026.

549 Section 16. The changes made by this act to s. 395.301,
550 Florida Statutes, relating to good faith estimates, are not

551 effective until the United States Department of Health and Human
 552 Services, the United States Department of Labor, and the United
 553 States Department of the Treasury issue a final rule pertaining
 554 to good faith estimates required by section 2799B-6 of the
 555 Public Health Services Act. The Agency for Health Care
 556 Administration shall notify the Division of Law Revision upon
 557 the promulgation of the final rule.

558 Section 17. The changes made by this act to s. 627.446,
 559 Florida Statutes, relating to advanced explanation of benefits,
 560 are not effective until the United States Department of Health
 561 and Human Services, the United States Department of Labor, and
 562 the United States Department of the Treasury issue final rules
 563 pertaining to advanced explanation of benefits required by
 564 section 2799A-1(f) of the Public Health Services and good faith
 565 estimates required by section 2799B-6 of the Public Health
 566 Services Act. The Office of Insurance Regulation shall notify
 567 the Division of Law Revision upon the promulgation of the final
 568 rule pertaining to advanced explanation of benefits.

569 Section 18. Present subsections (3) and (4) of section
 570 409.016, Florida Statutes, are redesignated as subsections (4)
 571 and (5), respectively, and a new subsection (3) is added to that
 572 section, to read:

573 409.016 Definitions.—As used in this chapter:

574 (3) "Management functions" means:

575 (a) Planning, directing, organizing, coordinating, and

576 carrying out oversight duties of the lead agency; or
 577 (b) Contracting for officer or director level staffing in
 578 performance of the planning, directing, organizing,
 579 coordinating, and carrying out of oversight duties of the lead
 580 agency.

581 Section 19. Subsections (3) and (4) and paragraphs (a) and
 582 (b) of subsection (7) of section 409.987, Florida Statutes, are
 583 amended, and paragraph (g) is added to subsection (7) of that
 584 section, to read:

585 409.987 Lead agency procurement; boards; conflicts of
 586 interest.—

587 (3) Notwithstanding s. 287.057, the department shall use
 588 5-year contracts with lead agencies. The department may only
 589 extend a contract for a period of 1 to 5 years, in accordance
 590 with s. 287.057, if the lead agency has met performance
 591 expectations within the monitoring evaluation.

592 (4) In order to serve as a lead agency, an entity must:

593 (a) Be organized as a Florida corporation or a
 594 governmental entity.

595 (b) Be governed by a board of directors or a board
 596 committee composed of board members. Board members shall provide
 597 oversight and ensure accountability and transparency for the
 598 system of care. The board of directors shall provide fiduciary
 599 oversight to prevent conflicts of interest, promote
 600 accountability and transparency, and protect state and federal

601 funding from misuse. The board of directors shall act in
602 accordance with s. 617.0830. The membership of the board of
603 directors or board committee must be described in the bylaws or
604 articles of incorporation of each lead agency, which must
605 provide that at least 75 percent of the membership of the board
606 of directors or board committee must be composed ~~consist~~ of
607 persons residing in this state, and at least 51 percent of the
608 state residents on the board of directors must reside within the
609 service area of the lead agency. The lead agency shall ensure
610 that board members participate in annual training related to
611 their responsibilities. The department shall set forth minimum
612 training criteria in the contracts with the lead agencies.
613 However, for procurements of lead agency contracts initiated on
614 or after July 1, 2014:

615 1. At least 75 percent of the membership of the board of
616 directors must be composed ~~consist~~ of persons residing in this
617 state, and at least 51 percent of the membership of the board of
618 directors must be composed ~~consist~~ of persons residing within
619 the service area of the lead agency. If a board committee
620 governs the lead agency, 100 percent of its membership must be
621 composed ~~consist~~ of persons residing within the service area of
622 the lead agency.

623 2. The powers of the board of directors or board committee
624 include, but are not limited to, approving the lead agency's
625 budget and setting the lead agency's operational policy and

626 | procedures. A board of directors must additionally have the
 627 | power to hire the lead agency's executive director, unless a
 628 | board committee governs the lead agency, in which case the board
 629 | committee must have the power to confirm the selection of the
 630 | lead agency's executive director.

631 | (c) Demonstrate financial responsibility through an
 632 | organized plan for regular fiscal audits; ~~and~~ the posting of a
 633 | performance bond; and the posting of a fidelity bond to cover
 634 | any costs associated with reprocurement and the assessed
 635 | penalties related to a failure to disclose a conflict of
 636 | interest under subsection (7).

637 | (7)(a) As used in this subsection, the term:

638 | 1. "Activity" includes, but is not limited to, a contract
 639 | for goods and services, a contract for the purchase of any real
 640 | or tangible property, or an agreement to engage with a lead
 641 | agency for the benefit of a third party in exchange for an
 642 | interest in real or tangible property, a monetary benefit, or an
 643 | in-kind contribution.

644 | 2. "Conflict of interest" means when a board member, a
 645 | director, or an officer, or a relative of a board member, a
 646 | director, or an officer, of a lead agency does any of the
 647 | following:

648 | a. Enters into a contract or other transaction for goods
 649 | or services with the lead agency.

650 | b. Holds a direct or indirect interest in a corporation,

651 limited liability corporation, partnership, limited liability
652 partnership, or other business entity that conducts business
653 with the lead agency or proposes to enter into a contract or
654 other transaction with the lead agency. For purposes of this
655 paragraph, the term "indirect interest" has the same meaning as
656 in s. 112.312.

657 c. Knowingly obtains a direct or indirect personal,
658 financial, professional, or other benefit as a result of the
659 relationship of such board member, director, or officer, or
660 relative of the board member, director, or officer, with the
661 lead agency. For purposes of this paragraph, the term "benefit"
662 does not include per diem and travel expenses paid or reimbursed
663 to board members or officers of the lead agency in connection
664 with their service on the board.

665 3. "Related party" means any entity of which a director or
666 an officer of the entity is also directly or indirectly related
667 to, or has a direct or indirect financial or other material
668 interest in, the lead agency. The term also includes any
669 subsidiary firm, parent entity, associate firm, or joint
670 venture. Lead agencies that hold more than one lead agency
671 contract with the department may request an exemption from the
672 department for specific related party requirements.

673 ~~4.3.~~ "Relative" means a relative within the third degree
674 of consanguinity by blood or marriage.

675 (b)1. For any activity that is presented to the board of a

676 | lead agency for its initial consideration and approval ~~after~~
677 | ~~July 1, 2021,~~ or any activity that involves a contract that is
678 | being considered for renewal ~~on or after July 1, 2021, but~~
679 | ~~before January 1, 2022,~~ a board member, a director, or an
680 | officer of a lead agency shall disclose to the board any
681 | activity that may reasonably be construed to be a conflict of
682 | interest before such activity is initially considered and
683 | approved or a contract is renewed by the board. A rebuttable
684 | presumption of a conflict of interest exists if the activity was
685 | acted on by the board without prior notice as required under
686 | paragraph (c). The board shall disclose any known actual or
687 | potential conflicts to the department.

688 | 2. A lead agency may not enter into a contract or be a
689 | party to any transaction with related parties if a conflict of
690 | interest is not properly disclosed. A lead agency may not enter
691 | into a contract with a related party for officer-level or
692 | director-level staffing to perform management functions. The
693 | contract with the department and lead agency must specify the
694 | administrative functions that the lead agency may subcontract
695 | ~~For contracts with a lead agency which are in existence on July~~
696 | ~~1, 2021, and are not subject to renewal before January 1, 2022,~~
697 | ~~a board member or an officer of the lead agency shall disclose~~
698 | ~~to the board any activity that may reasonably be construed to be~~
699 | ~~a conflict of interest under this section by December 31, 2021.~~

700 | 3. Subject to the requirements of subparagraph 2., a lead

701 agency may enter into a contract or be a party to any
702 transaction with related parties as long as the fee, rate, or
703 price paid by the lead agency for the commodities or services
704 being procured does not exceed the fair market value for such
705 commodities or services. The lead agency shall disclose any
706 known actual or potential conflicts to the department.

707 (g)1. All department contracts with lead agencies must
708 contain the following contractual penalty provisions:

709 a. Penalties in the amount of \$5,000 per occurrence must
710 be imposed for each known and potential conflict of interest, as
711 described in paragraph (b), which is not disclosed to the
712 department.

713 b. If a contract is executed for which a conflict of
714 interest was not disclosed to the department before execution of
715 the contract, the following penalties apply:

716 (I) A penalty in the amount of \$20,000 for a first
717 offense.

718 (II) A penalty in the amount of \$30,000 for a second or
719 subsequent offense.

720 (III) Removal of the board member who did not disclose a
721 known conflict of interest.

722 2. The penalties for failure to disclose a conflict of
723 interest under sub-subparagraphs 1.a. and 1.b. apply to any
724 contract entered into, regardless of the method of procurement,
725 including, but not limited to, formal procurement, single-source

726 contracts, and contracts that do not meet the minimum threshold
 727 for formal procurement.

728 3. A contract procured for which a conflict of interest
 729 was not disclosed to the department before execution of the
 730 contract must be reprocured. The department shall recoup from
 731 the lead agency expenses related to a contract that was executed
 732 without disclosure of a conflict of interest.

733 Section 20. Paragraphs (c), (j), and (k) of subsection (1)
 734 of section 409.988, Florida Statutes, are amended to read:

735 409.988 Community-based care lead agency duties; general
 736 provisions.-

737 (1) DUTIES.—A lead agency:

738 (c) Shall follow the financial guidelines developed by the
 739 department and shall comply with regular, independent auditing
 740 of its financial activities, including any requests for records
 741 associated with such financial audits within the timeframe
 742 established by the department or its contracted vendors ~~provide~~
 743 ~~for a regular independent auditing of its financial activities.~~
 744 The results of the financial audit must ~~Such financial~~
 745 ~~information shall~~ be provided to the community alliance
 746 established under s. 20.19(5).

747 (j)1. May subcontract for the provision of services,
 748 excluding subcontracts with a related party for officer-level or
 749 director-level staffing to perform management functions,
 750 required by the contract with the lead agency and the

751 department; however, the subcontracts must specify how the
752 provider will contribute to the lead agency meeting the
753 performance standards established pursuant to the child welfare
754 results-oriented accountability system required by s. 409.997.
755 Any contract with an unrelated entity for officer-level or
756 director-level staffing to perform management functions must
757 adhere to the executive compensation provision in s. 409.992(3).

758 2. The lead agency Shall directly provide no more than 35
759 percent of all child welfare services provided unless it can
760 demonstrate a need, within the lead agency's geographic service
761 area, where there is a lack of qualified providers available to
762 perform necessary services. The approval period for an exemption
763 to exceed the 35 percent threshold is limited to 2 years ~~to~~
764 ~~exceed this threshold.~~ To receive approval, the lead agency must
765 create and submit to the department through the lead agency's
766 local community alliance a detailed report of all efforts to
767 recruit a qualified provider to perform the necessary services
768 in that geographic service area. The local community alliance in
769 the geographic service area in which the lead agency is seeking
770 to exceed the threshold shall review the lead agency's
771 justification for need and recommend to the department whether
772 the department should approve or deny the lead agency's request
773 for an exemption from the services threshold. If there is not a
774 community alliance operating in the geographic service area in
775 which the lead agency is seeking to exceed the threshold, such

776 review and recommendation shall be made by representatives of
777 local stakeholders, including at least one representative from
778 each of the following:

779 ~~a.1.~~ The department.

780 ~~b.2.~~ The county government.

781 ~~c.3.~~ The school district.

782 ~~d.4.~~ The county United Way.

783 ~~e.5.~~ The county sheriff's office.

784 ~~f.6.~~ The circuit court corresponding to the county.

785 ~~g.7.~~ The county children's board, if one exists.

786

787 The lead agency may request a renewal of the exemption allowing
788 the lead agency to directly provide child welfare services by
789 following the process outlined in this subparagraph. The
790 approval period for an exemption renewal is limited to 2 years.
791 If, after the expiration of the exemption, the department
792 determines the lead agency is not making a good faith effort to
793 recruit a qualified provider, the department may deny the
794 renewal request and require reprocurement.

795 3. Upon approving any exemption that allows a lead agency
796 to directly provide more than 40 percent of all child welfare
797 services provided, the department shall require the lead agency
798 to undergo an operational audit by the Auditor General to
799 examine the lead agency's procurement of and financial
800 arrangements for providing such services. The audit shall, at a

801 minimum, examine the costs incurred and any payments made by the
 802 lead agency to itself for services directly provided by the lead
 803 agency compared to any procurement solicitations by the lead
 804 agency, and assess the adequacy of the efforts to obtain
 805 services from subcontractors and the resulting cost and cost-
 806 effectiveness of the services provided directly by the lead
 807 agency. The Auditor General shall conduct such audits upon
 808 notification by the department.

809 (k) Shall publish on its website by the 15th day of each
 810 month at a minimum the data specified in subparagraphs 1.-10.
 811 ~~subparagraphs 1.-5.~~, calculated using a standard methodology
 812 determined by the department, for the preceding calendar month
 813 regarding its case management services. The following
 814 information shall be reported by each individual subcontracted
 815 case management provider, by the lead agency, if the lead agency
 816 provides case management services, and in total for all case
 817 management services subcontracted or directly provided by the
 818 lead agency:

- 819 1. The average caseload of case managers, including only
- 820 filled positions;
- 821 2. The total number and percentage of case managers who
- 822 have 25 or more cases on their caseloads;
- 823 3. The turnover rate for case managers and case management
- 824 supervisors for the previous 12 months;
- 825 4. The percentage of required home visits completed; ~~and~~

826 5. Performance on outcome measures required pursuant to s.
827 409.997 for the previous 12 months;~~-~~

828 6. The number of unlicensed placements for the previous
829 month;

830 7. The percentages and trends for foster parent and group
831 home recruitment and licensure for the previous month;

832 8. The percentage of families being served through family
833 support services, in-home services, and out-of-home services for
834 the previous month;

835 9. The percentage of cases that were converted from
836 nonjudicial to judicial for the previous month; and

837 10. Children's legal service staffing rates.

838 Section 21. Section 409.991, Florida Statutes, is
839 repealed.

840 Section 22. Section 409.9913, Florida Statutes, is created
841 to read:

842 409.9913 Funding methodology to allocate funding to lead
843 agencies.-

844 (1) As used in this section, the term:

845 (a) "Core services funding" means all funds allocated to
846 lead agencies. The term does not include any of the following:

847 1. Funds appropriated for independent living services.

848 2. Funds appropriated for maintenance adoption subsidies.

849 3. Funds allocated by the department for child protective
850 investigation service training.

- 851 4. Nonrecurring funds.
- 852 5. Designated mental health wrap-around service funds.
- 853 6. Funds for special projects for a designated lead
 854 agency.
- 855 7. Funds appropriated for the Guardianship Assistance
 856 Program established under s. 39.6225.
- 857 (b) "Operational and fixed costs" means:
- 858 1. Administrative expenditures, including, but not limited
 859 to, information technology and human resources functions.
- 860 2. Lease payments.
- 861 3. Asset depreciation.
- 862 4. Utilities.
- 863 5. Administrative components of case management.
- 864 6. Mandated activities such as training, quality
 865 improvement, or contract management.
- 866 (2) The department shall develop, in collaboration with
 867 lead agencies and providers of child welfare services, a funding
 868 methodology for allocating core services funding to lead
 869 agencies which, at a minimum:
- 870 (a) Is actuarially sound.
- 871 (b) Is reimbursement-based.
- 872 (c) Is designed to incentivize efficient and effective
 873 lead agency operation, prevention, family preservation, and
 874 permanency.
- 875 (d) Considers variable costs, including, but not limited

876 to:

877 1. Direct costs for in-home and out-of-home care for
 878 children served by the lead agencies.

879 2. Direct costs for prevention services.

880 3. Operational and fixed costs.

881 (e) Is scaled regionally for cost-of-living factors.

882 (3) The lead agencies and providers shall submit any
 883 detailed cost and expenditure data that the department requests
 884 for the development of the funding methodology.

885 (4) The department shall submit a report to the Governor,
 886 the President of the Senate, and the Speaker of the House of
 887 Representatives by December 1, 2024, which, at a minimum:

888 (a) Describes a proposed funding methodology and formula
 889 that will provide for the annual budget of each lead agency,
 890 including, but not limited to, how the proposed methodology will
 891 meet the criteria specified in subsection (2).

892 (b) Describes the data used to develop the methodology and
 893 the data that will be used to annually calculate the proposed
 894 lead agency budget.

895 (c) Specifies proposed rates and total allocations for
 896 each lead agency. The allocations must ensure that the total of
 897 all amounts allocated to lead agencies under the funding
 898 methodology does not exceed the total amount appropriated to
 899 lead agencies in the 2024-2025 General Appropriations Act.

900 (d) Provides risk mitigation recommendations that ensure

901 that lead agencies do not experience a reduction in funding that
902 would be detrimental to operations or result in a reduction in
903 services to children.

904 (5) By October 31, 2025, and each October 31 thereafter,
905 the department shall submit a report to the Governor, the
906 President of the Senate, and the Speaker of the House of
907 Representatives which includes recommendations for adjustments
908 to the funding methodology for the next fiscal year, calculated
909 using the criteria in subsection (2). Such recommendations must,
910 at a minimum, be based on updated expenditure data, cost-of-
911 living adjustments, market dynamics, or other catchment area
912 variations. The total of all amounts proposed for allocation to
913 lead agencies under the funding methodology for the subsequent
914 fiscal year may not exceed the total amount appropriated in the
915 General Appropriations Act for core services funding in the
916 present fiscal year. The funding methodology must include risk
917 mitigation strategies that ensure that lead agencies do not
918 experience a reduction in funding that would be detrimental to
919 operations or result in a reduction in services to children.

920 (6) (a) The requirements of this section do not replace,
921 and are in addition to, any requirements of chapter 216,
922 including, but not limited to, submission of final legislative
923 budget requests by the department under s. 216.023.

924 (b) The data and reports required under subsections (4)
925 and (5) may also include proposed rates and total allocations

926 for each lead agency which reflect any additional core services
927 funding for lead agencies which is requested by the department
928 under s. 216.023.

929 (7)(a) Beginning with the 2025-2026 fiscal year, the
930 Legislature shall allocate funding to lead agencies through the
931 General Appropriations Act with due consideration of the funding
932 methodology developed under this section.

933 (b) The department may not change the allocation of funds
934 to a lead agency as provided in the General Appropriations Act
935 without legislative approval. The department may approve
936 additional risk pool funding for a lead agency as provided under
937 s. 409.990.

938 (8) The department shall provide to the Governor, the
939 President of the Senate, and the Speaker of the House of
940 Representatives monthly reports from July through October 2024
941 which provide updates on activities and progress in developing
942 the funding methodology.

943 Section 23. Subsections (1) and (3) of section 409.992,
944 Florida Statutes, are amended to read:

945 409.992 Lead agency expenditures.—

946 (1) The procurement of commodities or contractual services
947 by lead agencies is ~~shall be~~ governed by the financial
948 guidelines developed by the department and must comply with
949 applicable state and federal law and follow good business
950 practices. Pursuant to s. 11.45, the Auditor General may provide

951 technical advice in the development of the financial guidelines.

952 (a)1. Lead agencies shall competitively procure all
953 contracts, consistent with the federal simplified acquisition
954 threshold.

955 2. Lead agencies shall competitively procure all contracts
956 in excess of \$35,000 with related parties.

957 3. Financial penalties or sanctions, as established by the
958 department and incorporated into the contract, must be imposed
959 by the department for noncompliance with applicable local,
960 state, or federal law for the procurement of commodities or
961 contractual services.

962 (b) The contract between the department and the lead
963 agency must delineate the rights and obligations of the lead
964 agency concerning the acquisition, transfer, or other
965 disposition of real property. At a minimum, the contract must:

966 1. Require the lead agency to follow all federal law on
967 the acquisition, improvement, transfer, or disposition of real
968 property acquired by the lead agency using federal dollars.

969 2. Beginning July 1, 2024, require the department to
970 approve any sale, transfer, or disposition of real property
971 acquired and held by the lead agency using state funds.

972 (3) Notwithstanding any other provision of law, a
973 community-based care lead agency administrative employee may not
974 receive a salary, whether base pay or base pay combined with any
975 bonus or incentive payments, in excess of 150 percent of the

976 annual salary paid to the secretary of the Department of
 977 Children and Families from state-appropriated funds, including
 978 state-appropriated federal funds. This limitation applies
 979 regardless of the number of contracts a community-based care
 980 lead agency may execute with the department. This subsection
 981 does not prohibit any party from providing cash that is not from
 982 appropriated state funds to a community-based care lead agency
 983 administrative employee.

984 Section 24. Paragraph (d) of subsection (1) of section
 985 409.994, Florida Statutes, is amended to read:

986 409.994 Community-based care lead agencies; receivership.—

987 (1) The Department of Children and Families may petition a
 988 court of competent jurisdiction for the appointment of a
 989 receiver for a community-based care lead agency established
 990 pursuant to s. 409.987 if any of the following conditions exist:

991 (d) The lead agency cannot meet, or is unlikely to meet,
 992 its current financial obligations to its employees, contractors,
 993 or foster parents. Issuance of bad checks or the existence of
 994 delinquent obligations for payment of salaries, utilities, or
 995 invoices for essential services or commodities constitutes ~~shall~~
 996 ~~constitute~~ prima facie evidence that the lead agency lacks the
 997 financial ability to meet its financial obligations.

998 Section 25. Paragraph (d) of subsection (1) of section
 999 409.996, Florida Statutes, is amended to read:

1000 409.996 Duties of the Department of Children and

1001 Families.—The department shall contract for the delivery,
 1002 administration, or management of care for children in the child
 1003 protection and child welfare system. In doing so, the department
 1004 retains responsibility for the quality of contracted services
 1005 and programs and shall ensure that, at a minimum, services are
 1006 delivered in accordance with applicable federal and state
 1007 statutes and regulations and the performance standards and
 1008 metrics specified in the strategic plan created under s.
 1009 20.19(1).

1010 (1) The department shall enter into contracts with lead
 1011 agencies for the performance of the duties by the lead agencies
 1012 established in s. 409.988. At a minimum, the contracts must do
 1013 all of the following:

1014 (d) Provide for contractual actions ~~tiered interventions~~
 1015 ~~and graduated penalties~~ for failure to comply with contract
 1016 terms or in the event of performance deficiencies, as determined
 1017 appropriate by the department.

1018 1. Such contractual actions must ~~interventions and~~
 1019 ~~penalties shall~~ include, but are not limited to:

1020 a.1. Enhanced monitoring and reporting.

1021 b.2. Corrective action plans.

1022 c.3. Requirements to accept technical assistance and
 1023 consultation from the department under subsection (6).

1024 d.4. Financial penalties, as a matter of contract. The
 1025 financial penalties assessed by the department on the lead

1026 agency revert to the state which shall require a lead agency to
1027 reallocate funds from administrative costs to direct care for
1028 children.

1029 e.5. Early termination of contracts, as provided in s.
1030 402.7305(3)(f) s. 402.1705(3)(f).

1031 2. No later than January 1, 2025, the department shall
1032 ensure that each lead agency contract executed includes a list
1033 of financial penalties for failure to comply with contractual
1034 requirements.

1035 Section 26. By September 30, 2024, and February 1, 2025,
1036 respectively, the Department of Children and Families shall
1037 submit a report to the Governor, the President of the Senate,
1038 and the Speaker of the House of Representatives on rules and
1039 policies adopted and other actions taken to implement this act.

1040 Section 27. There is established the Future of Child
1041 Protection Contracting and Funding Workgroup within the
1042 Department of Children and Families. The department shall
1043 convene the workgroup and is responsible for producing and
1044 submitting a report of the workgroup's findings and
1045 recommendations to the Governor, the President of the Senate,
1046 and the Speaker of the House of Representatives by October 15,
1047 2025.

1048 (1)(a) The Secretary of Children and Families, or his or
1049 her designee, shall chair the workgroup and shall invite the
1050 following persons to participate as members of the workgroup:

- 1051 1. The Secretary of Health Care Administration, or his or
 1052 her designee.
- 1053 2. The Secretary of Management Services, or his or her
 1054 designee.
- 1055 (b) The Secretary of Children and Families, or his or her
 1056 designee, shall appoint the following individuals as members of
 1057 the workgroup:
- 1058 1. An employee of a community-based care lead agency with
 1059 executive-level experience.
- 1060 2. A current contractor for lead agency child protection
 1061 services.
- 1062 3. Two representatives of a direct provider of child
 1063 protection or child welfare services.
- 1064 4. A member of the Family Law Section of The Florida Bar
 1065 or a member of the court exercising jurisdiction over family law
 1066 matters.
- 1067 5. A representative of a for-profit managed care entity.
- 1068 6. A representative from the Florida Institute for Child
 1069 Welfare.
- 1070 7. Any additional members the department deems
 1071 appropriate.
- 1072 (2) The report submitted by the department must, at a
 1073 minimum:
- 1074 (a) Examine the current contracting methods for the
 1075 provision of all foster care and related services.

1076 (b) Consider the unique regional needs of children and
1077 families at risk of abuse and neglect.

1078 (c) Identify current barriers to implementing federally
1079 approved Title IV-E prevention services.

1080 (d) Recommend changes to existing laws, rules, and
1081 policies necessary to implement the workgroup's recommendations.

1082 (3) The workgroup shall terminate immediately after the
1083 Secretary of Children and Families submits the report to the
1084 Governor, the President of the Senate, and the Speaker of the
1085 House of Representatives.

1086 Section 28. This act shall take effect July 1, 2024.