



This year the Florida legislature went into over-overtime. They had to convene a special session to finally pass a budget, and many things that passed didn't make it past the Governor's veto pen. Funding to hospital's base pay for Medicaid was maintained in the budget; however the Senate did propose a 3% cut that didn't make it to the final budget.

Healthcare Toplines

- **Total: \$114.5 billion**
- **Health and Human Services: \$49.2 Billion**
- **Agency for Health Care Administration (AHCA)**
 - Total: \$38.0 billion
 - Fully Funded Florida's Medicaid and KidCare Programs
 - Medicaid \$36.5 billion
 - Florida Healthy Kids Combined-Risk Model Premium Stabilization - \$27.8 million
 - Rural Health Transformation Program - \$209.9 million;
 - Medicaid Provider Rate Increases - \$205.9 million
 - Prescribed Pediatric Extended Care (PPEC) services
 - Orthotic and prosthetic durable medical equipment and related services
 - Providers participating in Home and Community Based Care iBudget Waiver program
 - Graduate Medical Education - \$13.5 million
 - Enhanced Provider Network Audits - \$10.8 million
 - Medicaid Management Information Systems - \$23.4 million
- **Applied Behavioral Analysis Task Force Creation -**

This year's budget directs AHCA to create an ABA taskforce to evaluate:

 - (a) Clinical care models that lead to best practices for the provision of therapy at the appropriate ages;
 - (b) Appropriate transitions for enrollees receiving ABA services across developmental, educational, and community settings;
 - (c) Quality metrics for ABA therapy services;
 - (d) Limits and utilization controls related to the length of time applied behavior analysis (ABA) services may be authorized;
 - (e) Potential caps on the number of months an enrollee may receive ABA services; and
 - (f) Ways to enhance Medicaid provider enrollment and billing standards for ABA services to promote program integrity and fiscal accountability.
 - The task force is also required to: develop recommendations for revising the state's service delivery model to improve care experience and service continuity for enrollees and families receiving ABA services, while safeguarding long-term program sustainability
- **Department of Children and Families (DCF)**
 - Total: \$4.8 billion
 - Economic Self Sufficiency - \$81.9 million
 - Upgraded technology, operations, and workforce tools



- Opioid addiction services - \$164.6 million
 - Expand and maintain opioid recovery programs - \$166.6 million
- Behavioral health services - \$73 million
- Casey DeSantis Cancer Research Program - \$127.5 million
- Florida Cancer Innovation Fund - \$70 million
- Cancer Connect Collaborative Research Program - \$30 million
- Florida's Make America Healthy Again Program - \$2 million
 - "reduce health risks, promote transparency, build consumer confidence"¹
- Alzheimer's Disease Initiative- increase of \$3 million for a total of \$73.1 million
- Community Care for the Elderly Program and Home Care for the Elderly Program- an additional \$7.5 million for a total of \$131 million
- Home and Community Based Services Waiver (HCBS)- \$10 million
- Of note, the MyACCESS multi-year modernization project did not receive the appropriated funds as requested (\$47.7 million) by the Department for the next fiscal year. FHJP will monitor closely to understand what plan of action the Department will take to continue to update the system, which has a drastic impact on clients needing care.
- AIDS Drug Assistance Program (ADAP) funding: \$75 million (participants capped at 21,000)
- The House sought \$250,000 to study the effects of leaving the federal healthcare exchange, where residents can shop for Affordable Care Act plans, but the Senate didn't agree to it so it did not make the final cut.
- LINE and PIPELINE nursing education program - \$130 million
- \$15 million to expand existing pilot programs for individuals with developmental disabilities
- \$15 million to support tiered reimbursements for statewide inpatient psychiatric programs
- \$209 million was reappropriated for the federal rural health transformation

Although there were many crucial investments made in healthcare programs, workforce and infrastructure, Governor DeSantis also vetoed \$30 million in funding to initiatives and programs focused on addressing crucial needs².

These vetoes include:

- **Behavioral health, autism, disability related services**
 - \$439,000 - West Palm Beach Gulfstream Goodwill Industries
 - \$500,000 - Charlotte Behavioral Health Care initiative focused on reducing youth recidivism
 - \$750,000 - Winter Park Florida workforce advancement project at Jonathan's Landing
 - \$1 million - West Palm Beach for an expansion at Connections Autism School & Vocational Center
- **Opioid prevention**
 - \$1 million - Opioid abuse prevention program at the Florida Alliance of Boys & Girls Clubs
- **\$2.5 million - For new facilities at Florida State University (FSU) College of Nursing**



- **In addition, the governor vetoed \$30 million in Medicaid/Medicare expansion funding to 15 PACE (Program for All-Inclusive Care for the Elderly) programs** in the following counties: Lee, Escambia, Santa Rosa, Okaloosa, Collier, Highlands, Orange, Marion, Indian River, Duval, St. Lucie, Brevard, Miami-Dade, and Pinellas. The expansion would have provided critical funding for comprehensive medical, social services and long-term care to individuals 55 and older not staying in nursing facilities.

In its last of three special sessions, the legislature voted to place a constitutional amendment on the ballot that would significantly reduce property taxes. If approved by voters this November, the proposal would increase homestead exemptions for non-school ad valorem taxes for Florida residents from \$50,000 to \$250,000 by 2028, creating a shortfall of billions of dollars in homestead property taxes that local governments will be left to figure out how to address. This proposal would begin to take effect in 2027-2028, at a time when county Medicaid costs are expected to increase from \$420 million to \$452 million. Concerns for healthcare costs, and access to care in general, already exist; hospitals have experienced cost increases in medical supplies, subscription drugs, and increased need in the workforce.