

Tab 1 SB 958 by Martin (CO-INTRODUCERS) Perry; (Similar to CS/H 00505) Local Government Employees

Tab 2 CS/SB 1380 by TR, Hutson; (Identical to CS/H 01673) Transportation Services for Persons with Disabilities and the Transportation Disadvantaged

116182	A	S	RCS	AHS, Hutson	Delete L.335 - 355:	02/20 04:14 PM
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Tab 3 CS/SB 1486 by CF, Collins; (Similar to CS/CS/H 01083) Permanency for Children

262966	A	S	WD	AHS, Collins	Delete L.693 - 815:	02/20 04:23 PM
849148	A	S	RCS	AHS, Collins	Delete L.693 - 815:	02/20 04:23 PM

Tab 4 CS/SB 1582 by HP, Rodriguez; (Similar to CS/H 01441) Department of Health

254526	A	S	RCS	AHS, Rodriguez	Delete L.264 - 280:	02/20 04:27 PM
737162	A	S	RCS	AHS, Davis, Rouson	Delete L.770:	02/20 04:27 PM

Tab 5 CS/SB 1666 by MS, Collins; (Similar to CS/CS/H 01329) Veterans

188848	A	S	RCS	AHS, Burgess	Before L.58:	02/22 05:53 PM
143362	A	S	RCS	AHS, Collins	Delete L.101 - 104:	02/22 05:53 PM
550934	A	S	RCS	AHS, Collins	Delete L.350:	02/22 05:53 PM
141464	A	S	RS	AHS, Collins	btw L.609 - 610:	02/22 05:53 PM
353192	SA	S	RCS	AHS, Collins	btw L.609 - 610:	02/22 05:53 PM

Tab 6 SPB 7070 by AHS; Sickle Cell Disease Research and Treatment Education

Tab 7 SPB 7072 by AHS; Cancer Funding

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Harrell, Chair
Senator Garcia, Vice Chair

MEETING DATE: Tuesday, February 20, 2024
TIME: 1:30—5:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Harrell, Chair; Senator Garcia, Vice Chair; Senators Avila, Baxley, Book, Brodeur, Burgess, Burton, Davis, Gruters, Rouson, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 958 Martin (Similar CS/H 505, Compare CS/CS/H 1083, CS/S 1486)	Local Government Employees; Revising the base salary used to calculate the compensation of county tax collectors; defining the term "tax collector employee"; providing that tax collector employees are eligible to receive specified monetary benefits from the state for adopting children within the child welfare system; revising the base salary used to calculate the compensation of district school superintendents, etc. CA 01/22/2024 Favorable AHS 02/20/2024 Favorable FP	Favorable Yeas 10 Nays 0
2	CS/SB 1380 Transportation / Hutson (Identical CS/H 1673)	Transportation Services for Persons with Disabilities and the Transportation Disadvantaged; Revising membership of the Commission for the Transportation Disadvantaged and qualifications therefor; revising the duties of the commission; providing responsibilities of a transportation service provider with respect to driver training, installation of video camera monitoring systems, and technology-based services; requiring that reports of adverse incidents be submitted to the Agency for Persons with Disabilities and the Department of Transportation, etc. TR 02/06/2024 Fav/CS AHS 02/20/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
3	CS/SB 1486 Children, Families, and Elder Affairs / Collins (Similar CS/CS/H 1083, Compare CS/H 505, H 559, S 958, S 2518)	Permanency for Children; Requiring the Department of Children and Families to conduct a criminal history records check of certain persons; providing procedures and requirements relating to deceased parents of a dependent child; authorizing certain persons to remove a child from a court-ordered placement under certain circumstances; authorizing the court to review the departments' denial of an application to adopt a child, etc. CF 01/17/2024 Temporarily Postponed CF 01/23/2024 Fav/CS AHS 02/20/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Tuesday, February 20, 2024, 1:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 1582 Health Policy / Rodriguez (Similar CS/H 1441)	Department of Health; Exempting environmental health technicians from certain certification requirements under certain circumstances; creating the Andrew John Anderson Rare Pediatric Disease Grant Program within the department for a specified purpose; providing that any health care practitioner present at a birth or responsible for primary care during the neonatal period has the primary responsibility of administering certain screenings; revising hearing loss screening requirements to include infants and toddlers, etc. HP 02/06/2024 Fav/CS AHS 02/20/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
5	CS/SB 1666 Military and Veterans Affairs, Space, and Domestic Security / Collins (Similar CS/CS/H 1329)	Veterans; Revising the purpose of Florida Is For Veterans, Inc.; revising the duties of the corporation to require that it conduct specified activities directed toward its target market; revising the purpose of the Veterans Employment and Training Services Program; authorizing the use of grant funds to provide for a specified educational stipend; prohibiting the Department of State from charging veterans who reside in this state fees for the filing of specified documents, etc. MS 01/29/2024 Fav/CS AHS 02/20/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
Consideration of proposed bill:			
6	SPB 7070	Sickle Cell Disease Research and Treatment Education; Creating the Sickle Cell Disease Research and Treatment Grant Program within the Department of Health; requiring the Office of Minority Health and Health Equity within the department to use funds appropriated to the program to award grants to community-based sickle cell disease medical treatment and research centers operating in this state; revising sickle cell disease and sickle cell trait screening requirements, etc.	Submitted and Reported Favorably as Committee Bill Yeas 10 Nays 0
(Preliminary Draft Available - final draft will be made available at least 24 hours prior to the meeting)			

Consideration of proposed bill:

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Tuesday, February 20, 2024, 1:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	SPB 7072	Cancer Funding; Revising the purpose of the Casey DeSantis Cancer Research Program; revising duties of the Department of Health under the program; creating the Cancer Connect Collaborative, a council, within the department for a specified purpose; requiring the collaborative to administer the Cancer Innovation Fund; requiring the collaborative to review grant applications and make recommendations to the department for awarding grants upon the appropriation of funds to the fund, etc.	Submitted and Reported Favorably as Committee Bill Yeas 9 Nays 0

(Preliminary Draft Available - final draft will be made available at least 24 hours prior to the meeting)

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: SB 958

INTRODUCER: Senators Martin and Perry

SUBJECT: Local Government Employees

DATE: February 19, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hackett</u>	<u>Ryon</u>	<u>CA</u>	Favorable
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 958 raises the statutory base salary rates for tax collectors and district school superintendents by \$5,000. The bill also:

- Allows tax collector employees to be eligible for a lump-sum monetary benefit for adopting a child from the child welfare system;
- Allows county tax collectors to budget for and pay a hiring or retention bonus to employees, if such expenditure is approved by the Department of Revenue or board of county commissioners; and
- Allows district school boards to contract with the county tax collector for a tax collector employee to administer road tests for driver licensure on school grounds at schools within the district.

The bill has a significant negative fiscal impact on state government and may have an insignificant negative fiscal impact on local governments. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Compensation of County Officials

Article II, s. 5(c), of the Florida Constitution, requires the powers, duties, compensation and method of payment of state and county officers to be determined by general law.¹ Chapter 145, F.S., conveys legislative intent to provide uniform compensation of county officials that have

¹ FLA. CONST. art. II, s. 5(c).

substantially equal duties and responsibilities across different counties.² Chapter 145, F.S., outlines the salary schedules for specified county officials “based on a classification of counties according to each county’s population.”³

The salary schedules for the following county officers are provided in ss. 145.031- 145.11, F.S.: board of county commissioners, clerk of the circuit court, county comptroller, sheriff, supervisor of elections, property appraiser, and tax collector (see below for *Salary Schedules for County Officials*). Each county officer receives a salary of the amount indicated in the schedule, based on the population of the officer’s respective county. Additional compensation is made “for population increments over the minimum for each population group, which shall be determined by multiplying the population in excess of the minimum for the group times the group rate.”⁴

The statutory salary provisions apply to all designated officers in all counties, except those officials whose salaries are not subject to being set by the Legislature due to the provisions of a county home rule charter or are officials of counties that have a chartered consolidated form of government as provided in h. 67-1320, L.O.F., (i.e., Duval County).⁵ The adoption of a charter provides the county’s electors with a mechanism to fundamentally alter the form of county government and the status of constitutional officers.

Salary Computation Methodology and Formula

Computation of a county official’s salary begins by determining the following amounts provided in the statutory salary schedules for county officials, outlined in ss.145.031-145.11, F.S.:

- The relevant population group number for the elected officer, based on the county’s population range;
- The official’s relevant base salary and group rate according to his or her prescribed salary schedule; and
- The difference between the county’s population estimate and the minimum group rate.⁶

After determining these figures, the following computation formula is then used to calculate the county official’s salary:⁷

$$\text{Salary} = [\text{Base Salary} + (\text{Population above Group Minimum} \times \text{Group Rate})] \times \text{Initial Factor} \times \text{Certified Annual Factor} \times \text{Certified Cumulative Annual Factor}$$

Section 145.19(1), F.S., defines the terms “annual factor,” “cumulative annual factor,” and “initial factor,” as follows:

² Section 145.011(3), F.S.

³ Section 145.011(4), F.S.

⁴ Sections 145.031, 145.051, 145.071, 145.09, 145.10 and 145.11, F.S.

⁵ Section 145.011, F.S.

⁶ Office of Economic and Demographic Research, *Salaries of Elected County Constitutional Officers and School District Officials for Fiscal Year 2022-23*, at 4. (Sept. 2022) available at <http://edr.state.fl.us/Content/local-government/reports/finsal22.pdf> (last visited Jan. 14, 2024).

⁷ *Id.*

- *Annual Factor* means 1 plus the lesser of either: 1) the average percentage increase in the salaries of state career service employees for the current fiscal year as determined by the Department of Management Services or as provided in the General Appropriations Act; or 2) 7 percent.
- *Cumulative Annual Factor* means the product of all annual factors certified under this act prior to the fiscal year for which salaries are being calculated.
- *Initial Factor* means a factor of 1.292, which is the product, rounded to the nearest thousandth, of an earlier cost-of-living increase factor authorized by Chapter 73-173, Laws of Florida, and intended by the Legislature to be preserved in adjustments to salaries made prior to the enactment of Chapter 76-80, Laws of Florida, multiplied by the annual increase factor authorized by Chapter 79-327, Laws of Florida.

In 2022, the Office of Economic and Demographic Research provided the following sample computation for the Alachua County Clerk of Circuit Court, Property Appraiser, Supervisor of Elections, and Tax Collector:

Sample Computation of Salary⁸
Officer: Alachua County Clerk of Court, Property Appraiser, Supervisor of Elections, and Tax Collector
2021 Population Estimate: 284,607
Group Number Minimum (IV): 200,000
Corresponding Base Salary (Group IV): \$30,175
Corresponding Group Rate (Group IV): \$0.01575
Initial Factor: 1.292
Certified Annual Factor: 1.0700
Certified Cumulative Annual Factor: 3.6524

$$\text{Salary} = [\$30,175 + [(284,607 - 200,000) \times 0.01575]] \times 1.292 \times 1.0700 \times 3.6524 = \$159,089$$

Salary Schedules for County Officials:⁹

Elected County Constitutional Officers	Population Group Numbers	County Population Range		Base Salary	Group Rate
		Minimum	Maximum		
Clerk of Circuit Court Supervisor of Elections County Comptroller Property Appraiser Tax Collector (<i>ss. 145.051, 145.09, 145.10, and 145.11, F.S.</i>)	I	-0-	49,999	\$21,250	\$0.07875
	II	50,000	99,999	\$24,400	\$0.06300
	III	100,000	199,999	\$27,550	\$0.02625
	IV	200,000	399,999	\$30,175	\$0.01575
	V	400,000	999,999	\$33,325	\$0.00525
	VI	1,000,000		\$36,475	\$0.00400
Sheriff ¹⁰ (<i>s.145.071, F.S</i>)	I	-0-	49,999	\$28,350	\$0.07875
	II	50,000	99,999	\$31,500	\$0.06300

⁸ Office of Economic and Demographic Research, *Salaries of Elected County Constitutional Officers and School District Officials for Fiscal Year 2022-23*, at 4. (Sept. 2022) available at <http://edr.state.fl.us/Content/local-government/reports/finsal22.pdf> (last visited Jan. 14, 2024).

⁹ Sections 145.031(1), 145.051(1), 145.071(1), 145.09(1), 145.10(1) and 145.11(1), F.S.

¹⁰ Sheriff salary base rates were raised by \$5,000 by the Legislature in 2022. See ch. 2022-23, Laws of Fla.

	III	100,000	199,999	\$34,650	\$0.02625
	IV	200,000	399,999	\$37,275	\$0.01575
	V	400,000	999,999	\$40,425	\$0.00525
	VI	1,000,000		\$43,575	\$0.00400

Compensation of Elected District School Superintendents

District school superintendents may be either an elected position or one employed by the district school board.¹¹ Elected district school superintendents are compensated as provided by s. 1004.47, F.S., which mirrors the compensation methodology and base salary rates for county Constitutional officers other than the Sheriff.

Bonuses and Severance Pay Prohibited

Section 215.425, F.S., prohibits state employers from paying extra compensation after a service has been rendered or a contract made unless such compensation is allowed by a law enacted by two-thirds of the members elected to each house of the Legislature.

Florida Law Enforcement Recruitment Bonus Payment Program

In 2022, the Legislature established the Law Enforcement Recruitment Bonus Payment Program, which administers one-time bonus payments of up to \$5,000 to newly employed officers in Florida, subject to legislative appropriation.¹² This program expires on July 1, 2025.

Adoption Benefits

Section 409.1664, F.S., provides a lump-sum monetary benefit to a qualifying adoptive employee,¹³ veteran, or servicemember who adopts a child within Florida’s child welfare system¹⁴ of \$10,000 for adopting a child who meets the definition of difficult-to-place¹⁵ or \$5,000 for adopting a child who does not meet the difficult-to-place definition. A Florida law enforcement officer is eligible for a lump-sum monetary benefit of \$25,000 for adopting from the child welfare system a difficult-to-place child or \$10,000 if the child is not considered difficult-to-place.

Adoption benefits are awarded on a first-come, first-served basis and subject to appropriation.¹⁶ To obtain the adoption benefit, a qualifying adoptive employee must apply to his or her agency head or to his or her school director. A veteran or servicemember must apply directly to the

¹¹ FLA. CONST., art. IX, s. 5.

¹² Section 445.08, F.S.

¹³ “Qualifying adoptive employee” means a full-time or part-time employee of a state agency, a charter school, or the Florida Virtual School, who is not an independent contractor and who adopts a child within the child welfare system pursuant to ch 63, F.S. Section 409.1664(1)(b), F.S.

¹⁴ “Child within the child welfare system” means a difficult-to-place child and any other child who was removed from the child's caregiver due to abuse or neglect and whose permanent custody has been awarded to the department or to a licensed child-placing agency. Section 409.166(2)(c), F.S.

¹⁵ For purposes of the adoption benefit program, a child who has special needs is a child whose permanent custody has been awarded to the Department of Children and Families or to a licensed child-placing agency and who has established significant emotional ties with his or her foster parents or is not likely to be adopted. Section 409.166(2), F.S.

¹⁶ Section 409.1664(2)(c) and (3), F.S.

Department of Children and Families (DCF) to receive the benefit, while a law enforcement officer must apply to the Florida Department of Law Enforcement.¹⁷

Child Welfare System Adoption Benefits (Fiscal Years 2019-2020 through 2022-2023):

Fiscal Year	Child Welfare Adoptions	Number of Awards	Awards as a Percent of Child Welfare Adoptions	Appropriations	Expenditures
2019-20	4,548	275	6%	\$2,750,000	\$2,732,000
2020-21	3,904	263	7%	\$2,750,000	\$2,674,370
2021-22	3,888	323	8%	\$3,233,700	\$3,225,000
2022-23	3,602	412	11%	\$8,377,470	\$4,345,000

The DCF holds an annual open enrollment period to receive applications for the adoption monetary benefit between the first business day in January and the last business day of March. For multiple adoptions, the applicant must submit a separate application for each child. The DCF must review all timely applications and determine who is eligible to receive the benefit. Applications¹⁸ are processed in the order they were received during the open enrollment period.¹⁹

Applicants must include in their application packets a certified copy of the final order of adoption naming the applicant as the adoptive parent. While the Chief Financial Officer of the DCF transfers the funds to award recipients, not every applicant can apply for the adoption monetary benefit directly to the DCF. Current law requires veterans and servicemembers to apply directly to the DCF to receive the benefit; however, state employees must apply to their own agency head, employees at a charter school²⁰ or the Florida Virtual School²¹ must apply to their respective school director, and a law enforcement officer must apply to the Florida Department of Law Enforcement.²²

When the demand for the adoption benefit exceeds the supply of appropriated funds, denied applicants do not have to submit a new application during the next open enrollment period. Instead, the DCF will automatically consider this pool of eligible applicants for future appropriations.²³

Instruction in Motor Vehicle Operation

Each school district is responsible for providing a course of study and instruction in the safe and lawful operation of a motor vehicle that is available to students in secondary schools.²⁴ The

¹⁷ Section 409.1664(3), F.S.

¹⁸ Florida Department of Children and Families, *CF-FSP 5327 Adoption Benefits For State Employees And Other Eligible Applicants*, (Oct. 21, 2022) <https://www.flrules.org/Gateway/reference.asp?No=Ref-14887> (last visited Feb. 7, 2024).

¹⁹ R. 65C-16.021; *see* s. 409.1664(6), F.S.

²⁰ All charter schools in Florida are public schools and part of the state’s program of public education. s. 1002.33(1), F.S.

²¹ The Florida Virtual School provides online and distance learning education. The school is governed by a board of trustees appointed by the Governor, and the board of trustees is a public agency. Current law advises that all employees except temporary, seasonal, and student employees may be classified as state employees for purposes of Florida Retirement System benefits. S. 1002.37, F.S.

²² Ss. 409.1664(3), (7), F.S.

²³ R. 65C-16.021; *see* s. 409.1664(6), F.S.

²⁴ S. 1003.48(1), F.S.

course may use instructional personnel employed by the school district or contract with a commercial driving school or instructor certified under ch. 488, F.S.²⁵ The courses are financed by a \$0.50 annual fee charged to each driver as part of the driver license fee.²⁶

III. Effect of Proposed Changes:

Section 1 amends s. 145.11, F.S., to raise the salary base rates for tax collectors by \$5,000.

Section 4 amends s. 1001.47, F.S., to raise the salary base rates for district school superintendents by \$5,000.

The table below reflects salary adjustments made by the bill:

Elected County Officials	Population Group #	County Population Range		Current Law Base Salary	Base Salary Under Bill
		Minimum	Maximum		
Tax Collectors and District School Superintendents	I	-0-	49,999	\$21,250	\$26,250
	II	50,000	99,999	\$24,400	\$29,400
	III	100,000	199,999	\$27,550	\$32,550
	IV	200,000	399,999	\$30,175	\$35,175
	V	400,000	999,999	\$33,325	\$38,325
	VI	1,000,000		\$36,475	\$41,475

Section 2 amends s. 409.1664, F.S., to add tax collector employees who are domiciled in Florida and who adopt a child within the child welfare system on or after July 1, 2024, as eligible for the lump-sum monetary benefit.

The benefit is \$25,000 for adopting a child who is “difficult-to-place” and \$10,000 for adopting a child who is not “difficult-to-place.” The bill requires a tax collector employee to apply to the Florida Department of Children and Families to obtain the adoption benefit.

Section 3 creates s. 445.09, F.S., to provide that, notwithstanding any other law, a county tax collector may budget for and pay a hiring or retention bonus if such expenditure is approved by the department of Revenue in the respective budgets of the property appraiser and the tax collector.

Section 5 amends s. 1003.48, F.S., to provide that a district school board may contract with the county tax collector for a tax collector employee to administer road tests for driver licensure on school grounds at one or more schools within the district.

Section 6 provides the bill takes effect July 1, 2024.

²⁵ S. 1003.48(2), F.S.

²⁶ S. 1003.48(4), F.S.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

Article VII, section 18 (a) of the Florida Constitution provides in part that a county or municipality may not be bound by a general law requiring a county or municipality to spend funds or take an action that requires the expenditure of funds unless certain specified exemptions or exceptions are met. Under the bill salaries for constitutional officers will rise. The mandate requirement does not apply to laws having an insignificant impact,²⁷ which for Fiscal Year 2024-2025 is forecast at approximately \$2.3 million.²⁸

Fiscal impact on local governments from this bill are indeterminate at this time. If costs imposed by through raising the base rate of compensation for certain elected county officials exceed \$2.3 million, the mandates provisions may apply. If the bill does qualify as a mandate, in order to be binding upon counties, the bill must contain a finding of important state interest and be approved by a two-thirds vote of the membership of each house.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

²⁷ FLA. CONST. art. VII, s. 18(d).

²⁸ An insignificant fiscal impact is the amount not greater than the average statewide population for the applicable fiscal year times \$0.10. See Florida Senate Committee on Community Affairs, *Interim Report 2012-115: Insignificant Impact*, (Sept. 2011), available at <http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-115ca.pdf> (last visited Jan. 14, 2024).

C. Government Sector Impact:

Tax collectors and district school superintendents will have higher salaries under the bill. While the base rate increases by \$5,000, actual salaries will increase by a larger amount due to calculations involved in setting those salaries. As the effect of base statutory salaries vary per county based on population and chartered status, the cumulative fiscal impact of the bill is indeterminate at this time.

The Department of Children and Families (DCF) submitted a Fiscal Year 2024-2025 budget request²⁹ to include in-state health care practitioners with an active license and an income at or below \$150,000, as well as tax collector employees to the list of individuals eligible for lump-sum monetary adoption benefits of \$25,000 for adopting a difficult-to-place child in the welfare system, or \$10,000 for other children. Although the DCF did not provide a projected cost solely for tax collector employees, the department's legislative budget request estimates an additional need of \$9,822,530 in recurring funds from the General Revenue Fund for the increased costs anticipated with the expanded eligibility.³⁰

The funding in the Senate proposed General Appropriations Bill for Fiscal Year 2024-2025 includes \$2,250,000 in recurring funds from the General Revenue Fund to the DCF to increase lump-sum monetary adoption benefit payments for existing eligible adoptive employees, veterans, and servicemembers to those received by law enforcement officers. This would increase adoption benefit payments for individuals currently eligible under s. 409.1664, F.S., from \$10,000 to \$25,000 for adopting a difficult-to-place child in the child welfare system and from \$5,000 to \$10,000 for a child not considered difficult-to-place. The funding does not contemplate expanding eligibility to tax collector employees.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 145.11, 409.1664, 1001.47, and 1003.48.

This bill creates section 445.09 of the Florida Statutes.

²⁹ The Department of Children and Families Agency Legislative Budget Request for Fiscal Year 2024-2025, Issue 4003200.

³⁰ *Id.*

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Martin

33-00777-24

2024958__

1 A bill to be entitled
 2 An act relating to local government employees;
 3 amending s. 145.11, F.S.; revising the base salary
 4 used to calculate the compensation of county tax
 5 collectors; amending s. 409.1664, F.S.; defining the
 6 term "tax collector employee"; providing that tax
 7 collector employees are eligible to receive specified
 8 monetary benefits from the state for adopting children
 9 within the child welfare system; authorizing tax
 10 collector employees to apply for the monetary benefits
 11 if certain conditions are met; requiring such
 12 employees to apply to the Department of Children and
 13 Families to obtain the benefits; revising
 14 construction; authorizing the department to adopt
 15 specified rules; creating s. 445.09, F.S.; authorizing
 16 specified tax collectors to budget for and pay
 17 specified bonuses to employees, pending a specified
 18 approval; amending s. 1001.47, F.S.; revising the base
 19 salary used to calculate the compensation of district
 20 school superintendents; making a technical change;
 21 amending s. 1003.48, F.S.; authorizing district school
 22 boards to contract with a county tax collector's
 23 office to administer road tests on school grounds at
 24 one or more schools within the district; providing an
 25 effective date.

26
 27 Be It Enacted by the Legislature of the State of Florida:

28
 29 Section 1. Subsection (1) of section 145.11, Florida

33-00777-24

2024958__

30 Statutes, is amended to read:

31 145.11 Tax collector.—

32 (1) Each tax collector shall receive as salary the amount
 33 indicated, based on the population of his or her county. In
 34 addition, a compensation shall be made for population increments
 35 over the minimum for each population group, which shall be
 36 determined by multiplying the population in excess of the
 37 minimum for the group times the group rate.

Pop. Group	County Pop. Range	Base Salary	Group Rate
	Minimum Maximum		
I	-0- 49,999	<u>\$26,250</u> \$21,250	\$0.07875
II	50,000 99,999	<u>29,400</u> 24,400	0.06300
III	100,000 199,999	<u>32,550</u> 27,550	0.02625
IV	200,000 399,999	<u>35,175</u> 30,175	0.01575
V	400,000 999,999	<u>38,325</u> 33,325	0.00525

33-00777-24		2024958	__
VI		<u>41,475</u>	
	1,000,000	36,475	0.00400

Section 2. Section 409.1664, Florida Statutes, is amended to read:

409.1664 Adoption benefits for qualifying adoptive employees of state agencies, veterans, servicemembers, ~~and~~ law enforcement officers, and tax collector employees.

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

(a) "Child within the child welfare system" has the same meaning as provided in s. 409.166(2).

(b) "Law enforcement officer" has the same meaning as provided in s. 943.10(1).

(c) "Qualifying adoptive employee" means a full-time or part-time employee of a state agency, a charter school established under s. 1002.33, or the Florida Virtual School established under s. 1002.37, who is not an independent contractor and who adopts a child within the child welfare system pursuant to chapter 63 on or after July 1, 2015. The term includes instructional personnel, as defined in s. 1012.01, who are employed by the Florida School for the Deaf and the Blind, and includes other-personal-services employees who have been continuously employed full time or part time by a state agency for at least 1 year.

(d) "Servicemember" has the same meaning as in s. 250.01(19).

(e) "State agency" means a branch, department, or agency of state government for which the Chief Financial Officer processes payroll requisitions, a state university or Florida College

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System institution as defined in s. 1000.21, a school district unit as defined in s. 1001.30, or a water management district as defined in s. 373.019.

(f) "Tax collector employee" means an employee of an office of the county tax collector in this state.

(g) "Veteran" has the same meaning as in s. 1.01(14).

(2) A qualifying adoptive employee, veteran, or servicemember who adopts a child within the child welfare system who is difficult to place as described in s. 409.166(2)(d)2. is eligible to receive a lump-sum monetary benefit in the amount of \$10,000 per such child, subject to applicable taxes. A law enforcement officer or tax collector employee who adopts a child within the child welfare system who is difficult to place as described in s. 409.166(2)(d)2. is eligible to receive a lump-sum monetary benefit in the amount of \$25,000 per such child, subject to applicable taxes. A qualifying adoptive employee, veteran, or servicemember who adopts a child within the child welfare system who is not difficult to place as described in s. 409.166(2)(d)2. is eligible to receive a lump-sum monetary benefit in the amount of \$5,000 per such child, subject to applicable taxes. A law enforcement officer or tax collector employee who adopts a child within the child welfare system who is not difficult to place as described in s. 409.166(2)(d)2. is eligible to receive a lump-sum monetary benefit in the amount of \$10,000 per each such child, subject to applicable taxes. A qualifying adoptive employee of a charter school or the Florida Virtual School may retroactively apply for the monetary benefit provided in this subsection if such employee was employed by a charter school or the Florida Virtual School when he or she

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102 adopted a child within the child welfare system pursuant to
 103 chapter 63 on or after July 1, 2015. A veteran or servicemember
 104 may apply for the monetary benefit provided in this subsection
 105 if he or she is domiciled in this state and adopts a child
 106 within the child welfare system pursuant to chapter 63 on or
 107 after July 1, 2020. A law enforcement officer may apply for the
 108 monetary benefit provided in this subsection if he or she is
 109 domiciled in this state and adopts a child within the child
 110 welfare system pursuant to chapter 63 on or after July 1, 2022.
 111 A tax collector employee may apply for the monetary benefit
 112 provided in this subsection if he or she is domiciled in this
 113 state and adopts a child within the child welfare system under
 114 chapter 63 on or after July 1, 2024.

115 (a) Benefits paid to a qualifying adoptive employee who is
 116 a part-time employee must be prorated based on the qualifying
 117 adoptive employee's full-time equivalency at the time of
 118 applying for the benefits.

119 (b) Monetary benefits awarded under this subsection are
 120 limited to one award per adopted child within the child welfare
 121 system.

122 (c) The payment of a lump-sum monetary benefit for adopting
 123 a child within the child welfare system under this section is
 124 subject to a specific appropriation to the department for such
 125 purpose.

126 (3) A qualifying adoptive employee must apply to his or her
 127 agency head, or to his or her school director in the case of a
 128 qualifying adoptive employee of a charter school or the Florida
 129 Virtual School, to obtain the monetary benefit provided in
 130 subsection (2). A veteran, ~~or~~ servicemember, or tax collector

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131 employee must apply to the department to obtain the benefit. A
 132 law enforcement officer must apply to the Department of Law
 133 Enforcement to obtain the benefit. Applications must be on forms
 134 approved by the department and must include a certified copy of
 135 the final order of adoption naming the applicant as the adoptive
 136 parent. Monetary benefits shall be approved on a first-come,
 137 first-served basis based upon the date that each fully completed
 138 application is received by the department.

139 (4) This section does not preclude a qualifying adoptive
 140 employee, veteran, servicemember, ~~or~~ law enforcement officer, or
 141 tax collector employee from receiving adoption assistance for
 142 which he or she may qualify under s. 409.166 or any other
 143 statute that provides financial incentives for the adoption of
 144 children.

145 (5) Parental leave for a qualifying adoptive employee must
 146 be provided in accordance with the personnel policies and
 147 procedures of his or her employer.

148 (6) The department may adopt rules to administer this
 149 section. The rules may provide for an application process such
 150 as, but not limited to, an open enrollment period during which
 151 qualifying adoptive employees, veterans, servicemembers, ~~or~~ law
 152 enforcement officers, or tax collector employees may apply for
 153 monetary benefits under this section.

154 (7) The Chief Financial Officer shall disburse a monetary
 155 benefit to a qualifying adoptive employee upon the department's
 156 submission of a payroll requisition. The Chief Financial Officer
 157 shall transfer funds from the department to a state university,
 158 a Florida College System institution, a school district unit, a
 159 charter school, the Florida Virtual School, or a water

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160 management district, as appropriate, to enable payment to the
 161 qualifying adoptive employee through the payroll systems as long
 162 as funds are available for such purpose.

163 (8) To receive an approved monetary benefit under this
 164 section, a veteran or servicemember must be registered as a
 165 vendor with the state.

166 (9) Each state agency shall develop a uniform procedure for
 167 informing employees about this benefit and for assisting the
 168 department in making eligibility determinations and processing
 169 applications. Any procedure adopted by a state agency is valid
 170 and enforceable if the procedure does not conflict with the
 171 express terms of this section.

172 Section 3. Section 445.09, Florida Statutes, is created to
 173 read:

174 445.09 Bonuses for employees of tax collectors.-
 175 Notwithstanding any other law, a county tax collector may budget
 176 for and pay a hiring or retention bonus to an employee if such
 177 expenditure is approved by the Department of Revenue in the
 178 respective budget of the tax collector.

179 Section 4. Section 1001.47, Florida Statutes, is amended to
 180 read:

181 1001.47 District school superintendent; salary.-
 182 (1) Each elected district school superintendent shall
 183 receive as salary the amount indicated pursuant to this section.
 184 However, a district school board, by majority vote, may approve
 185 a salary in excess of the amount specified in this section.

186 (2) Each elected district school superintendent shall
 187 receive a base salary, the amounts indicated in this subsection,
 188 based on the population of the county the elected superintendent

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189 serves. In addition, compensation shall be made for population
 190 increments over the minimum for each population group, which
 191 shall be determined by multiplying the population in excess of
 192 the minimum for the group times the group rate. The product of
 193 such calculation shall be added to the base salary to determine
 194 the adjusted base salary. Laws that increase the base salary
 195 provided in this subsection shall contain provisions on no other
 196 subject.

Pop. Group	County Pop. Range	Base Salary	Group Rate
	Minimum	Maximum	
		<u>\$26,250</u>	
I	-0-	\$21,250	\$0.07875
		<u>29,400</u>	
II	50,000	24,400	0.06300
		<u>32,550</u>	
III	100,000	27,550	0.02625
		<u>35,175</u>	
IV	200,000	30,175	0.01575
		<u>38,325</u>	
V	400,000	33,325	0.00525

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		<u>41,475</u>	
VI	1,000,000	<u>36,475</u>	0.00400

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(3) The adjusted base salaries of elected district school superintendents shall be increased annually as provided for in s. 145.19. Any salary previously paid to elected superintendents, including the salary calculated for fiscal years 2002-2003 and 2003-2004, which was consistent with chapter 145 and s. 230.303, Florida Statutes (2001), is hereby ratified and validated.

(4) (a) There shall be an additional \$2,000 per year special qualification salary paid by district school boards for each elected district school superintendent who has met the certification requirements established by the Department of Education. Any elected district school superintendent who is certified during a calendar year shall receive in that year a pro rata share of the special qualification salary based on the remaining period of the year.

(b) In order to qualify for the special qualification salary provided by paragraph (a), the elected district school superintendent must complete the requirements established by the Department of Education within 6 years after first taking office.

(c) After an elected district school superintendent meets the requirements of paragraph (a), in order to remain certified the district school superintendent shall thereafter be required to complete each year a course of continuing education as prescribed by the Department of Education.

(5) (a) The Department of Education shall provide a

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232 leadership development and performance compensation program for
233 elected district school superintendents, comparable to chief
234 executive officer development programs for corporate executive
235 officers, to include:

1. A content-knowledge-and-skills phase consisting of:
237 creative leadership models and theory, demonstration of
238 effective practice, simulation exercises and personal skills
239 practice, and assessment with feedback, taught in a professional
240 training setting under the direction of experienced, successful
241 trainers.

2. A competency-acquisition phase consisting of on-the-job
243 application of knowledge and skills for a period of not less
244 than 6 months following the successful completion of the
245 content-knowledge-and-skills phase. The competency-acquisition
246 phase shall be supported by adequate professional technical
247 assistance provided by experienced trainers approved by the
248 department. Competency acquisition shall be demonstrated through
249 assessment and feedback.

(b) Upon the successful completion of both phases and
251 demonstrated successful performance, as determined by the
252 department, an elected district school superintendent shall be
253 issued a Chief Executive Officer Leadership Development
254 Certificate, and the department shall pay an annual performance
255 salary incentive of not less than \$3,000 nor more than \$7,500
256 based upon his or her performance evaluation.

(c) An elected district school superintendent's eligibility
258 to continue receiving the annual performance salary incentive is
259 contingent upon his or her continued performance assessment and
260 follow-up ~~followup~~ training prescribed by the department.

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261 (6) Notwithstanding the provisions of this section and s.
262 145.19, elected district school superintendents may reduce their
263 salary rate on a voluntary basis.

264 Section 5. Section 1003.48, Florida Statutes, is amended to
265 read:

266 1003.48 Instruction in operation of motor vehicles; road
267 tests.-

268 (1) A course of study and instruction in the safe and
269 lawful operation of a motor vehicle shall be made available by
270 each district school board to students in the secondary schools
271 in the state. The secondary school shall provide preferential
272 enrollment to a student who is in the custody of the Department
273 of Children and Families if the student maintains appropriate
274 progress as required by the school. As used in this section, the
275 term "motor vehicle" has the same meaning as in s. 320.01(1) (a)
276 and includes motorcycles and mopeds. Instruction in motorcycle
277 or moped operation may be limited to classroom instruction. The
278 course may not be made a part of, or a substitute for, any of
279 the minimum requirements for graduation.

280 (2) In order to make such a course available to any
281 secondary school student, the district school board may use any
282 one of the following procedures or any combination thereof:

283 (a) Use instructional personnel employed by the district
284 school board.

285 (b) Contract with a commercial driving school licensed
286 under chapter 488.

287 (c) Contract with an instructor certified under chapter
288 488.

289 (3) District school boards shall earn funds on full-time

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290 equivalent students at the appropriate basic program cost
291 factor, regardless of the method by which such courses are
292 offered.

293 (4) For the purpose of financing the driver education
294 program in the secondary schools, there shall be levied an
295 additional 50 cents per year to the driver license fee required
296 by s. 322.21. The additional fee shall be promptly remitted to
297 the Department of Highway Safety and Motor Vehicles, which shall
298 transmit the fee to the Chief Financial Officer to be deposited
299 in the General Revenue Fund.

300 (5) The district school board shall prescribe standards for
301 the course required by this section and for instructional
302 personnel directly employed by the district school board. A
303 certified instructor or licensed commercial driving school is
304 sufficiently qualified and is not required to meet any standards
305 in lieu of or in addition to those prescribed under chapter 488.

306 (6) District school boards may contract with the county tax
307 collector for a tax collector employee to administer road tests
308 on school grounds at one or more schools within the district.

309 Section 6. This act shall take effect July 1, 2024.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Criminal Justice, *Chair*
Appropriations
Appropriations Committee on Criminal and Civil Justice
Community Affairs
Environment and Natural Resources
Ethics and Elections

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR JONATHAN MARTIN

33rd District

February 13, 2024

The Honorable Gayle Harrell
Senate Committee on Appropriations Committee on Health and Human Services, Chair
201 The Capitol
404 South Monroe Street
Tallahassee, FL 32399

RE: SB 958 – Unauthorized Public Camping and Public Sleeping

Dear Chair Harrell:

Please allow this letter to serve as my respectful request to place SB 1530, relating to Unauthorized Public Camping and Public Sleeping on the next committee agenda.

Your kind consideration of this request is greatly appreciated. Please feel free to contact my office for any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Martin".

Jonathan Martin
Senate District 33

Cc: Brooke McKnight, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 2000 Main Street, Suite 401, Fort Myers, Florida 33901 (239) 338-2570
- 311 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

2/20/2024

Meeting Date

Appropriations/HHS

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

SB 958

Bill Number or Topic

Amendment Barcode (if applicable)

Name David Sikes

Phone

Address 208 S. Monroe St

Email dsikes@fadss.org

Street

Tallahassee

City

State

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

Florida Association of District School Superintendents (FADSS)

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

2-21-24

Meeting Date

958

Bill Number or Topic

App. T, T, E, O

Committee

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Amendment Barcode (if applicable)

Name Chris Doolin

Phone 850-508-5492

Address 1018 THOMASVILLE Rd

Email cdoolin@doolinandassoc.com

Street

TALLAH

FL

32303

City

State

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [X] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

SMALL SCHOOL DISTRICT COUNCIL CONSORTIUM

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1: 2020-2022JointRules.pdf (flsenate.gov)

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2/20

Meeting Date

The Florida Senate APPEARANCE RECORD

958

Bill Number or Topic

HHS Approps

Committee

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Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name

Drew Meiner

Phone

(309) 531-0384

Address

124 W. Jefferson St.

Email

drew@cccfia.com

Street

TLH

City

FL

State

32301

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Tax Collector's Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/20/2024

Meeting Date

958

Bill Number or Topic

HHS Approps

Committee

Amendment Barcode (if applicable)

Name DAVID JORDAN

Phone 352-408-2222

Address 415 Camellia ST

Email david.jordan@lake tax.com

MT. DORA FL 32757

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

of the great senator and his Bill!

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

LAKE County TAX collector

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/CS/SB 1380

INTRODUCER: Appropriations Committee on Health and Human Services; Transportation Committee; and Senator Hutson

SUBJECT: Transportation Services for Persons with Disabilities and the Transportation Disadvantaged

DATE: February 22, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Johnson</u>	<u>Vickers</u>	<u>TR</u>	<u>Fav/CS</u>
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

- CS/CS/SB 1380 relates to special transportation services for persons with disabilities. The bill:
- Defines the terms “immediate family member,” “request for service,” and “transportation service provider.”
 - Revises the membership of the Commission for Transportation Disadvantaged (commission).
 - Removes a fingerprinting and background check requirement for commission members.
 - Requires the commission to:
 - Provide best practices, latest technological innovations and preferential vendors list to county transportation disadvantaged program managers.
 - Annually review and conduct a performance audit of each coordinator contract and transportation operator contract.
 - Establish a system for resolving complaints.
 - Revises commission reporting requirements to include information on complaints, cost of service, contracts, funds provided by the commission, and the results of performance audits.
 - Requires paratransit drivers attend training programs provided through the Agency for Persons with Disabilities (APD).
 - Requires providers to provide training to each paratransit driver that meets the APD requirements for the professional development of staff providing direct services.
 - Requires providers to offer specific technology-based ride booking and vehicle tracking services that must be in accessible formats and regularly maintained and upgraded.

- Requires providers to offer both pre-booking and on-demand service to paratransit service users.
- Requires a provider and its contracted local government entity to establish reasonable time periods between a trip request and arrival, best practices for limiting travel times, and transparency regarding the quality of services, including timelines and handling of complaints.
- Requires the APD, in collaboration with the FDOT, to establish requirements for the investigation of adverse incidents reported to the provider and/or local government, including periodic review of ongoing investigations and documentation of final outcomes.
- Requires the APD and the FDOT to investigate an adverse incident within 48 hours after receipt of the report.
- Removes the exemption from competitive bidding requirements for local government entities to enter into contracts with special transportation providers serving persons with disabilities.

The bill may have a significant negative fiscal impact to private transportation providers, local governments, the APD and the commission. *See* Section V., Fiscal Impact Statement.

The bill takes effect on July 1, 2024.

II. Present Situation:

There are numerous federal, state and local programs supporting the delivery of transportation services for persons with disabilities, often referred to as “paratransit,”¹ that are usually scheduled between the individual and transportation provider and provided on a door-to-door or curb-to-curb basis.²

The Florida Commission for the Transportation Disadvantaged (commission)³ operates a statewide transportation disadvantaged program supporting the coordination of transportation services for persons with disabilities as well as older adults, individuals with low-income, and at-risk children who require access to critical activities within their communities.⁴

The federal Americans with Disabilities Act affords complementary paratransit services for individuals with disabilities who are unable to access a fixed bus route, if available, within their community.⁵

¹ Section 427.011(9), F.S., defines the term “paratransit” to mean those elements of public transit which provide service between specific origins and destinations selected by the individual user with such service being provided at a time that is agreed upon by the user and provider of the service. Paratransit service is provided by taxis, limousines, “dial-a-ride,” buses, and other demand-responsive operations that are characterized by their nonscheduled, nonfixed route nature.

² Commission for Transportation Disadvantaged (Commission), *Agency Analysis of 2024 Senate Bill 1380*, p. 1. (On file with the Senate Committee on Transportation).

³ The Commission for Transportation Disadvantaged is administratively housed in, but independent from, the Florida Department of Transportation.

⁴ *Supra* note 2.

⁵ Commission for Transportation Disadvantaged (Commission), *Agency Analysis of 2024 Senate Bill 1380*, p. 1. (On file with the Senate Committee on Transportation).

The Agency for Persons with Disabilities (APD) operates a Medicaid waiver program that provides home and community-based services, including transportation, to eligible individuals with intellectual and developmental disabilities.⁶

Medicaid Non-Emergency Transportation services are paratransit services funded under the Agency for Health Care Administration's Managed Medical Assistance program to allow Medicaid recipients to access health care appointments.⁷

Federal Transit Administration grant programs provides funding to states and transit systems to support the purchase of capital equipment and other operating expenses related to serving persons with disabilities and other groups.⁸

Each of the above programs has its own eligibility criteria and regulatory standards for transportation providers. For example, the Florida Department of Transportation (FDOT) is responsible for establishing and regulating safety standards pertaining to public transportation funded by the FDOT and Federal Transit Administration programs.⁹ Additionally, each program has a different process in place for resolving complaints and grievances related to eligibility and provision of services.¹⁰

Overview of the Transportation Disadvantaged Program

Florida's Transportation Disadvantaged (TD) Program¹¹ supports the coordination of transportation services for individuals who are "transportation disadvantaged." The Legislature specifically defined the TD population as "persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities."¹² The purpose of coordination is to ensure that transportation services are provided to the TD eligible customers "in a manner that is cost-effective, efficient, and reduces fragmentation and duplication of services."¹³¹⁴

The commission administers the Transportation Disadvantaged Trust Fund,¹⁵ where a majority of its funds are used to purchase paratransit services "not sponsored" or subsidized by any other agency or funding source.¹⁶ The TD Program consists of centralized (statewide) policy development and decentralized local implementation.¹⁷

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ See s. 341.061, F.S., and Chapter 14-90, Florida Administrative Code.

¹⁰ *Supra* note 5.

¹¹ Sections 427.011-427.017, F.S.

¹² Section 427.011(1), F.S.

¹³ Section 427.011(11), F.S.

¹⁴ *Supra* note 5.

¹⁵ The Transportation Disadvantaged Trust Fund is established in s. 427.0159, F.S.

¹⁶ Sections 427.011(12) and 427.0159(3), F.S.

¹⁷ Commission for Transportation Disadvantaged (Commission), *Agency Analysis of 2024 Senate Bill 1380*, p. 1. (On file with the Senate Committee on Transportation).

The community transportation coordinator¹⁸ is responsible for arranging transportation services to the TD population within a designated county or multi-county service area. The community transportation coordinator may be a local government, such as a board of county commissioners, transit agency, not-for-profit organization, or for-profit company designated by the commission.

The official planning agency¹⁹ is responsible for planning for the needs of and services for the TD population within its designated service area, including recommending an entity to serve as the community transportation coordinator. The planning agency may be a metropolitan planning organization, regional planning council, or similar entity designated by the commission.

The local coordinating board²⁰ is an advisory board responsible for assisting the community transportation coordinator in meeting the TD needs of its designated service area. Local coordinating board members are appointed by the planning agency and represent riders and their advocates, human service agencies, and other stakeholders of the TD Program.²¹

Commission for Transportation Disadvantaged

The commission consists of seven members appointed by the Governor based on the following qualifications:²²

- Five members must have significant experience in the operation of a business, and it is the intent of the Legislature that, when making an appointment, the Governor select persons who reflect the broad diversity of the state's business community, as well as the state's racial, ethnic, geographical, and gender diversity.
- Two members must have a disability and use the transportation disadvantaged system.
- Each member must be a Florida resident and a registered voter.
- At least one member must be at least 65 years of age.
- A member may not, within the five years immediately before his or her appointment, or during his or her term on the commission, have or have had a financial relationship with, or represent or have represented as a lobbyist, for the following: a transportation operator; a community transportation coordinator; a metropolitan planning organization (MPO);²³ a

¹⁸ Section 427.011(5), F.S., defines the term "community transportation coordinator" to mean a transportation entity recommended by a metropolitan planning organization, or by the appropriate designated official planning agency as provided for in ss. 427.011-427.017, F.S., in an area outside the purview of a metropolitan planning organization, to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area.

¹⁹ Section 427.015, F.S.

²⁰ Section 427.011(7), F.S., defines the term "coordinating board" to mean an advisory entity in each designated service area composed of representatives appointed by the metropolitan planning organization or designated official planning agency, to provide assistance to the community transportation coordinator relative to the coordination of transportation services.

²¹ *Supra* note 17.

²² Section 427.012(1), F.S.

²³ Section 427.011(2), F.S., defines the term "metropolitan planning organization" as the organization responsible for carrying out transportation planning and programming in accordance with the provisions of 23 U.S.C. § 134, as provided in 23 U.S.C. § 104(f)(3).

designated official planning agency; a purchasing agency;²⁴ a local coordinating board; a broker of transportation; or a provider of transportation services.

- Each candidate for appointment to the Commission must, before accepting the appointment, submit fingerprints and pass a level 2 background screening.

Additionally, the following individuals, or senior management level representatives, must serve as ex officio, nonvoting advisors to the commission:²⁵

- The Secretary of Transportation;
- The Secretary of Children and Families;
- The Secretary of Economic Opportunity;
- The executive director of the Department of Veterans' Affairs;
- The Secretary of Elderly Affairs;
- The Secretary of Health Care Administration;
- The director of the Agency for Persons with Disabilities; and
- A county manager or administrator who is appointed by the Governor.

Duties of the Commission

The statutory mandates for the Commission to carry out its purpose include, among other requirements, the following:

- Compile all available information on the transportation operations for and needs of the transportation disadvantaged in the state.
- Establish statewide objectives for providing transportation services for the transportation disadvantaged.
- Develop policies and procedures for the coordination²⁶ of local government, federal, and state funding for the transportation disadvantaged.
- Identify barriers prohibiting the coordination and accessibility of transportation services to the transportation disadvantaged and aggressively pursue the elimination of these barriers.
- Serve as a clearinghouse for information about transportation disadvantaged services, training, funding sources, innovations, and coordination efforts.
- Assist communities in developing transportation systems designed to serve the transportation disadvantaged.
- Approve the appointment of all community transportation coordinators.
- Have the authority to apply for and accept funds, grants, gifts, and services from the federal government, state government, local governments, or private funding sources.
- Make an annual report to the Governor and Legislature by January 1st, of each year.
- Prepare a statewide five-year transportation disadvantaged plan that addresses the transportation problems and needs of the transportation disadvantaged that is fully coordinated with local transit plans, compatible with local government comprehensive plans,

²⁴ Section 427.011(8), F.S., defines the term “purchasing agency” which is defined to mean a department or agency whose head is an ex officio, nonvoting adviser to the Commission, or an agency that purchases transportation services for the transportation disadvantaged.

²⁵ Section 427.012(1)(g), F.S.

²⁶ Section 427.077(11), F.S., defines the term “coordination” to mean the arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost-effective, efficient, and reduces fragmentation and duplication of services.

and that ensures that the most cost-effective and efficient method of providing transportation to the disadvantaged is programmed for development.

- Develop an interagency, uniform contracting and billing and accounting system that must be used by all community transportation coordinators and their transportation operators.
- Develop and maintain a transportation disadvantaged manual.
- Design and develop transportation disadvantaged training programs.
- Coordinate all transportation disadvantaged programs with appropriate state, local, and federal agencies and public transit agencies to ensure compatibility with existing transportation systems.
- Designate the official planning agency in areas outside of the purview of an MPO.
- Develop need-based criteria that must be used by all community transportation coordinators to prioritize the delivery of nonsponsored transportation disadvantaged services²⁷ that are purchased with Transportation Disadvantaged Trust Fund moneys.
- Establish a review procedure to compare the rates proposed by alternate transportation operators with the rates charged by a community transportation coordinator (CTC) to determine which rate is more cost-effective.
- Conduct a cost-comparison study of single-coordinators, multicoordinators, and brokered CTC networks to ensure that the most cost-effective and efficient method of providing transportation to the transportation disadvantaged is programmed for development.
- Develop a quality assurance and management review program to monitor, based upon approved commission standards, services contracted for by an agency, and those provided by a community transportation operator.
- Ensure that local community transportation coordinators work cooperatively with local workforce development boards²⁸ to provide assistance in the development of innovative transportation services for participants in the welfare transition program.²⁹

Commission for Transportation Disadvantaged Services and Regulations

The commission contracts with community transportation coordinators to deliver “non-sponsored” paratransit services and bus pass subsidies that are reimbursed under the Transportation Disadvantaged Trust Fund. A community transportation coordinator may directly provide transportation services and/or contract with other organizations, such as transportation operators, to serve transportation disadvantaged riders in their community. In addition to what is funded under the Transportation Disadvantaged Trust Fund, the community transportation coordinator may also work with other purchasing agencies or other programs to provide transportation services. For example, if a community transportation coordinator operates a fixed bus route system, it must provide complementary paratransit services under the federal Americans with Disabilities Act that are regulated by the Federal Transit Administration.³⁰

²⁷ Section 427.011(12), F.S., defines the term “nonsponsored transportation disadvantaged services” to mean transportation disadvantaged services that are not sponsored or subsidized by any funding source other than the Transportation Disadvantaged Trust Fund.

²⁸ Workforce development boards are established in ch. 445, F.S.

²⁹ Section 427.013, F.S.

³⁰ Section 427.013, F.S.

The commission develops policies and procedures to fulfill its statutory obligations that are implemented through administrative rule. Commission policies pertaining to safety standards include requirements for community transportation coordinators and their transportation operators on:

- Drug and alcohol testing and background screening.
- Safety of passengers during transfer points.
- Providing a local toll-free number (including the TD Helpline) for passenger complaints and grievances.
- Vehicle cleanliness, seating, and communications equipment.
- Maintaining passenger/trip data.
- Establishing pick-up windows and advanced notifications for passengers to obtain services.³¹

However, these regulations do not require the use of a website or mobile application for tracking vehicle location. The commission conducts biennial quality assurance reviews of each community transportation coordinator to ensure compliance with ch. 427, F.S., and Rule 41-2, Florida Administrative Code. Community transportation coordinators that receive the FDOT/Federal Transit Administration funding are also subject to triennial reviews by the FDOT to ensure compliance with safety standards.³²

TD Program Complaint and Grievance Process

Chapter 427, F.S., creating the TD program, does not expressly authorize the commission to hear or determine the TD service-related complaints or grievances. However, the commission requires all local systems to have written procedures in addressing/resolving complaints and grievances.³³ The commission's guidance on the complaint/grievance process identifies the following steps:

- A complaint must be filed at the local level, and is usually addressed by the community transportation coordinator.
- If the complaint is not resolved, the complainant may file a grievance with the local coordinating board. Each local coordinating board must appoint a Grievance Committee to process and investigate complaints and recommend service improvements to the local coordinating board and/or commission if a resolution is not reached.
- Once a grievance has been addressed by the local coordinating board and it remains unresolved, it may be referred to the commission to assist the grievant in facilitating a mutual acceptable resolution.³⁴³⁵

Apart from the above grievance procedures, aggrieved parties may also have recourse through the administrative hearings process.³⁶

³¹ *Id.*

³² *Id.*

³³ *Id.*

³⁴ Rule 41-2.012(5)(c), Florida Administrative Code.

³⁵ Commission for Transportation Disadvantaged (Commission), *Agency Analysis of 2024 Senate Bill 1380*, p. 1. (On file with the Senate Committee on Transportation).

³⁶ Commission for Transportation Disadvantaged (Commission), *Agency Analysis of 2024 Senate Bill 1380*, p. 4. (On file with the Senate Committee on Transportation). The administrative hearing process is pursuant to ch. 120, F.S., the Administrative Procedures Act.

Procurement of Commodities and Contractual Services

Section 287.057, F.S., requires the acquisition commodities and contractual services, in excess of \$35,000, be by competitive sealed bids, request for proposals or by competitive negotiations, unless specifically exempted.³⁷ Specific exemptions include, but are not limited to, when there is an immediate danger to public health safety and welfare, commodities and contractual services only available from a single source, and certain FDOT contracts.³⁸

III. Effect of Proposed Changes:

Definitions (Section 1)

Section 1 amends s. 427.011, F.S., to alphabetize the definitions relating to special transportation services and define the following terms:

- “Immediate family member” which is defined to mean a spouse, child, parent, sibling, grandparent, aunt, uncle, or first cousin of a person or the person’s spouse or a person who resides in the primary residence of the person.
- “Request for service” which is defined to mean a request made to a transportation service provider by a person with a disability, or by such person’s immediate family member, for paratransit service.
- “Transportation service provider” which is defined to mean an organization or entity that contracts with a local government to provide paratransit service for persons with disabilities.

Membership of the Commission (Section 2)

Section 2 amends s. 427.012, F.S., to increase the commission’s membership to 14 members, rather than seven members, appointed by the Governor. The commission’s membership will be as follows:

- The Director of the Agency for Persons with Disabilities (APD).
- The Secretary of Transportation or his or her designee from within the Florida Department of Transportation (FDOT).
- The Secretary of the Department of Children and Families (DCF) or his or her designee from within the DCF.
- The Secretary of the Department of Elder Affairs.
- The State Surgeon General or his or her designee from within the Department of Health.
- Two county managers or administrators, one from a rural county and one from a county with a population of more than 150,000 according to the last state census.
- The chief executive officer or president of a hospital in this state.
- The Director of the Division of Blind Services.
- Five members who have experience in transit, transportation services, innovative technology, government procurement, mobility, or service of persons with disabilities or who have disabilities and use transportation for the transportation disadvantaged.

³⁷ Florida Department of Transportation (FDOT), *Doing Business with the FDOT*, <https://www.fdot.gov/procurement/doingbusiness.shtm> (last visited January 25, 2024).

³⁸ Section 287.057(3), F.S.

Each commission member must be a Florida resident. Appointed members must serve four-year terms, except that initially, to provide for staggered terms, the Governor must appoint three members to serve two-year terms and two members to serve three-year terms. All subsequent appointments are for four-year terms. A member may be reappointed for one additional four-year term.

The bill removes the requirement for commission members to submit fingerprints and pass a Level 2 background screening. The bill also removes the prohibition on members of the commission having a financial relationship with specified entities or representing such entities as a lobbyist.

Duties of the Commission (Section 3)

Section 3 amends s. 427.013, F.S., to require the commission to:

- Provide best practices, latest technology innovations, and preferential vendor's lists to county transportation disadvantaged program managers.
- Annually review and conduct a performance audit of each coordinator contract and transportation operator contract in each county.
- Establish a system for the filing, receipt, and resolution of complaints regarding the transportation disadvantaged system.
- Include in its annual report a summary for each county of the number of complaints filed regarding the transportation disadvantaged system, contract satisfaction, a breakdown of the total cost of services, the amount of funds provided by the commission, and the results of annual performance audits.
- Ensure that drivers of motor vehicles used to provide paratransit service attend training programs delivered by the APD.

Requirements for Transportation Services for Persons with Disabilities (Section 5)

Section 5 creates s. 427.02, F.S., to require transportation service providers (provider) to provide training to each driver of a motor vehicle used to provide paratransit service to persons with disabilities that, at a minimum, meets the APD requirements for training and professional development of staff providing direct services to the APD's clients.

A provider must offer Internet-based, application-based, and smartphone-based ride booking and vehicle tracking services. Each of these services must be provided in accessible formats.

A provider must regularly maintain and upgrade all technology-based services and offer pre-booking and on-demand service to paratransit service users.

A provider, in collaboration with the local government that the provider contracts with, must establish:

- Reasonable time periods between a request for service and the provider's arrival at the location specified in the request, taking into account the number of persons requesting paratransit service on the same date, the distance between locations, usual or expected traffic conditions during the provision of service, and any other factor the provider or local government deems necessary. If a provider exhibits a pattern of late arrivals based on such

established reasonable time periods, the local government may authorize another provider to provide such paratransit service, including the acceptance of any prepaid vouchers for future paratransit services, notwithstanding the terms of the contract with the original provider.

- Best practices for limiting the duration of travel times for persons receiving paratransit service. To avoid unreasonably long travel times, the provider and the local government must consider the level of service offered to persons without disabilities by a public entity operating a fixed route transit service as compared to the level of paratransit service offered by the provider.³⁹
- Transparency regarding the quality of paratransit service provided by the provider, including, but not limited to, data relating to the timeliness of service provided and the handling of complaints.
- An efficient system for the reporting of adverse incidents occurring during the provision of paratransit service to persons with disabilities. Such system may include assigning a quick-response code to each motor vehicle used to provide such service for the purpose of reporting adverse incidents with a smartphone or other mobile device. Reports of adverse incidents received by the local government or the special transportation service provider must be submitted to the APD and the FDOT.

The bill requires the APD, in collaboration with the FDOT, to establish requirements for investigating reported adverse incidents, including periodic review of ongoing investigations and documentation of final outcomes. The investigation of a reported adverse incident must commence within 48 hours after the APD and the FDOT receive the report.

The bill provides that s. 287.057, F.S. that exempts the procurement of contractual services from competitive bidding requirements does not apply to contracts entered into by local governments and special transportation service providers for the provision of special transportation services for persons with disabilities.

Conforming Change (Section 4)

Section 4 amends s. 427.0159, F.S., to conform a cross-reference.

Effective Date (Section 6)

Section 6 provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

³⁹ This is in accordance with 49 C.F.R. s. 37.121.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Transportation service providers will incur indeterminate costs to offer pre-booking and on-demand service to paratransit service users and to comply with other provisions of the bill.

C. Government Sector Impact:

CS/CS/SB 1380 will have an indeterminate, significant, negative fiscal impact on the Commission for Transportation Disadvantaged (CTD) associated with the requirements of the bill. The CTD would require dedicated full-time equivalent (FTE) positions and data collection systems to receive, investigate, report, and follow-up on the outcome of adverse incidents.⁴⁰

CS/CS/SB 1380 will also have a negative fiscal impact on the Agency for Persons with Disabilities (APD) to investigate reported adverse incidents reported under provisions created in the bill.

The APD estimates a need of \$975,000 in funding from the General Revenue Fund, of which \$50,670 is nonrecurring. The APD estimates they would need at least 10 FTE, and related expense funding, to handle investigative requirements in the bill. This includes one position for each of their six regions, plus an additional three positions for three of their biggest regions (Suncoast, Central, and Southeast), and one position in the state office to oversee the initiative. Estimated salary costs equal \$861,000, including \$756,000 for positions in the six regions and \$105,000 for one position in the state office, plus an expense package for each position estimated at \$114,000 including \$50,670 in

⁴⁰ Florida Commission for the Transportation Disadvantaged, Senate Bill CS/SB 1380 analysis (February 16, 2024) (on file with the Senate Appropriations Committee on Health and Human Services).

nonrecurring funding.⁴¹

The APD also estimates a need for an indeterminate amount of funding for a data reporting system for providers to report adverse incidents regarding transportation services, as required in section 5 of the bill, in the Incident Management System. The system would need to interface with the Florida Department of Transportation.⁴²

Local governments that serve as community transportation coordinators may incur an indeterminate, significant negative fiscal impact associated with offering pre-booking and on-demand service to paratransit service users and establishing various technologies required by the bill.

VI. Technical Deficiencies:

Section 1 of the bill defines terms for newly created s. 427.02, F.S. However, the bill does not incorporate s. 427.02, F.S., into the cross-reference of sections that the definitions section applies to. Similar conforming changes may need to be made to the definition of “community transportation coordinator” and s. 427.013(10), F.S., providing the commission with rulemaking authority.

VII. Related Issues:

The bill creates new requirements for organizations providing transportation services to individuals with disabilities. However, the bill is not clear as to which agency is responsible for the implementation, oversight, monitoring and costs associated with certain services specified in the bill.

The bill does not define the term “adverse incident,” nor does it specify whether such incidents include complaints related to violations under the federal Americans with Disabilities Act.

VIII. Statutes Affected:

This bill substantially amends the following sections of Florida Statutes: 427.011, 427.012, 427.013, and 427.0159.

This bill creates section 427.02 of the Florida Statutes.

⁴¹ Agency for Persons with Disabilities, Senate Bill CS/SB 1380 fiscal analysis summary (February 12, 2024) (on file with the Senate Appropriations Committee on Health and Human Services).

⁴² *Id.*

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Health and Human Services on February 20, 2024:

The committee substitute:

- Removes the requirement for transportation services providers to install an interior video camera monitoring system within each paratransit vehicle, with specific instructions on camera placement.
- Removes the requirement for transportation services providers to provide footage captured by the video camera monitoring system to the local government, the Florida Department of Transportation, the Agency for Persons with Disabilities, or legal guardian of the passenger.

CS by Transportation on February 6, 2024:

The committee substitute:

- Revises the membership of the Commission for Transportation Disadvantaged (commission).
- Removes background screening and fingerprinting requirements for commission members.
- Requires the commission to:
 - Provide best practices, latest technological innovations and preferential vendors list to county transportation disadvantaged program managers.
 - Annually review and conduct a performance audit of each coordinator contract and transportation operator contract.
 - Establish a system for resolving complaints.
- Revises commission reporting requirements to include information on complaints, cost of service, contracts, funds provided by the commission, and the results of performance audits.
- Requires paratransit drivers to attend training programs provided through the Agency for Persons with Disabilities.
- Revises provisions regarding mobile application or web-based information to provide for smartphone based ride booking and vehicle tracking.
- Requires providers to maintain and upgrade specified technology-based services.
- Requires the offering of pre-booking and on-demand services for paratransit users.

- B. **Amendments:**

None.



116182

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 335 - 355

and insert:

(b) Offer Internet-based, application-based, and smartphone-based ride booking and vehicle tracking services. Each of these services must be provided in accessible formats.

(c) Regularly maintain and upgrade all technology-based services.

(d) Offer both pre-booking and on-demand service to



116182

11 paratransit service users.

12

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

14 And the title is amended as follows:

15 Delete lines 14 - 17

16 and insert:

17 F.S.; providing responsibilities of a transportation
18 service provider with respect to training of certain
19 drivers, application-based and smartphone-based ride
20 booking and vehicle tracking services, maintenance and
21 upgrading of all technology-based services, and the
22 provision of pre-booking and on-demand services for
23 paratransit service users; requiring a transportation

By the Committee on Transportation; and Senator Hutson

596-02951-24

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1 A bill to be entitled
 2 An act relating to transportation services for persons
 3 with disabilities and the transportation
 4 disadvantaged; reordering and amending s. 427.011,
 5 F.S.; defining terms; amending s. 427.012, F.S.;
 6 revising membership of the Commission for the
 7 Transportation Disadvantaged and qualifications
 8 therefor; providing for staggered terms; requiring
 9 each member to be a resident of this state; deleting
 10 provisions relating to background screening
 11 requirements; amending s. 427.013, F.S.; revising the
 12 duties of the commission; amending s. 427.0159, F.S.;
 13 conforming a cross-reference; creating s. 427.02,
 14 F.S.; providing responsibilities of a transportation
 15 service provider with respect to driver training,
 16 installation of video camera monitoring systems, and
 17 technology-based services; requiring a transportation
 18 service provider and the local government with which
 19 the provider contracts to establish standards relating
 20 to reasonable time periods between a request for
 21 service and the arrival of the provider, limitation of
 22 the duration of travel times, transparency regarding
 23 the quality of service provided, and a system for the
 24 reporting of adverse incidents; requiring that reports
 25 of adverse incidents be submitted to the Agency for
 26 Persons with Disabilities and the Department of
 27 Transportation; requiring the agency and the
 28 department to establish requirements for the
 29 investigation of adverse incidents; requiring such an

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 investigation to commence within a certain timeframe;
 31 providing nonapplicability of provisions exempting the
 32 purchase of contractual services from competitive
 33 bidding requirements; providing an effective date.
 34

35 Be It Enacted by the Legislature of the State of Florida:
 36

37 Section 1. Section 427.011, Florida Statutes, is reordered
 38 and amended to read:

39 427.011 Definitions.—For the purposes of ss. 427.011-
 40 427.017:

41 (11)(1) "Transportation disadvantaged" means those persons
 42 who because of physical or mental disability, income status, or
 43 age are unable to transport themselves or to purchase
 44 transportation and are, therefore, dependent upon others to
 45 obtain access to health care, employment, education, shopping,
 46 social activities, or other life-sustaining activities, or
 47 children who are handicapped or high-risk or at-risk as defined
 48 in s. 411.202.

49 (6)(2) "Metropolitan planning organization" means the
 50 organization responsible for carrying out transportation
 51 planning and programming in accordance with the provisions of 23
 52 U.S.C. s. 134, as provided in 23 U.S.C. s. 104(f)(3).

53 (1)(3) "Agency" means an official, officer, commission,
 54 authority, council, committee, department, division, bureau,
 55 board, section, or any other unit or entity of the state or of a
 56 city, town, municipality, county, or other local governing body
 57 or a private nonprofit transportation service-providing agency.

58 (13)(4) "Transportation improvement program" means a staged

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59 multiyear program of transportation improvements, including an
60 annual element, which is developed by a metropolitan planning
61 organization or designated official planning agency.

62 ~~(2)(5)~~ "Community transportation coordinator" means a
63 transportation entity recommended by a metropolitan planning
64 organization, or by the appropriate designated official planning
65 agency as provided for in ss. 427.011-427.017 in an area outside
66 the purview of a metropolitan planning organization, to ensure
67 that coordinated transportation services are provided to the
68 transportation disadvantaged population in a designated service
69 area.

70 ~~(14)(6)~~ "Transportation operator" means one or more public,
71 private for-profit, or private nonprofit entities engaged by the
72 community transportation coordinator to provide service to
73 transportation disadvantaged persons pursuant to a coordinated
74 system service plan.

75 ~~(3)(7)~~ "Coordinating board" means an advisory entity in
76 each designated service area composed of representatives
77 appointed by the metropolitan planning organization or
78 designated official planning agency, to provide assistance to
79 the community transportation coordinator relative to the
80 coordination of transportation services.

81 ~~(9)(8)~~ "Purchasing agency" means a department or agency
82 whose head is an ex officio, nonvoting adviser to the
83 commission, or an agency that purchases transportation services
84 for the transportation disadvantaged.

85 ~~(8)(9)~~ "Paratransit" means those elements of public transit
86 which provide service between specific origins and destinations
87 selected by the individual user with such service being provided

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88 at a time that is agreed upon by the user and provider of the
89 service. Paratransit service is provided by taxis, limousines,
90 "dial-a-ride," buses, and other demand-responsive operations
91 that are characterized by their nonscheduled, nonfixed route
92 nature.

93 ~~(12)(10)~~ "Transportation disadvantaged funds" means any
94 local government, state, or available federal funds that are for
95 the transportation of the transportation disadvantaged. Such
96 funds may include, but are not limited to, funds for planning,
97 Medicaid transportation, administration, operation, procurement,
98 and maintenance of vehicles or equipment and capital
99 investments. Transportation disadvantaged funds do not include
100 funds for the transportation of children to public schools.

101 ~~(4)(11)~~ "Coordination" means the arrangement for the
102 provision of transportation services to the transportation
103 disadvantaged in a manner that is cost-effective, efficient, and
104 reduces fragmentation and duplication of services.

105 ~~(7)(12)~~ "Nonsponsored transportation disadvantaged
106 services" means transportation disadvantaged services that are
107 not sponsored or subsidized by any funding source other than the
108 Transportation Disadvantaged Trust Fund.

109 (5) "Immediate family member" means a spouse, child,
110 parent, sibling, grandparent, aunt, uncle, or first cousin of a
111 person or the person's spouse or a person who resides in the
112 primary residence of the person.

113 (10) "Request for service" means a request made to a
114 transportation service provider by a person with a disability,
115 or by such person's immediate family member, for paratransit
116 service.

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117 (15) "Transportation service provider" means an
 118 organization or entity that contracts with a local government to
 119 provide paratransit service for persons with disabilities.

120 Section 2. Section 427.012, Florida Statutes, is amended to
 121 read:

122 427.012 The Commission for the Transportation
 123 Disadvantaged.—There is created the Commission for the
 124 Transportation Disadvantaged in the Department of
 125 Transportation.

126 (1) The commission shall consist of 14 ~~seven~~ members, all
 127 of whom shall be appointed by the Governor, in accordance with
 128 the requirements of s. 20.052.

129 (2) The commission shall be composed of the following
 130 members:

131 (a) The director of the Agency for Persons with
 132 Disabilities.

133 (b) The Secretary of Transportation or his or her designee
 134 from within the Department of Transportation.

135 (c) The Secretary of Children and Families or his or her
 136 designee from within the Department of Children and Families.

137 (d) The Secretary of Elderly Affairs.

138 (e) The State Surgeon General or his or her designee from
 139 within the Department of Health.

140 (f) Two county managers or administrators, one from a rural
 141 county and one from a county with a population of more than
 142 150,000 according to the last state census.

143 (g) The chief executive officer or president of a hospital
 144 in this state.

145 (h) The director of the Division of Blind Services.

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146 (i) Five members who have experience in transit,
 147 transportation services, innovative technology, government
 148 procurement, mobility, or service of persons with disabilities
 149 or who have disabilities and use transportation for the
 150 transportation disadvantaged.

151 (3) Appointed members shall serve 4-year terms, except that
 152 initially, to provide for staggered terms, the Governor shall
 153 appoint three members to serve 2-year terms and two members to
 154 serve 3-year terms. All subsequent appointments shall be for 4-
 155 year terms. A member may be reappointed for one additional 4-
 156 year term.

157 (4) Each member must be a resident of this state.

158 ~~(a) Five of the members must have significant experience in~~
 159 ~~the operation of a business, and it is the intent of the~~
 160 ~~Legislature that, when making an appointment, the Governor~~
 161 ~~select persons who reflect the broad diversity of the business~~
 162 ~~community in this state, as well as the racial, ethnic,~~
 163 ~~geographical, and gender diversity of the population of this~~
 164 ~~state.~~

165 ~~(b) Two of the members must have a disability and use the~~
 166 ~~transportation disadvantaged system.~~

167 ~~(c) Each member shall represent the needs of the~~
 168 ~~transportation disadvantaged throughout the state. A member may~~
 169 ~~not subordinate the needs of the transportation disadvantaged in~~
 170 ~~general in order to favor the needs of others residing in a~~
 171 ~~specific location in the state.~~

172 ~~(d) Each member shall be appointed to a term of 4 years. A~~
 173 ~~member may be reappointed for one additional 4-year term.~~

174 ~~(e) Each member must be a resident of the state and a~~

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175 ~~registered voter.~~

176 ~~(f) At any given time, at least one member must be at least~~
 177 ~~65 years of age.~~

178 ~~(g) The Secretary of Transportation, the Secretary of~~
 179 ~~Children and Families, the Secretary of Economic Opportunity,~~
 180 ~~the executive director of the Department of Veterans' Affairs,~~
 181 ~~the Secretary of Elderly Affairs, the Secretary of Health Care~~
 182 ~~Administration, the director of the Agency for Persons with~~
 183 ~~Disabilities, and a county manager or administrator who is~~
 184 ~~appointed by the Governor, or a senior management level~~
 185 ~~representative of each, shall serve as ex officio, nonvoting~~
 186 ~~advisors to the commission.~~

187 ~~(h) A member may not, within the 5 years immediately before~~
 188 ~~his or her appointment, or during his or her term on the~~
 189 ~~commission, have or have had a financial relationship with, or~~
 190 ~~represent or have represented as a lobbyist as defined in s.~~
 191 ~~11.045, the following:~~

- 192 ~~1. A transportation operator;~~
- 193 ~~2. A community transportation coordinator;~~
- 194 ~~3. A metropolitan planning organization;~~
- 195 ~~4. A designated official planning agency;~~
- 196 ~~5. A purchaser agency;~~
- 197 ~~6. A local coordinating board;~~
- 198 ~~7. A broker of transportation; or~~
- 199 ~~8. A provider of transportation services.~~

200 ~~(5)(2) The chair of the commission~~ chairperson shall be
 201 appointed by the Governor, and the vice chair ~~chairperson~~ of the
 202 commission shall be elected annually from the membership of the
 203 commission.

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204 ~~(6)(3)~~ Members of the commission shall serve without
 205 compensation but shall be allowed per diem and travel expenses,
 206 as provided in s. 112.061.

207 ~~(7)(4)~~ The commission shall meet at least quarterly, or
 208 more frequently at the call of the chair ~~chairperson~~. Eight ~~Four~~
 209 members of the commission constitute a quorum, and a majority
 210 vote of the members present is necessary for any action taken by
 211 the commission.

212 ~~(8)(5)~~ The Governor may remove any member of the commission
 213 for cause.

214 ~~(6) Each candidate for appointment to the commission must,~~
 215 ~~before accepting the appointment, undergo background screening~~
 216 ~~under s. 435.04 by filing with the Department of Transportation~~
 217 ~~a complete set of fingerprints taken by an authorized law~~
 218 ~~enforcement agency. The fingerprints must be submitted to the~~
 219 ~~Department of Law Enforcement for state processing, and that~~
 220 ~~department shall submit the fingerprints to the Federal Bureau~~
 221 ~~of Investigation for federal processing. The Department of~~
 222 ~~Transportation shall screen the background results and inform~~
 223 ~~the commission of any candidate who does not meet level 2~~
 224 ~~screening standards. A candidate who has not met level 2~~
 225 ~~screening standards may not be appointed to the commission. The~~
 226 ~~cost of the background screening may be borne by the Department~~
 227 ~~of Transportation or the candidate.~~

228 ~~(9)(7)~~ The commission shall appoint an executive director
 229 who shall serve under the direction, supervision, and control of
 230 the commission. The executive director, with the consent of the
 231 commission, shall employ such personnel as may be necessary to
 232 perform adequately the functions of the commission within

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233 budgetary limitations. Employees of the commission are exempt
234 from the Career Service System.

235 ~~(10)-(9)~~ The commission shall appoint a technical working
236 group that includes representatives of private paratransit
237 providers. The technical working group shall advise the
238 commission on issues of importance to the state, including
239 information, advice, and direction regarding the coordination of
240 services for the transportation disadvantaged. The commission
241 may appoint other technical working groups whose members may
242 include representatives of community transportation
243 coordinators; metropolitan planning organizations; regional
244 planning councils; experts in insurance, marketing, economic
245 development, or financial planning; and persons who use
246 transportation for the transportation disadvantaged, or their
247 relatives, parents, guardians, or service professionals who tend
248 to their needs.

249 ~~(11)-(9)~~ The commission is assigned to the office of the
250 secretary of the Department of Transportation for administrative
251 and fiscal accountability purposes, but it shall otherwise
252 function independently of the control, supervision, and
253 direction of the department.

254 ~~(12)-(10)~~ The commission shall develop a budget pursuant to
255 chapter 216. The budget is not subject to change by the
256 department staff after it has been approved by the commission,
257 but it shall be transmitted to the Governor, as head of the
258 department, along with the budget of the department.

259 Section 3. Present subsections (8) through (29) of section
260 427.013, Florida Statutes, are redesignated as subsections (10)
261 through (31), respectively, new subsections (8) and (9) are

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262 added to that section, and subsection (5) and present
263 subsections (13), (20), and (28) of that section are amended, to
264 read:

265 427.013 The Commission for the Transportation
266 Disadvantaged; purpose and responsibilities.—The purpose of the
267 commission is to accomplish the coordination of transportation
268 services provided to the transportation disadvantaged. The goal
269 of this coordination is to assure the cost-effective provision
270 of transportation by qualified community transportation
271 coordinators or transportation operators for the transportation
272 disadvantaged without any bias or presumption in favor of
273 multioperator systems or not-for-profit transportation operators
274 over single operator systems or for-profit transportation
275 operators. In carrying out this purpose, the commission shall:

276 (5) Serve as a clearinghouse for information about
277 transportation disadvantaged services, training, funding
278 sources, innovations, and coordination efforts and provide best
279 practices, latest technology innovations, and preferential
280 vendors lists to county transportation disadvantaged program
281 managers.

282 (8) Annually review and conduct a performance audit of each
283 coordinator contract and transportation operator contract in
284 each county.

285 (9) Establish a system for the filing, receipt, and
286 resolution of complaints regarding the transportation
287 disadvantaged system.

288 ~~(15)-(13)~~ Make an annual report to the Governor, the
289 President of the Senate, and the Speaker of the House of
290 Representatives by January 1 of each year. The report shall

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291 summarize for each county the number of complaints filed
 292 regarding the transportation disadvantaged system, contract
 293 satisfaction, a breakdown of the total cost of services, the
 294 amount of funds provided by the commission, and the results of
 295 annual performance audits.

296 (22)(20) Ensure that drivers of motor vehicles used to
 297 provide paratransit service attend ~~Design and develop~~
 298 ~~transportation disadvantaged~~ training programs delivered by the
 299 Agency for Persons with Disabilities.

300 (30)(28) In consultation with the Agency for Health Care
 301 Administration and the Department of Transportation, develop an
 302 allocation methodology that equitably distributes all
 303 transportation funds under the control of the commission to
 304 compensate counties, community transportation coordinators, and
 305 other entities providing transportation disadvantaged services.
 306 The methodology shall separately account for Medicaid
 307 beneficiaries. The methodology shall consider such factors as
 308 the actual costs of each transportation disadvantaged trip based
 309 on prior-year information, efficiencies that a provider might
 310 adopt to reduce costs, results of the rate and cost comparisons
 311 conducted under subsections (26) (24) and (27) (25), as well as
 312 cost efficiencies of trips when compared to the local cost of
 313 transporting the general public. This subsection does not
 314 supersede the authority of the Agency for Health Care
 315 Administration to distribute Medicaid funds.

316 Section 4. Subsection (4) of section 427.0159, Florida
 317 Statutes, is amended to read:

318 427.0159 Transportation Disadvantaged Trust Fund.—

319 (4) A purchasing agency may deposit funds into the

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320 Transportation Disadvantaged Trust Fund for the commission to
 321 implement, manage, and administer the purchasing agency's
 322 transportation disadvantaged funds, as defined in s. 427.011 ~~or~~
 323 ~~427.011(10)~~.

324 Section 5. Section 427.02, Florida Statutes, is created to
 325 read:

326 427.02 Transportation services for persons with
 327 disabilities.—

328 (1) A transportation service provider must:

329 (a) Provide training to each driver of a motor vehicle used
 330 to provide paratransit service to persons with disabilities
 331 which, at a minimum, meets requirements established by the
 332 Agency for Persons with Disabilities for training and
 333 professional development of staff providing direct services to
 334 clients of the agency.

335 (b)1. Install an interior video camera monitoring system in
 336 each motor vehicle used to provide paratransit service to
 337 persons with disabilities. Each component of the interior video
 338 camera monitoring system must be mounted securely inside the
 339 motor vehicle, must be located outside the head protection zone
 340 as described in 49 C.F.R. s. 571.222, must be located in an area
 341 in which the component is not likely to cause injury, and must
 342 have no sharp edges or projections.

343 2. Upon request, provide access to footage captured by an
 344 interior video camera monitoring system to the local government,
 345 the Department of Transportation, the Agency for Persons with
 346 Disabilities, or a parent, legal guardian, caretaker, or
 347 immediate family member of a person who receives paratransit
 348 service from the transportation service provider.

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349 (c) Offer Internet-based, application-based, and
 350 smartphone-based ride booking and vehicle tracking services.
 351 Each of these services must be provided in accessible formats.

352 (d) Regularly maintain and upgrade all technology-based
 353 services.

354 (e) Offer both pre-booking and on-demand service to
 355 paratransit service users.

356 (2) A transportation service provider, in collaboration
 357 with the local government with which the provider contracts,
 358 shall establish:

359 (a) Reasonable time periods between a request for service
 360 and the arrival of the transportation service provider at the
 361 location specified in the request, taking into account the
 362 number of persons requesting paratransit service on the same
 363 date, the distance between locations, usual or expected traffic
 364 conditions during the provision of paratransit service, and any
 365 other factor deemed necessary by the provider or the local
 366 government. If a transportation service provider exhibits a
 367 pattern of late arrivals based on such established reasonable
 368 time periods, the local government may authorize another
 369 provider to provide such paratransit service, including the
 370 acceptance of any prepaid vouchers for future paratransit
 371 service, notwithstanding the terms of the contract with the
 372 original provider.

373 (b) Best practices for limiting the duration of travel
 374 times for persons receiving paratransit service. To avoid
 375 unreasonably long travel times, the provider and the local
 376 government shall consider the level of service offered to
 377 persons without disabilities by a public entity operating a

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378 fixed route as compared to the level of paratransit service
 379 offered by the transportation service provider in accordance
 380 with 49 C.F.R. s. 37.121.

381 (c) Transparency regarding the quality of paratransit
 382 service provided by the transportation service provider,
 383 including, but not limited to, data relating to the timeliness
 384 of paratransit service provided and the handling of complaints.

385 (d) An efficient system for the reporting of adverse
 386 incidents occurring during the provision of paratransit service
 387 to persons with disabilities. Such system may include the
 388 assignment of a quick-response code to each motor vehicle used
 389 to provide such service for the purpose of reporting adverse
 390 incidents with a smartphone or other mobile device. Reports of
 391 adverse incidents received by the local government or the
 392 transportation service provider shall be submitted to the Agency
 393 for Persons with Disabilities and the Department of
 394 Transportation.

395 (3) The Agency for Persons with Disabilities, in
 396 collaboration with the Department of Transportation, shall
 397 establish requirements for the investigation of adverse
 398 incidents reported pursuant to paragraph (2) (d), including
 399 periodic review of ongoing investigations and documentation of
 400 final outcomes thereof. The investigation of a reported adverse
 401 incident must commence within 48 hours after receipt of the
 402 report by the agency and the department.

403 (4) The provisions of s. 287.057 which exempt the purchase
 404 of contractual services from competitive bidding requirements do
 405 not apply to contracts entered into by local governments and
 406 transportation service providers for the provision of

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407 paratransit service to persons with disabilities under this
408 section.

409 Section 6. This act shall take effect July 1, 2024.

Florida Commission for the Transportation Disadvantaged (CTD)
Analysis of CS/SB 1380

Background

There are numerous federal, state and local programs that support the delivery of transportation services for persons with disabilities and other individuals that are transportation disadvantaged. These services are often referred to as “paratransit,” which are usually scheduled between the individual and transportation provider and provided on a door-to-door or curb-to-curb basis.

This analysis primarily addresses paratransit services provided under the Florida Transportation Disadvantaged (TD) Program, established in Part I of Chapter 427, Florida Statutes, and examines the potential impacts of CS/SB 1380.

Overview of the TD Program

The Florida Legislature created¹ the TD Program (ss. 427.011-427.017, F.S.) to support the coordination of transportation services for individuals who are “transportation disadvantaged.” The Legislature specifically defined the TD population as “persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities.”² The purpose of coordination is to ensure that transportation services are provided to TD eligible customers “in a manner that is cost-effective, efficient, and reduces fragmentation and duplication of services.”³

The CTD is an independent state agency administratively assigned to the Florida Department of Transportation (FDOT) that reports directly to the Governor. The Commission board⁴ is made up of seven voting members appointed by the Governor: five must have experience operating a business and two must be individuals with a disability who use the TD system. The board also consists of eight ex-officio (non-voting) advisor that represent the following governmental agencies:

- The Florida Department of Transportation;
- The Florida Department of Children and Families;
- The Florida Department of Economic Opportunity;
- The Florida Department of Veterans’ Affairs;
- The Florida Department of Elderly Affairs;
- The Agency for Health Care Administration;

¹ Chapter 79-180, L.O.F.

² Section 427.011(1), F.S.

³ Section 427.011(11), F.S.

⁴ Section 427.012, F.S.

- The Agency for Persons with Disabilities; and
- A county manager or administrator who is appointed by the Governor.

The CTD administers the TD Trust Fund, where majority of funds are used to purchase paratransit services “not sponsored” or subsidized by any other agency or funding source.⁵ The TD Program is guided by a philosophy of centralized (statewide) policy development and decentralized local implementation. The Commission oversees the Coordinated TD System, which comprises of three entities primarily responsible for implementing the TD Program at the local level are:

- The Community Transportation Coordinator⁶ (CTC) is responsible for the arrangement of transportation services to the TD population within a designated county or multi-county service area. The entity could be a local government (such as a board of county commissioners), transit agency, not-for-profit organization or for-profit company designated by the CTD.
- The Designated Official Planning Agency⁷ is responsible for planning for the needs of and services for the TD population within its designated service area, including recommending an entity to serve as the CTC. The planning agency can be a metropolitan planning organization, regional planning council, or similar entity designated by the CTD.
- The Local Coordinating Board⁸ (LCB) is an advisory entity responsible for assisting the CTC in meeting the TD needs of its designated service area. Members of the LCB are appointed by the planning agency and represent riders and their advocates, human service agencies, and other stakeholders of the TD Program.

CTC Services and Regulations

The CTD contracts with the CTCs (usually up to five years) to deliver “non-sponsored” paratransit services and bus pass subsidies, which are reimbursed under the TD Trust Fund. A CTC may provide transportation services directly and/or contract with other organizations (known as “transportation operators”)⁹ to serve TD riders in their community. The CTC may also work with other purchasing agencies or programs to provide transportation services in addition to what is funded under the TD Trust Fund. For example, if a CTC operates a fixed bus route system, it must provide complementary paratransit services under the U.S. Americans with Disabilities Act, which are regulated under the Federal Transit Administration (discussed further on page 5).

⁵ Sections 427.011(12) and 427.0159(3), F.S.

⁶ Section 427.0155, F.S.

⁷ Section 427.015, F.S.

⁸ Section 427.0157, F.S.

⁹ Defined in s. 427.011(6), F.S.

The CTD develops policies and procedures to fulfill its statutory obligations, which are implemented through Rule Chapter 41-2, F.A.C.¹⁰ CTD policies pertaining to safety standards are found in 41-2.006, F.A.C., which includes requirements for CTCs and their transportation operators on:

- Drug and alcohol testing and background screening.
- Safety of passengers during transfer points.
- Providing a local toll-free number (including the TD Helpline) for passenger complaints and grievances.
- Vehicle cleanliness, seating, and communications equipment.
- Maintaining passenger/trip data.
- Establishing pick-up window and advanced notifications for passengers to obtain services.

However, these regulations do not include requirements on installation of video cameras on vehicles, nor do they specify the use of a website or mobile application for tracking the location of vehicles.

Quality Assurance Audits

The CTD conducts biennial quality assurance¹¹ (QA) reviews of each CTC to ensure compliance with Chapter 427 and Rule 41-2. The QA process includes (but not limited to) a financial audit of the invoice data that is collected through the CTD grant programs, a review of documentation related to rider eligibility for TD non-sponsored services, and on-site monitoring of the CTC's operation. The Commission contracts with a CPA firm to assist in conducting QA reviews.

CTCs that receive funding by FDOT and/or the Federal Transit Administration are also subject to triennial reviews by FDOT to ensure compliance with its safety standards in Rule 14-90, F.A.C.

Reporting Requirements

The Commission is required to provide an annual report to the Governor and Legislature by January 1st of each year.¹² The report includes a compilation of performance data on services provided by the Coordinated System from the previous state fiscal year (July 1 through June 30). The data comes from two sources:

- 1) The Annual Operating Report – Each September, CTCs are required to compile and submit operating data to the CTD on their respective service areas.¹³ The AOR provides a macro-

¹⁰ The CTD rules and regulations can be accessed at: [41-2 : COMMISSION FOR THE TRANSPORTATION DISADVANTAGED - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking \(flrules.org\)](https://www.flrules.org).

¹¹ Section 427.013(26), F.S.

¹² Section 427.013(13), F.S.

¹³ Section 427.0155(2), F.S., and Rule 41-2.007(6), F.A.C.

level, systemwide overview of all coordinated transportation services provided to the TD population, including:

- Trips by funding source, including the CTD, Agency for Persons with Disabilities, and other purchasing agencies.
- Unduplicated passenger head count;
- Total number of unmet trip requests, no-shows, complaints, and commendations;
- A summary of revenues from each of the purchasing agencies and expenses categorized by the source (labor, benefits, services, supplies, taxes, etc.); and
- Qualitative data on the CTC, such as network type (not-for-profit, for-profit, governmental), operating environment (rural or urban), whether the CTC provides out-of-county trips, and listings of any transportation operators.

2) Transportation Disadvantaged Trust Fund Grant Programs – CTCs are required to submit monthly invoices to the CTD to be reimbursed for the delivery of non-sponsored services funded under the TD Trust Fund. The invoice data include more detailed information on trips, miles and bus passes purchased with TD Trust Fund dollars, including:

- Date and time a trip was provided;
- The name of the rider who received a trip;
- The type of trip provided to the eligible rider (e.g., ambulatory, wheelchair, etc.);
- The rate at which that service was reimbursed (i.e., ambulatory, wheelchair, etc.);
- The pick-up and drop-off address of each trip; and
- The total miles of the trip.

The annual reports can be accessed at the CTD website at: [APR Reports \(fdot.gov\)](https://www.fdot.gov/APR-Reports).

TD Program Complaint and Grievance Process

Chapter 427, F.S., does not expressly confer authority to the CTD to hear or determine a grievance related to TD services. However, the Commission requires all local systems to have written procedures in addressing and resolving complaints and grievances.¹⁴ The CTD guidance on the complaint/grievance process identifies the following steps:

- A complaint must be filed at the local level. This is usually addressed by the CTC.
- If the complaint is not resolved, the complainant may file a grievance with the Local Coordinating Board (LCB). Each LCB is required to appoint a Grievance Committee to process and investigate complaints and recommend service improvements to the LCB and/or CTD if a resolution is not reached.¹⁵
- Once a grievance has been addressed by the LCB and it remains unresolved, it may be referred to the CTD. The Commission has six staff members that are each assigned to

¹⁴ “Complaints are defined by CTD as any documented customer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies... Grievances are defined as unresolved complaints” (CTD Grievance Procedures, revised 05/26/15)

¹⁵ Rule 41-2.012(5)(c), F.A.C.

manage contracts within a region of the state, which includes assisting to facilitate a mutual acceptable resolution between the CTC and grievant.

Apart from these grievance procedures, aggrieved parties may also have recourse through the administrative hearings process, pursuant to Chapter 120, F.S.

Other Paratransit Service Programs

There are various federal, state, and local programs that support paratransit services for persons with disabilities and segments of the TD population beyond what is funded under the TD Program. The following section briefly summarizes a few of these programs.

ADA Complementary Paratransit Services

The U.S. Americans with Disabilities Act (ADA) of 1990 is a comprehensive civil rights law that affords individuals with disabilities the right to access all areas of public life, including public transportation. The ADA requires transit entities that operate fixed route bus services to provide “complementary paratransit” services to individuals with disabilities who live within $\frac{3}{4}$ of a mile of a fixed route and cannot access the route itself due to their disability (49 CFR Part 37).

The Federal Transit Administration (FTA) is the primary entity that regulates public transit systems, including the delivery of ADA complementary paratransit services.¹⁶ Sections 37.123 and 37.125 define the eligibility criteria for individuals with disabilities who qualify for ADA paratransit services. FTA clarifies that “disability alone does not determine paratransit eligibility; the decision is based on the applicant’s functional ability to use the fixed route bus and is not a medical decision.”¹⁷

Section 37.131 requires transit entities to schedule and provide ADA paratransit services to any eligible person at any requested time during at least all normal business hours of the entity's administrative offices. The entity may negotiate pickup times with the individual, but the entity cannot require the individual to schedule a trip to begin more than one hour before or after the individual's desired departure time. Transit entities cannot limit the availability of ADA complementary paratransit services to eligible riders based on the number of trips, waiting lists, or any operational pattern or practice that limits the availability of service to the individual (such as a substantial number of trip denials or missed trips).

FTA also requires transit entities to have a complaint process and encourages riders to first attempt to resolve complaints at the local level. If a complaint remains unresolved, a rider may contact the FTA Office of Civil Rights (no later than 180 days after the incident occurred).¹⁸

¹⁶ The regulations for ADA paratransit services can be accessed at: [49 CFR Part 37 - PART 37—TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES \(ADA\) | Electronic Code of Federal Regulations \(e-CFR\) | US Law | LII / Legal Information Institute \(cornell.edu\)](#).

¹⁷ See “Frequently Asked Questions” on the FTA website at: [Frequently Asked Questions | FTA \(dot.gov\)](#).

¹⁸ See FAQ on FTA website, link provided in footnote 9.

Agency for Persons with Disabilities

The Agency for Persons with Disabilities (APD) administers the Medicaid waiver that provides home and community-based services to eligible individuals with intellectual and developmental disabilities (IDD).¹⁹ APD may fund transportation to and from the individual's home and community-based waiver services when such services cannot be accessed through normal support systems. The process to determine what type and amount of waiver transportation provided by APD includes:²⁰

- Eligible individuals receive individualized budgets based on an allocation formula or algorithm.
- Eligible individuals choose transportation and other service providers based on their health and safety needs.
- Waiver transportation providers must have valid service authorization prior to beginning services and billing via the Medicaid fiscal agent.
- Waiver transportation providers are reimbursed by month, mile or trip, negotiated with APD.

Medicaid Non-Emergency Transportation Services²¹

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses. In Florida, the Agency for Health Care Administration (AHCA) is responsible for Medicaid.

Medicaid reimburses for medically necessary non-emergency transportation services for a Medicaid eligible recipient and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid covered service. Examples of Medicaid-covered non-emergency transportation include trips to:

- Doctor appointments
- Dental appointments
- Mental health appointments
- Dialysis services
- Prescribed pediatric extended care center services.

If a Medicaid recipient has a complaint about a transportation trip, AHCA recommends first calling the transportation provider. If the transportation provider is not able to resolve the

¹⁹ Chapter 393, F.S.

²⁰ This process is described in a task force report that was required by the Florida Legislature, presented to the Agency for Persons with Disabilities in December 2017, entitled "Transportation Disadvantaged State-Wide Service Analysis" (p. 20).

²¹ Information in this subsection was taken from the House Transportation & Modals Subcommittee Staff Analysis (dated February 1, 2024), pages 7-8.

problem, AHCA provides two ways of filing a formal complaint: AHCA's Medicaid Helpline or AHCA's complaint website.

Coordination Contractors

A "coordination contract" is a written agreement between the Community Transportation Coordinator (CTC) and a human service agency that receives funding to perform some, if not all, of its own transportation services to segments of the TD population.²² These agencies could include senior programs or ARCs that receive funding (such as the FTA 5310 grant) to purchase vehicles in service of their clients. Coordination contractors usually function independently of the CTC's operation, but may share information on contractor's vehicles, trips provided in a given year, etc.

Effects of Proposed Changes

CS/SB 1380 (Transportation; Hutson) amends Chapter 427, Florida Statutes, related the Transportation Disadvantaged (TD) Program and paratransit services for persons with disabilities.

Definitions (s. 427.011, F.S.)

The bill defines three new terms under the TD Program:

- **"Immediate family member" means a spouse, child, parent, sibling, grandparent, aunt, uncle, or first cousin of a person or the person's spouse or a person who resides in the primary residence of the person.** It is not clear whether this term applies only to a person with a disability or a person who is transportation disadvantaged (as defined in s. 427.011(1)).
- **"Request for service" means a request made to a transportation service provider by a person with a disability, or by such person's immediate family member, for paratransit service.** While this term appears to be directed toward the bill's provisions related to paratransit service for persons with disabilities, this could also be applicable to paratransit services requested under the TD Program.
- **"Transportation service provider" means an organization or entity that contracts with a local government to provide paratransit service for persons with disabilities.** This term appears in the bill's proposed new section (427.02) but could also be applicable to transportation operators (defined in 427.011(6)) that provide paratransit services for CTCs that are local government entities. This term may also apply to CTCs that provide ADA complementary paratransit services as part of the fixed route system.

The bill does not clarify whether "paratransit service for persons with disabilities" applies to those funded under the TD program, provided by fixed route systems under the U.S. Americans with Disabilities Act (ADA), or other local government programs.

²² Rule 41-2.002(2), F.A.C.

CTD Board Membership (s. 427.012, F.S.)

The bill amends the membership of the Commission board, from 7 to 14 members appointed by the Governor, to include:

- **The director of the Agency for Persons with Disabilities.** The bill would change the status to a voting member. The bill does not include a provision to allow the director to have a designee in his or her place. Currently, the advisor seat is occupied by a senior management level representative of the agency.
- **The Secretary of Transportation or his or her designee from within the agency.** The bill would change the status to a voting member.
- **The Secretary of Children and Families or his or her designee from within the agency.** The bill would change the status to a voting member.
- **The Secretary of Elderly Affairs.** The bill would change the status to a voting member. The bill does not include a provision to allow the Secretary to have a designee in his or her place. Currently, the advisor seat is occupied by a senior management level representative of the agency.
- **The State Surgeon General of the Department of Health or his or her designee.** This would be a new position/agency represented on the Commission board.
- **Two county managers or administrators, one from a rural county and one from a county with a population of more than 150,000 according to the last state census.** This would add a second member, both with voting status.
- **The chief executive officer or president of a hospital in this state.** This would be a new position represented on the Commission board. It appears this position would replace the Secretary of AHCA.
- **The director of the Division of Blind Services.** This would be a new position represented on the Commission board. The bill does not include a provision to allow the director to have a designee in his or her place.
- **Five members who have experience in transit, transportation services, innovative technology, government procurement, mobility, or service of persons with disabilities or who have disabilities and use transportation for the transportation disadvantaged.** The statute currently requires that five of the board members “have significant experience in the operation of a business” but does not specify the type of business or industry represented. Further, the statute currently requires board members cannot have (or have had within the last 5 years) a financial relationship with a transportation operator, broker of transportation, a provider of transportation services, or a CTC. The bill removes these requirements and would allow the Governor to appoint members who have experience in the transportation services industry, including those funded under the TD Program. The bill would continue to allow persons with disabilities who use TD services to be represented on the board, but it does not specify how many among the five members named in this provision.

In addition to removing the Agency for Health Care Administration as a representative to the Commission, the bill removes the Florida Department of Economic Opportunity and Florida Department of Veterans’ Affairs. It also removes the requirements that board members be registered voters, undergo background screening, one member be 65 years of age or older, and represent “diversity of the business community in this state, as well as the racial, ethnic, geographical, and gender diversity of the population of this state.” The bill maintains the two 4-year term limits for board members but provides for initial staggered terms of 2 years for three members and 3 years for two members.

As mentioned above, the bill removes the requirement that board members not have a financial relationship with transportation service providers. It also removes the requirement that they not have a financial relationship with a planning agency, purchasing agency, or local coordinating board.

CTD Duties (s. 427.013, F.S.)

The bill amends the Commission’s duties and responsibilities. It requires the CTD to provide best practices, latest technology innovations, and preferential vendors lists to county transportation disadvantaged program managers. The CTD currently provides training for CTCs and planning agencies throughout the year, including an annual best practices workshop, virtual webinars on its grant programs, and other opportunities for professional development. While the CTD does provide an opportunity for vendors of various transportation and technology services to attend its annual workshop, it does not maintain a list of preferred vendors, nor does it recommend specific vendors for CTCs or planning agencies to utilize.

The bill requires the CTD to review and conduct a performance audit of each coordinator contract and transportation operator contract in each county. This provision would have a significant fiscal impact on the Commission. During the last two fiscal years (2021-22 and 2022-23), the CTD spent a total of \$282,700 to conduct 57 quality assurance reviews of the CTCs (see table below). The bill would require the CTD to expand these auditing responsibilities to include approximately 67 transportation operators and approximately 146 coordination contractors, totaling 270 performance audits in one fiscal year.²³ It is unclear what a “performance audit” would entail, which may result in greater costs than what is reviewed through the current QA process.

County Size	Number of CTCs	Cost Per Audit	TOTAL COSTS
Small	26	\$4,600	\$119,600
Medium	22	\$5,000	\$110,000
Large	9	\$5,900	\$53,100
TOTAL	57		\$282,700

²³ This estimate is based on the reported number of transportation operators and coordination contractors in the AOR from State Fiscal Year 2022-23.

The bill requires the CTD to establish a system for the filing, receipt, and resolution of complaints regarding the transportation disadvantaged system. As mentioned in the background of this analysis, this process is currently implemented at the local level between the CTC and Local Coordinating Board. While CTCs report complaints in the Annual Operating Report (AOR), this data is provided in an aggregated format and does not include details, such as the date a complaint was received, how it was resolved, etc. The bill would require an expansion of the Commission's data collection system and at least one full-time equivalent (FTE) position to compile, report, and follow-up on complaints filed with the CTD.

The bill requires the Commission's annual performance report include the following information:

- **The number of complaints filed regarding the transportation disadvantaged system.** The CTD currently collects this information as well as commendations through the AOR, which is provided by each CTC. In FY22-23, the Coordinated System reported a total of 8,650 complaints and 3,930 commendations.
- **Contract satisfaction.** This is not captured in the report. It is unclear whether this is intended to address the Commission's contracts with CTCs, the CTC's contracts with transportation operators, or riders' satisfaction with services provided by the TD program.
- **A breakdown of the total cost of services.** This is captured in the AOR. In FY22-23, the Coordinated TD System reported a total average cost of \$42.56 per paratransit trip and \$4.51 per paratransit mile. These costs are broken down by each county. The AOR also includes an extensive breakdown of expenditures reported by each CTC, including labor, fringe benefits, insurance, taxes, capital purchases, etc.
- **The amount of funds provided by the commission.** This is summarized in the annual report through the invoice data collected under the CTD grant programs. In FY22-23, the Commission awarded approximately \$53.1 million through the Trip & Equipment Grant program, which supported the delivery of 1.4 million non-sponsored paratransit trips to the TD population.
- **The results of annual performance audits.** As stated above, this would be a new responsibility of the CTD.

The bill requires the CTD to ensure drivers of motor vehicles used to provide paratransit service attend training programs delivered by APD. This would be a new responsibility and will require the CTD to amend its regulations on safety standards (Rule 41-2.006, F.A.C.). It is unclear whether this requirement would only apply to TD Trust Fund paratransit services (which fall under the CTD purview) or paratransit services covered under the ADA or other programs outside of the purview of the Coordinated System.

New Requirements for Paratransit Services for Persons with Disabilities (s. 427.02, F.S.)

The bill creates Section 427.02, F.S., which includes new requirements of transportation service providers that deliver paratransit services to persons with disabilities:

- **Provide training to paratransit drivers that meet minimum requirements established by the Agency for Persons with Disabilities.** APD has certain requirements of organizations that provide services to individuals with developmental disabilities under the Medicaid home and community-based waiver program. This provision would expand these requirements to include paratransit organizations, many of which do not provide transportation to APD waiver clients.
- **Install video monitoring systems on all paratransit vehicles and, upon request, provide that footage to a local government, APD, FDOT, or individual rider or their immediate family member.** While fixed route systems may have video monitoring and tracking capabilities as part of their paratransit vehicle fleets, it may not necessarily extend to all vehicles of transportation operators and CTCs with smaller systems. This could result in substantial costs for some provider organizations to ensure all vehicles comply with this new requirement. Further, CTCs, transit agencies and local governments that contract with transportation network companies (like Uber and Lyft) would have to require their drivers' vehicles be equipped with cameras and that such videos be made available to parties named in the bill. It is unclear what state agency (APD, FDOT or the CTD) would be responsible for ensuring compliance with this provision.
- **Offer internet-based, application-based, and smartphone-based ride booking and vehicle tracking services, which must be provided in accessible formats.** While many paratransit services are scheduled by phone or online, it is unknown how many providers offer mobile applications as part of their scheduling capabilities. This will likely have a fiscal impact on local governments, transit agencies and other transportation providers that do not currently provide smartphone-based scheduling and vehicle tracking services to paratransit users.
- **Regularly maintain and upgrade all technology-based services.** The bill does not clarify what agency (APD, FDOT, or the CTD) would be responsible for setting standards related to technology-based services and ensure providers are upgrading such technology to comply with this requirement.
- **Offer both pre-booking and on-demand services.** Requiring all paratransit services to be offered on a same-day (on-demand) basis could result in a significant increase in the volume of trip requests, resulting in longer wait and travel times for paratransit users. As mentioned in the background section on ADA complementary paratransit services, FTA prohibits transit entities from limiting the availability of paratransit services to users based on the number of trips. However, paratransit trips funded under the TD Trust Fund could be denied or limited based on the availability of funding.

While the bill names APD and FDOT, it is unclear which agency would be responsible for implementing these new requirements. The CTD is not named in this new section but would likely have to amend its regulations (Rule 41-2.006, F.A.C.) to ensure CTCs and transportation operators comply with some of these requirements.

The bill also provides new requirements for paratransit providers that are under contract with local governments to provide paratransit services:

- **Establish reasonable time periods between a request for service and the arrival of the transportation service provider.** For ADA complementary paratransit services, FTA requires transit entities to schedule and provide paratransit services to users at any requested time during hours of the entity's administrative offices. The entity may negotiate pickup times with the individual but cannot require the individual to schedule a trip to begin more than one hour before or after the requested departure time.
- **If a transportation service provider exhibits a pattern of late arrivals, the local government may authorize another organization to provide such paratransit service, including the acceptance of any prepaid vouchers for future paratransit service, notwithstanding the terms of the contract with the original provider.** It is not known how this provision would impact current contractual arrangements between local governments and paratransit providers.
- **Implement best practices for limiting the duration of travel times for persons receiving paratransit service.** The bill references the FTA requirement that ADA complementary paratransit services must be comparable to the level of service provided to individuals without disabilities who use the fixed route system (49 CFR Section 37.121).
- **Require data reporting on the quality of paratransit service provided by the transportation service provider, including on-time performance and handling of complaints.** Transit entities operating a fixed route system, including ADA complementary paratransit services, must report certain data within the National Transit Database (NTD), but these specific data elements (timeliness and complaints) may not be currently captured in the NTD.
- **Require a system of reporting adverse incidents occurring during the provision of paratransit services, which may include the assignment of a quick-response code to each motor vehicle used to report such incidents with a smartphone or other mobile device.** The bill does not define what an "adverse incident" would entail. The bill includes a new requirement for local governments and paratransit providers to submit data on adverse incidents to APD and FDOT (discussed further below).

While the requirements listed above do not name the CTD, several CTCs would be impacted if they are local government entities (approximately 24 CTCs), transit agencies that operate fixed bus routes (approximately 9 CTCs), or provide paratransit services under contract with a local government.

The bill requires APD and FDOT to establish requirements for the investigation of adverse incidents, including periodic review of ongoing investigations and documentation of final outcomes thereof. The investigation of a reported adverse incident must commence within 48 hours after receipt of the report by APD and FDOT. This would substantially expand the regulatory responsibilities of both agencies: APD currently only regulates transportation services that are funded under the Medicaid waiver program serving individuals with IDD; FDOT only regulates transportation providers that are funded under FTA and FDOT programs. These new requirements would require dedicated FTE positions and data collection systems for both agencies to receive, investigate, report, and follow-up on the outcome of adverse incidents. While the bill does not name the CTD in these requirements, FDOT would likely collaborate with

the Commission to investigate incidents related paratransit services funded under the TD Trust Fund. All three agencies would likely have to amend their respective regulations to implement these new requirements.

Lastly, the bill provides that the provisions of s. 287.057, F.S., which exempt the purchase of contractual services from competitive bidding requirements do not apply to contracts entered into by local governments and transportation service providers for the provision of paratransit service to persons with disabilities.

The bill is effective on July 1, 2024.

HB 1673 / CS/SB 1380 Transportation Services for Persons with Disabilities and the Transportation Disadvantaged

Fiscal Impact:

Revenues:	N/A
Expenditures:	<p>It is not clear of the definition of an incident and how many would be received. Staff would be needed to investigate. At a minimum, one FTE per Region, plus an additional 3 FTEs for our bigger regions (Suncoast, Central, and Southeast) and one FTE in State Office to oversee the initiative. Estimated rate costs for staff is \$861,000. \$756K S/B for Staff in Regions and \$105K for 1 staff in State Office, plus an expense package.</p> <p>APD would need funding for a data reporting system for providers to report adverse incidents regarding Transportation Services in the Incident Management System and the system would need to interface with the Department of Transportation. It is indeterminate what this would cost.</p>
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	No

Private Sector Impact

Revenues:	
Expenditures:	There will be costs for Transportation providers who will be required to provide training, purchase/install video camera monitoring systems, develop a website/application for tracking vehicles, and develop a system for reporting adverse incidents to APD/DOT.
Other:	

Technology impact:

Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)?	If implemented, this legislation would require APD to implement a data reporting system for adverse incidents and coordinate/share this data with FDOT. Also, such a system would or may include the assignment of a quick code system to transportation vehicles for the reporting of incidents with a smartphone or other mobile device.
If yes, describe the anticipated impact to the agency including any fiscal impact.	APD does not possess the above-mentioned technology. APD submitted an LBR to procure an Incident Management System for FY 2024-2025. The system would need to include an interface between APD and DOT for providers reporting adverse incidents for transportation services.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 13, 2024

I respectfully request that **Senate Bill #1380**, relating to Special Transportation Services for Persons with Disabilities, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink that reads "Travis Hutson".

Senator Travis Hutson
Florida Senate, District 7

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

2/20/24

Meeting Date

1380

Bill Number or Topic

HHS Appropriations

Committee

Amendment Barcode (if applicable)

Name Lisa Babcat (pronounced "Boh-co") Phone 850-445-8329

Address PO Box 10168 Email lbabcat@floridahearing.org

Street

Tully FL 32302

City

State

Zip

Speaking: [] For [x] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

FL Public Transportation Association

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

2-20-2024

Meeting Date

Approp For Health

Committee

Human Services

Deliver both copies of this form to Senate professional staff conducting the meeting

SB 1380 and as amended

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Margaret S. Hooper

Phone

850-294-0052

Address

124 Merritt Drive #203

Email

MargaretH@FDPC.org

Street

Tallahassee FL 32311

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Developmental Disabilities Council

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

2.20.24

Meeting Date

1380

Bill Number or Topic

Approps on Health & Human Services

Committee

Deliver both copies of this form to Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Damaris Allen, Florida PTA

Phone 407 855 7604

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Street

Email legislation@floridapta.org

Orlando, FL 32809

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/CS/SB 1486

INTRODUCER: Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Collins

SUBJECT: Permanency for Children

DATE: February 22, 2024 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1486 makes numerous changes to chs. 39, 409, and 63, F.S., to reduce barriers in dependency proceedings, ensure the safety of children in out-of-home care, increase the time to permanency, and expand the financial opportunities to children in, or formerly in, the foster care system and adoptive parents. Specifically, the bill:

- Revises the process for background screening process for out-of-home placements.
- Creates a process to commit a child to the legal custody of the Department of Children and Families (DCF) to seek adoption for a child whose parents die while the child is in the dependency system or who otherwise does not have a legal guardian to care for the child and must rely on the DCF for services.
- Creates an emergency modification of placement process to address child safety of children in out-of-home care that is separate from a shelter hearing.
- Reduces the number of months required to close a case to permanent guardianship and allow a guardian to receive Guardianship Assistance Program (GAP) benefits from 6 to 3 months if the caregiver was previously named as a successor guardian and is known to the child.
- Reduces the child-age eligibility requirement for a guardian or adoptive parent to receive GAP payments or adoption assistance payments.
- Eliminates the requirement to personally serve a parent with a petition when the parent appears at a termination of parental rights hearing, aligning statute with the dependency hearing process.

- Shifts the judicial review of the DCF’s decision on adoption applications made to the DCF under ch. 39, F.S., from a separate administrative process under ch. 120, F.S., to the judge assigned to the dependency processing who has the most familiarity with the child and family.
- Removes the requirement for Community-based care (CBC) lead agencies to provide adoption services and, instead, requires the DCF to contract with a child-placing agency to provide such services.
- Requires a court order with a written determination of reasonableness to approve or disapprove the itemized fees, costs, and expenses in the required affidavit that exceed current statutory caps.
- Requires private adoption entities to report certain information to the DCF quarterly for each finalized private adoption, including fees, costs, and expenses, and requires the DCF to make the data available on its website.
- Details what forms and mediums of advertisement for the current prohibition on specific persons or entities that can place an adoption advertisement and clarifies that only a Florida licensed adoption entity or attorney may place an adoption advertisement in the state.
- Expands those who may participate in the adoption benefits program to include certain healthcare practitioners and tax collector employees.
- Repeals the adoption incentive program that awarded incentive payments to CBCs.
- Expands independent living services for young adults aging out of foster care by decreasing the eligibility age for Postsecondary Education Services and Supports and allowing young adults to receive Aftercare if eligible for the extended GAP program or the extended adoption assistance program but is not participating in either program.

The bill has an indeterminate, yet likely significant negative fiscal impact on state government and the private sector. *See* Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2024, except as otherwise expressly provided in the bill.

II. Present Situation:

An estimated 3.9 million referrals of alleged child abuse and neglect were made nationwide in 2021.¹ Of that 3.9 million, approximately 2 million met the requirements for an investigation² leading to approximately 588,000 children with a finding of maltreatment.³ More than 4.28 million children live in Florida, a vast majority of which, never come to the attention of Florida’s child welfare system.⁴ In 2021, the Department of Children and Families (DCF) investigated 256,060 reports of potential child abuse, and approximately 11 percent (or 27,394) of those investigations results in a finding of maltreatment.⁵

¹ U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, *Report on Child Maltreatment 2021*, p. 8, available at: <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf> (last visited Jan. 14, 2024).

² *Id.* at p. 13; referred to as “screened in referrals.”

³ *Id.* at 21; referred to as “victims of abuse and neglect.”

⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, *Child Population Data for Florida*, available at <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/florida.html> (last visited Jan. 14, 2024).

⁵ *Id.*

The United States Congress appropriates federal funds through various grants to the DCF to supplement state general revenue funds for the implementation of child welfare programs.⁶ The DCF uses these funds to contract with local community non-profits to provide child welfare services.⁷

The DCF uses a centralized child welfare information system known as Florida Safe Families Network (FSFN) and is in the middle of a multi-year project to transition from old federal guidelines that required a Statewide Automated Child Welfare System (SACWIS) to new federal guidelines that require a Comprehensive Child Welfare Information System (CCWIS).⁸ This transition will modernize and enhance the data capabilities of the DCF.

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, neglected, or abandoned. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The DCF and CBCs work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁹

Child welfare services are directed toward the prevention of child abuse, abandonment, and neglect.¹⁰ The DCF practice model is based on the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.¹¹ These services are coordinated by the DCF-contracted community-based care lead agencies (CBCs).¹² The DCF remains responsible for a number of child welfare services, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.¹³ Ultimately, the DCF is responsible for program oversight and the overall performance of the child welfare system.¹⁴

⁶ The main federal grant programs that supplement state-level child welfare programs are Titles IV-E and IV-B of the Social Security Act.

⁷ Part V of Ch. 409, F.S.

⁸ The Children's Bureau, CCWIS Status, available at <https://www.acf.hhs.gov/cb/training-technical-assistance/ccwis-status> (last visited Jan. 14, 2024)

⁹ Chapter 39, F.S.

¹⁰ Section 39.001(8), F.S.

¹¹ See generally: The Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited Jan. 14, 2024).

¹² Section 409.986(1), F.S.; See generally Department of Children and Families (DCF), About Community-Based Care, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/about-community-based-care> (last visited Jan. 14, 2024).

¹³ Office of Program Policy Analysis and Government Accountability, Child Welfare System Performance Mixed in First Year of Statewide Community-Based Care, Report 06-50, June 2006, available at <https://oppaga.fl.gov/Products/ReportDetail?rn=06-50> (last visited Jan. 14, 2024).

¹⁴ *Id.*

Department of Children and Families

The DCF's statutory mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.¹⁵ The DCF must develop a strategic plan to fulfill this mission and establish measurable goals, objectives, performance standards, and quality assurance requirements to ensure the DCF is accountable to taxpayers.¹⁶

The DCF is required to provide services relating to¹⁷:

- Adult protection.
- Child care regulation.
- Child welfare.
- Domestic violence.
- Economic self-sufficiency.
- Homelessness.
- Mental health.
- Refugees.
- Substance abuse.

The DCF must deliver services by contract through private providers to the extent allowed by law and funding.¹⁸ These private providers include CBCs delivering child welfare services.¹⁹

Community-Based Care System

The DCF, through CBCs, administers a system of care²⁰ to children and families that is required to focus on:

- Prevention of separation of children from their families;
- Intervention to allow children to remain safely in their own homes;
- Reunification of families who have had their children removed from their care;
- Safety for children who are separated from their families;
- Promoting the well-being of children through emphasis on educational stability and timely health care;
- Permanency, including providing adoption and postadoption services; and
- Transition to independence and self-sufficiency.²¹

The CBCs must give priority to services that are evidence-based and trauma informed.²² The CBCs contract with a number of subcontractors for case management and direct care services to

¹⁵ Section 20.19(1)(a), F.S.

¹⁶ Section 20.19(1)(b), F.S.

¹⁷ Section 20.19(4)(a), F.S.

¹⁸ Section 20.19(1)(d), F.S.

¹⁹ Part V of Ch. 409, F.S. and s. 394.9082, F.S.

²⁰ Section 409.986(1), F.S.; See generally The Department of Children and Families (The DCF), About Community-Based Care, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/about-community-based-care> (last visited Jan. 14, 2024).

²¹ *Id.*; Also see generally s. 409.988, F.S.

²² Section 409.988(3), F.S.

children and their families. There are 17 CBCs statewide, which together serve the state’s 20 judicial circuits.²³

The Dependency System Process – Generally

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child dependent, and if necessary, terminate parental rights and free that child for adoption. Steps in the dependency process usually include:

- A report to the Florida Abuse Hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in their child’s dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child’s parent or another option to establish permanency, such as adoption after termination of parental rights.²⁴

Dependency Proceeding	Description of Process	Controlling Statute(s)
Removal	The DCF may remove a child from his or her home after a protective investigation determines that conditions in that child’s home are unsafe and a safety plan cannot make the conditions safe.	s. 39.401, F.S.
Shelter Hearing	The court must hold a shelter hearing within 24 hours after removal. At this hearing, the judge determines whether there was probable cause to remove the child and whether to keep the child out-of-home.	s. 39.401, F.S.
Petition for Dependency	The DCF must file a petition for dependency within 21 days of the shelter hearing. This petition seeks to find the child dependent.	s. 39.501, F.S.
Arraignment Hearing and Shelter Review	The court must hold an arraignment and shelter review within 28 days of the shelter hearing. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any previous shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	The court must hold an adjudicatory trial within 30 days of arraignment. The judge determines whether a child is dependent during this trial.	s. 39.507, F.S.

²³ The DCF, Lead Agency Information, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Jan. 14, 2024).

²⁴ The state has a compelling interest in providing stable and permanent homes for adoptive children in a prompt manner, in preventing the disruption of adoptive placements, and in holding parents accountable for meeting the needs of children. S. 63.022, F.S.

Dependency Proceeding	Description of Process	Controlling Statute(s)
Disposition Hearing	The court must hold a disposition hearing within 15 days of arraignment (if the parents admits or consents to adjudication) or 30 days of adjudication if a court finds the child dependent. At this hearing, the judge reviews the case plan and placement of the child and orders the case plan and the appropriate placement of the child.	s. 39.506, F.S. s. 39.521, F.S.
Postdisposition Change of Custody Hearing	The court may change the temporary out-of-home placement of a child at a postdisposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing.	s. 39.522, F.S.
Judicial Review Hearings	The court must review the case plan and placement at least every 6 months, or upon motion of a party.	s. 39.701, F.S.
Petition for Termination of Parental Rights	If the DCF determines that reunification is no longer a viable goal and termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	The court must hold an advisory hearing as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	The court must hold an adjudicatory trial within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

Central Abuse Hotline

The DCF is required to operate and maintain a central abuse hotline (hotline)²⁵ to receive reports of known or suspected instances of child abuse,²⁶ abandonment,²⁷ or neglect,²⁸ or instances when

²⁵ Hereinafter cited as “hotline”. “Florida Abuse Hotline” means the DCF’s central abuse reporting intake assessment center, which receives and processes reports of known or suspected child abuse, neglect or abandonment 24 hours a day, seven days a week. Chapter 65C-30.001, F.A.C.

²⁶ Section 39.01(2), F.S., defines “abuse” as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

²⁷ Section 39.01(1), F.S., defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

²⁸ Section 39.01(50), F.S., states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly

a child does not have a parent, legal custodian or adult relative available to provide supervision and care.²⁹ The hotline must operate 24 hours a day, 7 days a week, and accept reports in writing via fax, web-based reporting,³⁰ web-based chat, or a single statewide toll-free telephone number.³¹

If the hotline determines a report meets the statutory criteria for child abuse, abandonment, or neglect, a child protective investigation must be completed by a DCF child protective investigator (CPI).³² The CPI must either implement a safety plan for the child, which allows the child to remain in the home with in-home services or take the child into custody. If the child cannot safely remain in the home with a safety plan, the DCF must file a shelter petition and remove the child from his or her current home and temporarily places them in out-of-home care.³³

Hotline reports and child welfare records are confidential.³⁴ However, the law requires the DCF to release records to “any person in the event of the death of a child determined to be a result of abuse, abandonment, or neglect.”³⁵ Current law does not detail or specify whom must make the determination that the death was the result of abuse, abandonment, or neglect or when that determination must occur. This lack of specificity has caused issues with the DCF being unaware of “determinations” made by other entities and being unknowingly liable for the release of records.³⁶

In-Home Services

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.³⁷ CPIs and CBC case

impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

²⁹ Section 39.201(4), F.S.

³⁰ Section 39.201(2)(j), F.S., requires the DCF to update the web-based reporting form to include fields for specified information and allow a reporter to save and return to a report at a later time.

³¹ Section 39.201(4) and (5), F.S.

³² Section 39.201 (4), F.S. Hereinafter cited as “CPI.” The DCF recruits qualified professional staff to serve as child protective investigators. Preference is given to individuals who have baccalaureate and master’s degrees in social work, psychology, sociology, counseling, special education, education, human development, child development, family development, marriage and family therapy, nursing, or individuals with a combination of relevant work and volunteer experience that demonstrate a commitment to helping children and families. All CPIs are required to complete training on the recognition of and responses to head trauma and brain injury in a child under 6 years of age developed by the Child Protection Team Program within the Department of Health, and training that is either focused on serving a specific population, including, but not limited, to, medically fragile children, sexually exploited children, children under 3 years of age, or families with a history of domestic violence, mental illness, or substance abuse, or focused on performing certain aspects of child protection practice, including, but not limited to, investigation techniques and analysis of family dynamics. Section 402.402, F.S. See also: s. 39.01, F.S. defines “Protective investigator” as an authorized agent of the department who receives and investigates reports of child abuse, abandonment, or neglect; who, as a result of the investigation, may recommend that a dependency petition be filed for the child; and who performs other duties necessary to carry out the required actions of the protective investigation function.

³³ Section 39.201, F.S.

³⁴ Section 39.202(1), F.S.

³⁵ Section 39.202(2)(o), F.S.

³⁶ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 3-4, (on file with the Senate Committee on Children, Families, and Elder Affairs).

³⁷ Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

managers can refer families for in-home services to allow children who would otherwise be unsafe to remain in their own homes.

As of September 30, 2023, a total of 8,136 children were receiving in-home services.³⁸

Out-of-Home Placements

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement, which can include placement with:

- a non-offending parent;
- relative caregiver;
- adoptive parent of the child's sibling;
- fictive kin who has a close existing relationship to the child;
- nonrelative caregiver that does not have an existing relationship with the child; or
- licensed foster care, group care or residential care.³⁹

Out-of-home placements provide housing, support, and services to a child until the conditions in his or her home are safe enough to return or the child achieves permanency with another family through another permanency option, like adoption.⁴⁰

Children in out-of-home care should be placed in the least restrictive, most family-like environment in close proximity to parents.⁴¹ CBCs are responsible for placing children in the most appropriate available setting after conducting an assessment using child-specific factors.⁴² The following chart demonstrates the number of children in out-of-home care in the state as of September 30, 2023.

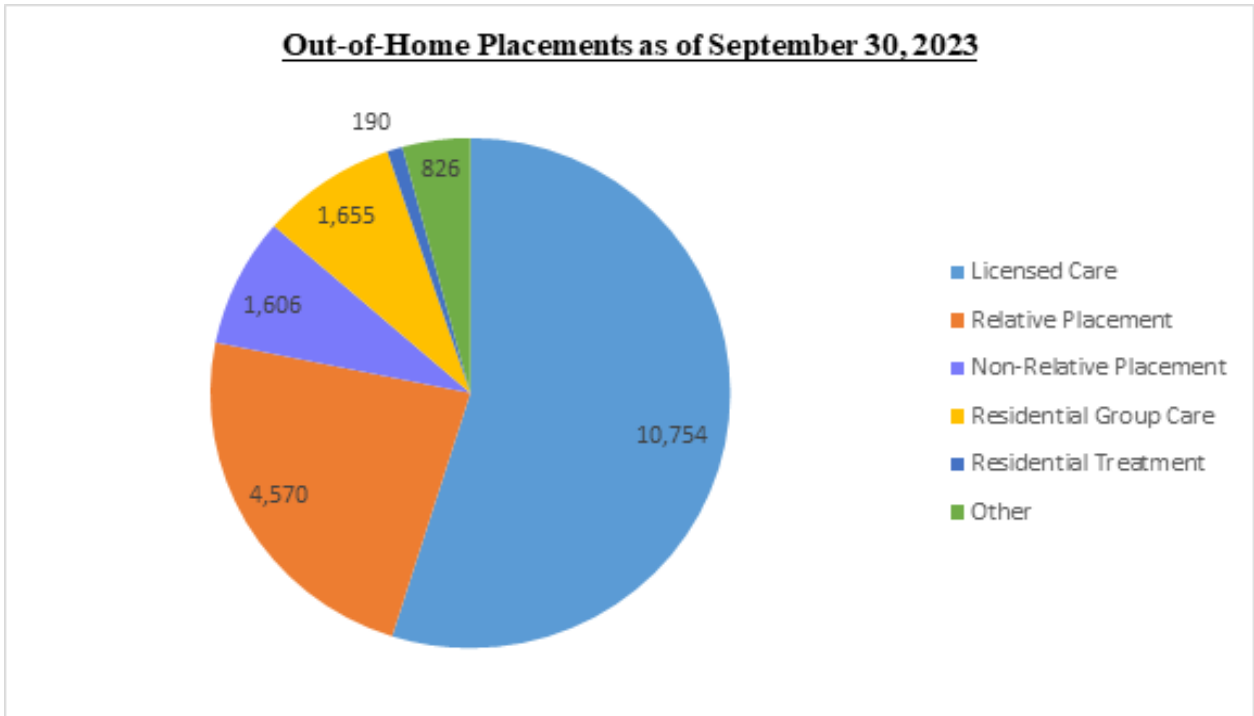
³⁸ The Department of Children and Families, Child Welfare Key Indicators Monthly Report October 2023, available at: <https://www.myflfamilies.com/KIDS/ROA/child-welfare-key-indicators-reports> (last visited Jan. 14, 2024).

³⁹ Section 39.4021, F.S.

⁴⁰ The Office of Program Policy and Government Accountability, Program Summary, available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5053> (last visited Jan. 14, 2024).

⁴¹ Sections 39.001(1) and 39.4021(1), F.S.

⁴² Rule 65C-28.004, F.A.C., provides that the child-specific factors include age, sex, sibling status, physical, educational, emotional, and developmental needs, maltreatment, community ties, and school placement.



Source: Department of Children and Families, Child Welfare Key Indicators Monthly Report, October 2023, p. 31

Background Screening Requirements for Out-of-Home Placements

Statute requires the DCF to conduct local and criminal history records on all persons being considered as a placement option, including all “household members” 12 years of age and older⁴³ A criminal history records check may include, but is not limited to, submission of fingerprints to the Florida Department of Law Enforcement (FDLE) for processing and forwarding to the Federal Bureau of Investigation (FBI) for state and national criminal history information, and a local criminal records checks through local law enforcement agencies for all household members 18 years of age and older and other visitors to the home.

The DCF uses the FBI’s criminal history record databases to complete criminal history records checks⁴⁴ State statutes must comply with federal law and rules to allow a state agency to access the FBI’s criminal history information. Section 39.0138, F.S., was previously approved and the FBI’s Criminal Justice Information Law Unit (CJILU) authorized the DCF to conduct finger-based background checks of any person being considered for placement of dependent children. However, in 2020, changes were made to s. 39.0138, F.S., which prompted a review by the CJLIU.

⁴³ Section 39.0138, F.S.

⁴⁴ Pub. L. 92-544 provides the authority for the DCF to utilize the FBI’s criminal history record databases.

The review found the definition of “visitor” to be too broad and timeframes and processes for the background check were not explicitly stated.⁴⁵ For DCF to continue using the FBI system Florida statute must come into compliance with federal standards.⁴⁶

In state fiscal year 2022-23 the DCF utilized the FBI’s system to:

- Complete 33,380 screenings for placement of children and adoptions, of which 929 were denied.
- Conduct 7,527 screenings for emergency placement, of which 7,373 were approved and 154 were disqualified.

Emergency Postdisposition Change of Placements

Section 39.522, F.S., details the process for a dependency court to grant changes of placement for children who are in the dependency system. The law allows a petition to be brought before the court alleging the need for the change of placement of child who is placed by the DCF under protective supervision. If any party⁴⁷ to the child’s case or the current caregiver denies the need for the change, the court must hear from all parties through an evidentiary hearing. Upon the admission of a need for a change or after such hearing and finding of a need for change of placement, the court must enter an order changing the placement, modifying the conditions of protective supervision, or continuing the conditions of protective supervision as ordered. The standard for postdisposition change of placement is the best interests of the child.⁴⁸

When determining whether a change of legal custody or placement is in the best interests of the child, the court must consider 15 best interest factors,⁴⁹ and any report filed by the

⁴⁵ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 3, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁴⁶ *Id.*

⁴⁷ “Party” is defined as the parent or parents of the child, the petitioner, the department, the guardian ad litem or the representative of the guardian ad litem program when the program has been appointed, and the child. The presence of the child may be excused by order of the court when presence would not be in the child’s best interest. Notice to the child may be excused by order of the court when the age, capacity, or other condition of the child is such that the notice would be meaningless or detrimental to the child. S. 39.01, F.S.

⁴⁸ Section 39.01375, F.S.

⁴⁹ Section 39.01375, F.S. lists 15 factors the court must consider when determining whether a proposed placement change is in a child’s best interest: The child’s age; the physical, mental, and emotional health benefits to the child by remaining in his or her current placement or moving to the proposed placement; the stability and longevity of the child’s current placement; the established bonded relationship between the child and the current or proposed caregiver; the reasonable preference of the child, if the child is of a sufficient age and capacity to express a preference; the recommendation of the child’s current caregiver, if applicable; the recommendation of the child’s guardian ad litem, if one has been appointed; the child’s previous and current relationship with a sibling and if the change of legal or physical custody or placement will separate or reunite siblings, evaluated in accordance with s. 39.4024, F.S.; the likelihood of the child attaining permanency in the current or proposed placement; the likelihood the child will be required to change schools or child care placement, the impact of such change on the child, and the parties’ recommendations as to the timing of the change, including an education transition plan required under s. 39.4023, F.S.; the child’s receipt of medical, behavioral health, dental, or other treatment services in the current placement; the availability of such services and the degree to which they meet the child’s needs; and whether the child will be able to continue to receive services from the same providers and the relative importance of such continuity of care; the allegations of any abuse, abandonment, or neglect, including sexual abuse and human trafficking history, which caused the child to be placed in out-of-home care and any history of additional allegations of abuse, abandonment, or neglect; the likely impact on activities that are important to the child and the ability of the child to continue such activities in the

multidisciplinary team. The court must also consider the priority of placements established in law when deciding what placement is in the child's best interest.⁵⁰

Importantly, s. 39.522(2), F.S., does not provide for an emergency hearing when a child's placement must be immediately modified. Because there is no emergency process for modification of placement, when a child is at risk of abuse, abandonment, or neglect in his or her current placement, the DCF has been exercising its shelter power to protect the child.⁵¹ This requires the court to conduct a shelter hearing for the child already under the DCF's supervision. This leads to confusion as to whether the standard to be used to move the child is probable cause to shelter or the best interest of the child to modify placement.⁵²

During Fiscal Year 2022-23, dependency courts granted a postdisposition change of placement for 6,672 children in the dependency system.⁵³

Termination of Parental Rights

To free a child for adoption, the DCF must terminate the legal relationship between the child and his or her parents in a proceeding known as a termination of parental rights. Once this process has occurred and parental rights have been terminated, the court retains jurisdiction over the child until the child is adopted.⁵⁴ The DCF, the guardian ad litem assigned to the child's case, or any other person knowledgeable of the facts of the case is permitted to file a petition for the termination of parental rights with the court.⁵⁵

During the dependency phase of a dependency case, the personal appearance of any person in a hearing before the court obviates the necessity of serving process on that person.⁵⁶ However, there is no similar provision during the termination of parental rights phase of the case.⁵⁷ Because of this, when a case has entered the termination of parental rights phase, even if a parent arrives at a hearing, the DCF must personally serve that parent and the hearing must be reset to a later date. When hearings are conducted remotely, the DCF is not able to personally serve the parent during the hearing; therefore, the hearing cannot be re-held until service by a formal process server is completed.⁵⁸ This can result in delays in the termination of parental rights process and permanency for children.

proposed placement; the likely impact on the child's access to education, Medicaid, and independent living benefits if moved to the proposed placement; and any other relevant factor.

⁵⁰ Section 39.4021(2)(a), F.S. lists the priority of placements that must be considered, as follows: 1. Non-offending parent; 2. Relative caregiver; 3. Adoptive parent of the child's sibling, when the DCF or CBC is aware of such sibling; 4. Fictive kin with a close existing relationship with the child; 5. Nonrelative caregiver that does not have an existing relationship with the child; 6. Licensed foster care; 7. Group or congregate care.

⁵¹ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 6, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁵² *Id.*

⁵³ *Id.*

⁵⁴ Section 39.811, F.S.

⁵⁵ Section 39.802, F.S.

⁵⁶ Section 39.502(2), F.S.

⁵⁷ *See generally*, Part X of Ch. 39, F.S.

⁵⁸ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 4-6, (on file with the Senate Committee on Children, Families, and Elder Affairs).

Permanency

Florida law requires a permanency hearing no later than 12 months after the child was removed from his or her home or within 30 days after a court determines that reasonable efforts to return the child to either parent are not required, whichever occurs first.⁵⁹ The purpose of the permanency hearing is for the court to determine when the child will achieve permanency or whether modifying the permanency goal is in the child's best interest.⁶⁰ A permanency hearing must be held at least every 12 months for any child who continues to be supervised by the DCF.⁶¹

The permanency goals under Florida law⁶², listed in order of preference are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under s. 39.6231, F.S.; or
- Placement in another planned permanent living arrangement under s. 39.6241, F.S.

Adoptions

Child Welfare Adoptions and Adoption Decision Review Process

The Florida Adoptions Act, codified in ch. 63, F.S., applies to all adoptions, whether private or from the child welfare system, involving the following entities⁶³:

- The DCF under Chapter 39, F.S.;
- Child-placing agencies licensed by the DCF under s. 63.202, F.S.;
- Child-caring agencies registered under s. 409.176, F.S.;
- An attorney licensed to practice in Florida; or
- A child-placing agency licensed in another state that is licensed by the DCF to place children in Florida.

Ultimately, if the court is unable to reunify a child to his or her home due to safety concerns, the child welfare system may seek a permanent home for that child through the adoption process.⁶⁴ Adoption is the act of creating a legal relationship between a parent and child where one did not previously exist, declaring the child to be legally the child of the adoptive parents and entitled to all rights and privileges and subject to all obligations of a child born to the adoptive parents.⁶⁵ Adoption is one of the legally recognized child welfare permanency goals that may be ordered by a court for a child within the child welfare system.⁶⁶

⁵⁹ Section 39.621 (1), F.S.

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² Section 39.621, F.S.

⁶³ Ch. 63, F.S.

⁶⁴ Section 39.811(2), F.S.; See generally Parts VIII and X of Ch. 39, F.S.

⁶⁵ Section 39.01 (5), F.S.

⁶⁶ Section 39.01(59), F.S., defines "permanency goal" to mean the living arrangement identified for the child to return to or identified as the permanent living arrangement of the child. The permanency goal is also the case plan goal. If concurrent case planning is being used, reunification may be pursued at the same time as another permanency goal is pursued. See also Section 39.621(3), F.S.

To free a child for adoption, the DCF must terminate the legal relationship between the child and his or her current parents in a proceeding known as a termination of parental rights. Once this process has occurred and parental rights have been terminated, the court retains jurisdiction over the child until the child is adopted.⁶⁷ The DCF may place the child with a licensed child-placing agency, a registered child-caring agency, or a family home for prospective adoption if given custody of a child that has been made available for a subsequent adoption under ch. 39, F.S.⁶⁸

The DCF's ability to place a child in its custody for adoption and the court's review of that placement is controlled by s. 39.812, F.S. The DCF may place a child in a home and the DCF's consent alone, in all cases, is sufficient. The dependency court retains jurisdiction over any child placed in the custody of the DCF until the child is adopted. After custody of a child for subsequent adoption has been given to the DCF, the court has jurisdiction for reviewing the status of the child and the progress being made toward permanent adoptive placement. As part of this continuing jurisdiction the court may review the appropriateness of the adoptive placement upon good cause shown by the Guardian ad Litem for the child.

Adoption Decision Review Process

When a child is available for adoption, the DCF, through its contractors, receives applications to adopt the child.⁶⁹ Some applicants are denied because their adoption home study is denied based on criminal history.⁷⁰ When there are two or more families with approved home studies, the DCF sends these conflicting applications through the adoption applicant review committee (AARC) for resolution.⁷¹ The decision of the AARC is then reviewed and the DCF issues its consent to one applicant while communicating its denial to the other applicants through certified letter.⁷²

Unsuccessful applicants are able to seek review of the DCF action through the administrative hearing process under ch. 120, F.S. Designated hearing officers at the DCF hear these reviews. The assignment of adoption decision disputes to the ch. 120, F.S., process did not originate with, nor was it authorized by, legislative directive. This process arose due to the opinion in *Department of Children & Family Services v. I.B. and D.B.*⁷³ Notwithstanding this opinion, the Legislature's overall intent in relation to permanency and the resolution of disputes in the dependency case is to proceed under ch. 39, F.S. Furthermore, the ch. 120, F.S., process precludes the selected applicant from participating, which is statutorily permissible in the dependency court proceeding.⁷⁴

Florida law also permits denied adoption applicants to initiate legal action under ch. 63, F.S., by filing a petition for adoption.⁷⁵ Upon filing the petition, the petitioner must demonstrate that the

⁶⁷ Section 39.811(9), F.S.

⁶⁸ Section 39.812(1), F.S.; See generally Parts VIII and X of Ch. 39, F.S.

⁶⁹ Rule 65C-16.004, F.A.C.

⁷⁰ Rule 65C-16.007, F.A.C.

⁷¹ Rule 65C-16.005(9), F.A.C.

⁷² *Id.*

⁷³ See generally 891 So. 2d 1168 (Fla. 1st DCA 2005).

⁷⁴ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 6, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁷⁵ Section 63.042(2), F.S.

DCF has unreasonably withheld its consent to the adoption.⁷⁶ Because ch. 63, F.S., permits anyone who meets the requirements of s. 63.042(2), F.S., to adopt and any petitioner may argue the DCF’s consent to the adoption should be waived because it was unreasonably withheld, multiple parties may file a petition to adopt the same child.⁷⁷

There can be up to four proceedings simultaneously addressing the permanency or adoption of a single child using the same child-specific facts:

- Chapter 39, F.S., dependency proceeding;
- Chapter 63, F.S., adoption proceeding filed by the family who has the DCF’s consent;
- Chapter 63, F.S., adoption proceeding filed by the applicant whose application was denied; and
- Chapter 120, F.S., proceeding to dispute the adoption decision by the DCF.

The chart below includes the number of 120 adoption denial cases the DCF commenced and concluded each year and the number of cases that resulted in a different decision than the AARC recommendation and the number of DCA appeals and the decisions.⁷⁸

Year	Chapter 120 Cases	AARC Decisions Overturned (by 120 Decision)	DCA Appeals	DCA Decisions Overturning Agency Decision
2019	58	0	2	0
2020	46	0	4	0
2021	42	1	2	0
2022	41	1	1	0
2023	41	1	1	0

This current process delays adoption. Between 2021 and 2022, the average length of time between the receipt of a chapter 120 hearing request and entry of a final order was 161 days⁷⁹. This does not include any additional delays caused by appeals to the District Court which adds, on average, an additional 323 days.⁸⁰

Adoption Costs

Private Adoptions

Under ch. 63, F.S., only adoption entities can complete adoption activities in Florida. Adoption entities include the DCF, a child-caring agency registered under the Florida Association of Christian Child Caring Agencies (FACCCA), a Florida licensed-attorney, and a child-placing

⁷⁶ Section 63.062(7), F.S.

⁷⁷ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 8-10, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁷⁸ *Id.*

⁷⁹ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 3-4, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁸⁰ *Id.*

agency licensed by the DCF.⁸¹ There are currently 64 private adoption agencies licensed by the DCF; one private adoption agency registered under FACCCA, and over 100,000 attorneys licensed by the Florida Bar.⁸²

Current law allows adoption entities to assess fees, costs, and expenses for private adoptions, or they pay for the fees and services on behalf of the adoptive parents.⁸³ Private adoption services and fees vary, but it is estimated the total amount of fees and services paid by prospective adoptive parents can range from \$30,000 to \$60,000.⁸⁴ Section 63.097, F.S., allows private adoption entities may charge prospective adoptive families for:

- Reasonable living expenses of the birth mother when the birth mother is unable to pay due to unemployment, underemployment, or disability.
- Reasonable and necessary medical expenses.
- Court filing expenses, court costs, and other litigation expenses.
- Birth certificate and medical record expenses.
- Costs associated with advertizing.
- Professional fees.
- Expenses necessary to comply with the requires of ch. 63, F.S., including, but not limited to, service of process, investigator fees, a diligent search, a preliminary home study, and a final home investigation.

Adoption entities seeking to charge fees, costs, or expenses for other items than those listed above require court approval prior to payment and a finding that the costs are based on a finding of extraordinary circumstances.⁸⁵

Additionally, the court must approve the total amount of fees charged to prospective adoptive parents when an adoption entity charges more than the following:

- \$5,000 in legal or other fees;
- \$800 in court costs; or
- \$5,000 in reasonable and necessary living and medical expenses.⁸⁶

In order to lessen the economic burden of private adoptions, adoptive parents may file for a federal adoption tax credit for qualifying adoption expenses⁸⁷ based on the adoptive parent's income. The 2023 federal adoption tax credit is approximately \$16,000.⁸⁸

⁸¹ Section 63.302, F.S.

⁸² The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 8-10, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁸³ Section 63.097, F.S.

⁸⁴ Child Welfare Information Gateway, *Planning for Adoption: Knowing the Costs and Resources*, available at: <https://www.childwelfare.gov/resources/planning-adoption-knowing-costs-and-resources/> (last visited Jan. 14, 2024).

⁸⁵ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 10, (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁸⁶ Section 63.097, F.S.

⁸⁷ Qualifying adoption expenses include adoption fees, attorney fees, court costs, travel expenses (including meals and lodging while away from the home), and re-adoption expenses relating to adoption of a foreign child.

⁸⁸ *Supra* note 85.

Adoption from the Child Welfare System

State Adoption Benefits

Section 409.166, F.S., creates the adoption assistance program to provide financial assistance to adoptive parents who adopt a child from the foster care system.⁸⁹ Such assistance may include, but is not limited to, a monthly subsidy, medical assistance, Medicaid assistance, and reimbursement of nonrecurring expenses associated with the legal adoption.⁹⁰

Individuals who adopt a child from the child welfare system are eligible to receive \$5,000 annually, paid on a monthly basis, for the support and maintenance of the child until the child’s 18th birthday.⁹¹ In the event the child was adopted after the age of 16, s. 409.166(4)(d), F.S., allows for the adoptive family to remain eligible for the adoption assistance payment until the child reaches 21 years of age, if the young adult is participating in specific programs or activities.⁹²

Beginning in 2000, Florida’s Department of Management Services could administer adoption benefits to any state employee or water management district employee who adopted from the child welfare system.⁹³ The DCF overtook the administration of the adoption benefits program in 2007.⁹⁴ In 2010, the program was repealed, and funding ended.⁹⁵ However, in 2015, the Legislature reestablished the adoption benefit program to provide a one-time benefit to qualifying employees who adopt a child from the foster care system.⁹⁶

The following table includes information on the expansion of persons eligible for the adoption benefit program over time:

Year	Employees Eligible for the Adoption Benefit under s. 409.1664, F.S.
2015	Full-time or part-time employee of a state agency who is paid from regular salary appropriations rather than a temporary employee. The term includes instructional personnel who are employed by the Florida School for the Deaf and Blind. ⁹⁷

⁸⁹ Section 409.166, F.S.

⁹⁰ *Id.*

⁹¹ Section 409.166(4)(c), F.S. The adoptive parents can receive an amount other than \$5,000 upon agreement by the DCF and memorialized in a written agreement between the adoptive parents and the DCF. The agreement must take into consideration the circumstances of the adoptive parents and the needs of the child being adopted. The amount of subsidy may be adjusted upon changes in the needs of the child or circumstances of the adoptive parents. In no case shall the amount of the monthly payment exceed the foster care maintenance payment that would have been paid during the same period if the child had been in a foster family home.

⁹² This program is known as the Extended Maintenance Adoption Subsidy (EMAS). The payments may be made to the adoptive parents until the child reaches 21 if the child is: completing secondary education or a program leading to an equivalent credential; enrolled in an institution that provides postsecondary or vocational education; participating in a program or activity designated to promote or eliminate barriers to employment; employed for at least 80 hours per month; or unable to participate in the following programs or activities full time due to a physical, an intellectual, an emotional, or psychiatric conditions that limits participation.

⁹³ Chapter 2000-241, Laws of Fla.

⁹⁴ Chapter 2010-158, Laws of Fla.

⁹⁵ Chapter 2015-130, Laws of Fla.

⁹⁶ *Id.*

⁹⁷ *Id.*

2017	Full-time or part-time employees of charter schools or the Florida Virtual School to the list of eligible employees. ⁹⁸
2020	Full-time or part-time employee from a state agency, charter school, or Florida Virtual School that is not an independent contractor. Other personal services employees who have been continuously employed full-time or part-time by a state agency for at least 1 year. Veterans and servicemembers that are domiciled in the state. ⁹⁹
2022	Law enforcement officers. ¹⁰⁰

Qualifying adoptive employees, veterans, or servicemembers who adopt a child from the child welfare system, who is “difficult to place”¹⁰¹, is eligible to receive a one-time monetary benefit of \$10,000 per child, while law enforcement offices is eligible to \$25,000 per child.¹⁰² If the child being adopted is not considered “difficult to place,” a qualifying adoptive employee, veteran, or servicemember is eligible to receive \$5,000 per child, while a law enforcement officer is eligible to receive \$10,000 per child.¹⁰³

The following table identifies the number of adoption subsidies that were requested from the total number DCF adoptions.¹⁰⁴

Fiscal Year	DCF Adoptions	Adoption Subsidies Requested	% with Subsidies
2019-20	4,548	275	6%
2020-21	3,904	263	7%
2021-22	3,888	323	8%
2022-23	3,602	412	11%

Statewide Adoption Services

Various adoption services may be provided at the time a child is permanently committed to DCF’s custody for subsequent adoption. To facilitate adoption, CBCs, or its subcontractors, are

⁹⁸ Chapter 2017-140, Laws of Fla.

⁹⁹ Chapter 2020-22, Laws of Fla.

¹⁰⁰ Chapter 2022-23, Laws of Fla.

¹⁰¹ Section 409.166(2), F.S., defines “difficult to place” as a child whose (1) permanent custody has been awarded to the DCF or to a licensed child-placing agency; (2) has established significant emotional ties with his or her foster parents or is not likely to be adopted because he or she meet a specific category (eight years of age; developmentally disabled; physically or emotionally handicapped; a member of a racial group that is disproportionately represented among children available for adoption or a member of sibling group of any age provided two or more members of a sibling group remain together for purposes of adoption); and (3) for whom a reasonable but unsuccessful effort has been made to place the child without providing a benefit.

¹⁰² Section 409.1664, F.S.

¹⁰³ Section 409.1664, F.S.

¹⁰⁴ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 15, (on file with the Senate Committee on Children, Families, and Elder Affairs).

required to recruit prospective adoptive families; annually assess adoptive parent resource needs; complete initial and final adoptive home studies; comply with adoption disclosure requirement; and implement and administer adoption assistance benefits.¹⁰⁵

Additionally, CBCs, or its subcontractors, are required to inform prospective adoptive parents of the available adoption benefits.¹⁰⁶

In Florida, the average length of time from a child being sheltered to termination of parental rights is 18 months.¹⁰⁷ The average length of time from termination of parental rights to finalizing adoption is 12 months.¹⁰⁸ This means the average length of time from shelter to a finalized adoption is 2.5 years.¹⁰⁹ In June 2023, there were 4,700 children legally free for adoption of which 3,300 were matched or placed with prospective adoptive parents.¹¹⁰

To help eliminate barriers to timely adoption and permanency, the DCF and various stakeholders, including the Guardian ad Litem program, CBCs, case management organizations, and the judiciary identified the following barriers to finalizing adoptions¹¹¹:

- Multiple background screenings of prospective adoptive parents due to expiration;
- Adoption application packets were not uniform statewide and could range from 60-70 pages based on the CBC;
- Adoption home studies were not completed timely and compiling data for the child specific information for the home studies caused delays.

Based on these barriers to finalizing adoptions, in July 2023, the DCF launched a pilot in Circuits 6 and 13 to expedite adoptions, which included streamlining adoption procedures, clarifying requirements, meeting with stakeholders to address barriers, and bringing in dedicated case management staff to focus on finalizing adoptions.¹¹² Circuits 6 and 13 were selected for the pilot due to both having the highest statewide pending adoption rates and both recently experiencing a turnover of its CBC.¹¹³

During the pilot, the DCF identified additional barriers in the adoption process due to unnecessary adoption practices, including:

- CBCs requesting documents from case managers that were not required by administrative rule or statute.
- Lengthy enhanced subsidy approval processes caused delays.
- Adoption specialists were assigned only after parental rights were terminated instead of after the petition for the termination of parental rights was filed.

¹⁰⁵ R. 65C-16.004, F.A.C

¹⁰⁶ 65C-16.012 F.A.C.

¹⁰⁷ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 11, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹⁰⁸ *Id.*

¹⁰⁹ *Id.*

¹¹⁰ *Id.*

¹¹¹ *Id.*

¹¹² The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 11-12, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹¹³ *Id.*

Since the implementation of the Pilot, the total number of adoptions increased, and the total number of children in care decreased.¹¹⁴ The tables below compare the first quarter of the Pilot to the same quarter during the year prior to the Pilot’s implementation.¹¹⁵

Circuit 6 – Family Support Services of Suncoast (CBC)			
Category	FY 2022-23	FY 2023-24	% Change
Total Adoptions	62	100	61%
Average Number of Children in Out-of-Home Care	2, 532	1,999	-21%

Circuit 13 – Children’s Network of Hillsborough (CBC)			
Category	FY 2022-23	FY 2023-24	% Change
Total Adoptions	30	71	137%
Average Number of Children in Out-of-Home Care	2,433	2,143	-12%

Statewide Adoption Exchange

The DCF currently contracts with a third-party vendor to operate the Adoption Exchange (exchange) under s. 409.167, F.S. The purpose of the exchange is to serve all authorized licensed child-placing agencies as a means of recruiting adoptive families for children who are eligible for adoption and who have been permanently placed with the DCF or a licensed child-placing agency. The exchange is required by law to post a description of the child along with a photograph and any other relevant information.¹¹⁶

The law was implemented in 1983, long before the internet was a viable option for the display of this information.¹¹⁷ In subsequent updates to the law in 1994, 1997, and 2014, the language has not been updated to take into account the unique privacy concerns the internet creates.¹¹⁸ The exchange currently operates as a website open to the general public with profiles and photos of children eligible for adoption open and searchable to the general public.¹¹⁹

Adoption of Orphaned Children

Currently, when both parents of a child are deceased with no family member to serve as legal guardian or custodian through a probate or guardianship proceeding, the DCF can adjudicate a

¹¹⁴ *Id.*

¹¹⁵ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 11, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹¹⁶ Section 409.167(2), F.S.

¹¹⁷ Chapter 1983-246, Laws of Fla.

¹¹⁸ Chapters 1994-164, 1997-101, and 2014-19, Laws of Fla.

¹¹⁹ The DCF, *Explore Adoption*, available at: <http://www.adoptflorida.org/> (last visited 1/16/24).

child dependent. However, there is no legal mechanism to permanently commit a child to the custody of the DCF for subsequent adoption.¹²⁰

In *F.L.M. v. Department of Children and Families*,¹²¹ the court held that when the parents of a child have died they have not abandoned the child because the definition of "abandonment" in ch. 39, F.S., contemplates the failure to provide a minor child with support and supervision while being able, and the parents who died are no longer able. Instead, the courts have held that an orphaned child without a legal custodian can be adjudicated dependent based on the child having no parent or legal custodian capable of providing supervision and care pursuant to s. 39.01(14)(e), F.S.¹²² As such, the DCF relies upon this maltreatment to adjudicate orphaned children dependent.¹²³

Section 39.811(2), F.S., allows a court to commit a child to DCF's custody for subsequent adoption if the court finds by clear and convincing evidence that the grounds for termination of parental rights are established. Section 39.806(1), F.S., outlines various grounds for termination of parental rights. However, all available grounds require that a parent engage in behavior that puts a child at risk. This prevents the DCF from seeking termination of a deceased parent's parental rights based on available grounds because a deceased parent has not engaged in behavior that puts a child at risk. Furthermore, even if there were a statutory ground to seek the termination of a deceased parent's rights, there are benefits that a child may be receiving, such as social security benefits or an inheritance, and termination of the deceased parent's rights would disrupt those benefits.¹²⁴

Currently, courts are permanently committing children to DCF's custody without meeting the requirements of s. 39.811(2), F.S., which requires termination of parental rights by clear and convincing evidence that the grounds for termination of parental rights are established.¹²⁵

Florida's Independent Living Services

The DCF strives to achieve permanency for all children in care before their 18th birthday.¹²⁶ However, a child will age out of care upon reaching 18 years of age if a permanent placement is not found.¹²⁷ From October 1, 2022, to September 30, 2023, there were 801 young adults who aged out of Florida's foster care system.¹²⁸

¹²⁰ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 4, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹²¹ 912 So. 2d 1264 (Fla. 4th DCA 2005)

¹²² *Supra* note 120.

¹²³ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 4-6, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹²⁴ *Id.*

¹²⁵ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 11, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹²⁶ Section 39.01, F.S. Section 39.621, F.S., lists the permanency goals in order of preference as 1. reunification; 2. adoption, if a petition for termination of parental rights has been or will be filed; 3. permanent guardianship; 4. permanent placement with a fit and willing relative; or 5. placement in another planned permanent living arrangement.

¹²⁷ Rule 65C-30.022, F.A.C.

¹²⁸ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited Jan. 12, 2024).

Florida provides independent living services to young adults to help them transition out of foster care and to prepare them to become self-sufficient adults. Florida’s independent living services include extended foster care (EFC), which applies to young adults who were in licensed foster care upon turning 18 years of age.¹²⁹ Florida also offers two other independent living programs: Postsecondary Education Services and Support (PESS) and Aftercare services (Aftercare). The following tables provides information on the eligibility requirements to participate in Florida’s independent living programs and the services provided by each.

Program	Eligibility	Services
Extended Foster Care (EFC) ¹³⁰	Young adults who turned 18 in foster care and are: <ul style="list-style-type: none"> • Completing high school or its equivalent; <i>or</i> • Enrolled in college or vocational schooling; <i>or</i> • Working at least 80 hours per month. To stay in EFC, the young adult must: <ul style="list-style-type: none"> • Meet with a case manager every month. • Continue to participate in a required activity. • Attend court reviews every six months. 	Young adults may choose to remain in licensed foster care and receive foster care services until the age of 21 (22 with a disability).
Postsecondary Education Services and Support (PESS) ¹³¹	<ol style="list-style-type: none"> 1. Young adults who turned 18 in foster care and spent at least 6 months in licensed out-of-home care before turning 18. 2. Young adults who are at least 18 and were adopted from foster care after age 16 or were placed with a court-approved guardian after spending at least 6 months in licensed foster care within the 12 months immediately preceding such adoption or placement; <i>and</i> <ul style="list-style-type: none"> • Have earned a high school diploma or equivalent; <i>and</i> • Are attending a college or vocational school that is Florida Bright Futures eligible. 	\$1,720 per month for: <ul style="list-style-type: none"> • Housing • Utilities • Living expenses Available until the age 23.
Aftercare ¹³²	Young adults who turned 18 while in licensed foster care, but are not yet 23, and <ul style="list-style-type: none"> • Are not in EFC; <i>or</i> • Are not in PESS. 	Mentoring Tutoring Substance abuse treatment Counseling Job and career skills training Temporary financial assistance for necessities

¹²⁹ Chapter 2013-178, Laws of Florida

¹³⁰ Section 39.6251, F.S.

¹³¹ Section 409.1451(2), F.S.

¹³² Section 409.1451(3), F.S.

III. Effect of Proposed Changes:

Background Screenings (Sections 1 and 2)

Section 1 amends s. 39.01, F.S., to add the definition of “visitor” to ch. 39, F.S., to require individuals that fall under the definition to complete a background screening when a child is being considered for an out-of-home placement. The bill defines “visitor” as a person who:

- Provides care or supervision to children in the home; or
- Is 12 years of age or older, other than a child in care, who will be in the child’s home at least five consecutive days or seven or more days in a month.

This change (along with the changes in section 2) will make Florida statutes compliant with federal requirements and allow the Department of Children and Families (DCF) to continue to use the Federal Bureau of Investigation’s (FBI) federal database to conduct and complete required background screenings for out-of-home placements.¹³³

Section 2 amends s. 39.0138, F.S. to require the DCF to conduct a criminal history records check on all visitors to a home being considered for an out-of-home placement.

The bill also amends the process for conducting and completing a background check by:

- Requiring the DCF to complete a name-based check of federal criminal history records if a child has been sheltered and must be placed in out-of-home care, such as an emergency placement in the home of private individuals including neighbors, friends, or relatives, due to an emergency.
- Requiring fingerprints of the out-of-home placement applicant and all other adult members of the applicant’s household to be submitted to the Florida Department of Law Enforcement (FDLE) within seven calendar days after receipt of the results of the name-based check, unless an individual is exempted from fingerprinting requirements.
- Requiring the FDLE to forward the fingerprints to the FBI for review within 15 calendar days after the FDLE received the fingerprints.

The bill prohibits the DCF from placing a child in an out-of-home placement if the:

- Applicant or any household members are disqualified as a result of the name-based check; or
- Fingerprints are not submitted timely to the FBI.

The bill requires the DCF to seek a court order to immediately remove a child from that placement if an applicant or any other adult household member does not submit the required fingerprints to the FDLE within 15 calendar days after the name-based check is conducted, provided that such persons are not exempt from a criminal history records check.

The bill also changes the name of the child welfare systems of record used by the DCF from the State Automated Child Welfare System (SACWIS) to the Comprehensive Child Welfare Information System (CCWIS) to reflect the transition to new federal guidelines.

¹³³ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 3, (on file with the Senate Committee on Children, Families, and Elder Affairs).

These change (along with the changes in section 1) will make Florida laws compliant with federal requirements and allow the DCF to continue to use the FBI's federal database to conduct and complete required background screenings for out-of-home placements.

Adoption of Orphaned Children (Section 3)

Section 3 creates s. 39.5035, F.S. to allow a court to permanently commit a child whose parents are deceased to DCF's custody. This change allows a child to find permanency when there's no legal custodian available to care the child after the death of his or her parents and to allow the child to continue to receive death benefits without terminating the deceased parent's parental rights.

The bill allows an attorney for the DCF, or any person with knowledge of the facts, to file a petition for adjudication and permanent commitment if both parents of a child are deceased and there has been no appointment of a legal custodian or guardian through probate or a guardianship proceeding.

If the child has not been adjudicated dependent, the bill requires the filing of the petition adjudication and permanent commitment within 21 days after the shelter hearing. If the child has been adjudicated dependent, the bill requires the filing of a petition for permanent commitment within a reasonable time after the petitioner first becomes aware of the facts that support the petitions.

The bill requires the petition for adjudication and permanent commitment to be in writing and contain the following:

- Identification of the deceased parent or parents;
- Facts that establish both parents of the child;
- Facts that establish that a legal custodian or guardian has not been appointed for the child; and
- Be signed by the petitioner under oath stating the filing of the petition is in good faith.

The bill requires the court to conduct an adjudicatory hearing as soon as practicable, but no later than 30 days after the filing of a petition. Notice of the date, time, and place of the adjudicatory hearing and a copy of the petition must be served on:

- Any person with physical custody of the child.
- A living relative of each parent of the child, unless one cannot be found after a diligent search or inquiry.
- The guardian ad litem for the child or a representative of the guardian ad litem program, if applicable.

The bill requires adjudicatory hearings to be conducted by a judge without a jury and by applying the rules of evidence in use in civil cases. The bill requires the court to determine by clear and convincing evidence that both parents of the child are deceased, or that the last known living parent is deceased, and the other parent cannot be found after diligent search or inquiry, and that a legal custodian or guardian has not been appointed for the child. The bill allows a certified copy of a death certificate to be sufficient evidence of proof of a parent's death.

The bill requires the court to make one of the following determinations within 30 days after the adjudicatory hearing on a petition for the adjudication and permanent commitment of the child:

- If the court finds the petitioner has met the clear and convincing standard: the bill requires the court to enter a written order adjudicating the child dependent and permanently committing the child to DCF's custody for subsequent adoption. The court must schedule a disposition hearing no later than 30 days after the entry of the order, where the DCF must provide the court with a case plan for the child. The bill requires the DCF to make reasonable efforts to place the child in a timely manner and finalize the permanent placement of the child. The court must hold hearings every 6 months to review the progress of the child's case plan permanency goal, until the child reaches 18 years of age, or the adoption of the child is finalized.
- If the court finds the petitioner has not met the clear and convincing standard, but that a preponderance of the evidence establishes that the child does not have a parent of legal custodian capable of providing supervision of care: the bill requires the court to enter a written order adjudicating the child dependent. A disposition hearing must be scheduled no later than 30 days after the entry of the order.
- If the court finds the petitioner has not met the clear and convincing standard and that a preponderance of the evidence does not establish that the child does not have a parent or legal custodian capable of providing supervision of care: the bill requires the court to enter a written order dismissing the petition.

The bill requires the court to make one of the following determinations within 30 days after the adjudicatory hearing on a petition for the permanent commitment of the child:

- If the court finds the petitioner has met the clear and convincing standard: the bill requires the court to enter a written order permanently committing the child to DCF custody for the purposes of adoption. The court must schedule a disposition hearing no later than 30 days after the entry of the order, where the DCF must provide the court with a case plan that identifies the permanency goal for the child. The bill requires the DCF to make reasonable efforts to place the child and finalize the permanent placement. The court must hold hearings every 6 months to review the progress of the child's case plan permanency goal, until the child reaches 18 years of age, or the adoption of the child is finalized.
- If the court finds that clear and convincing evidence does not establish that both parents of the child are deceased or that the last known living parent is deceased and the other parent cannot be found after a diligent search or inquiry: the bill requires the court to enter a written order denying the petition.

Emergency Postdisposition Change of Placement (Sections 4 and 5)

Section 4 amends s. 39.521, F.S., to make conforming changes that reflect the shift to utilizing the CCWIS System, rather than the SACWIS System when conducting records checks when a child will be remaining with an adult approved by the court.

Section 5 amends s. 39.522, F.S., to create process for emergency modification of a child's court-ordered placement. The bill allows a child's case manager, authorized DCF agent, or law enforcement officer to remove a child from a placement if the current caregiver requests

immediate removal of the child or if the circumstances meet the criteria of a shelter according to s. 39.401(1)(b), F.S.¹³⁴

The bill requires that, if at the time of removal, the child was not placed in foster care, the DCF to file a motion to modify placement within one business day of the child being taken into custody. Unless all parties and the caregiver agree to the change of placement, the court must set a hearing within 24 hours after the filing of the motion to modify placement to determine whether the DCF has established probable cause that reasonable grounds exist for the immediate removal of the child. The court may base its determination on a sworn petition, testimony, or an affidavit and may hear all relevant and material evidence, including oral or written reports, to the extent of its probative value even though it would not be competent evidence at an adjudicatory hearing.

- If the court finds probable cause has not been established to support the removal of the child: the bill requires the court to order the return of the child to his or her current placement. This finding by the court does not preclude a subsequent motion.
- If the current caregiver admits to a need for a change of placement or probable cause is established: the bill requires the court to enter an order changing the child's placement. If the child is not placed in licensed foster care, the new placement must meet the required home study criteria of ch.39, F.S.
- If the child's placement is modified based on a probable cause finding: the bill requires the court to conduct postdisposition hearings under s. 39.522(2) and (3), F.S., unless waived by all parties.

Permanent Guardianship and Guardianship Assistance Program (Section 6 and 7)

Section 6 amends s. 39.6221, F.S., to allow the court to close a case to permanent guardianship if the child was placed with a relative or other approved adult for the preceding three months and that person was named on the child's guardianship assistance agreement. This change allows children to achieve permanency with a guardian that has already been vetted through the background screening requirements of the Guardianship Assistance Agreement, without having to unnecessarily return to the child welfare system.

Section 7 amends s. 39.6225, F.S., to expand the eligibility of guardianship assistance payments by reducing the age requirement a child must be for a guardian to receive payments. The bill only allows a guardian who entered into a guardianship assistance agreement when a child was 14 to receive guardianship assistance payments, rather than when the child was 16 years of age. This increases the eligible population by 782 individuals, with an expected 235 of those choosing to participate in the program.¹³⁵

¹³⁴ Pursuant to s. 39.401(1)(b), F.S., there must be probable cause that supports that the child has been: (1) abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment; (2) the parent or legal custodian has materially violated a condition of placement imposed by the court; or (3) that the child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision or care.

¹³⁵ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 8, (on file with the Senate Committee on Children, Families, and Elder Affairs).

Judicial Notice in Termination of Parental Rights Cases

Section 8 amends s. 39.801(3), F.S., to mirror language relating to the dependency phase of the case that allows for personal appearance at a termination advisory hearing, or any subsequent hearing, to remove the need for personal services.

This language will enable a trial court to conduct an advisory hearing if a parent has personally appeared regardless of whether the parent was personally served with the petition, eliminating continuances and delays, and reducing time to permanency for children.

Child Welfare Adoptions and Adoption Decision Review Process (Sections 9 and 12)

Section 9 amends s. 39.812(4), F.S., to change the jurisdiction for reviewing the DCF's denial of an application to adopt a child from a ch. 120, F.S., administrative hearing to the dependency court. The DCF's decision to deny an adoption applicant will now be reviewable only under s. 39.812, F.S., and is not subject to ch. 120, F.S.

The bill requires the DCF to file the denial with the court and provide copies to the parties within 10 business days after the decision. The bill allows the denied applicant to file a motion to review the denial within 30 days of the issuance of the written notification of denial. The motion must allege the DCF unreasonably withheld its consent and request that the court allow the denied applicant to file a petition to adopt the child under ch. 63, F.S., without the DCF's consent. The denied applicant is given limited standing in the ch. 39, F.S., proceeding to file the motion and to present evidence in support of the motion. Such standing terminates upon the entry of the court's order. The bill maintains the standard of review for these cases that is applicable in the ch. 120, F.S., administrative proceedings.

The bill requires the court to hold a hearing within 30 business days after the filing of the motion. The court may only consider whether the DCF's review of the application was consistent with the agency's policies and made in an expeditious manner using an abuse of discretion review. If the DCF selected another applicant to adopt the child, the selected applicant may participate in the hearing and may be granted leave by the court to be heard without filing a motion to intervene.

The bill requires the court to enter a written order within 15 business days after the hearing that either denies the motion to review or finds the DCF unreasonably withheld its consent. If the court finds the DCF unreasonably withheld consent, the bill requires the court to authorize the denied applicant to file a petition to adopt the child without the DCF's consent.

The bill amends s. 39.812(5), F.S., to allow the DCF to remove a child from a foster home or court-ordered custodian whose adoption application was denied by the DCF, and the court denied review of DCF's denial.

The bill amends s. 39.812(6), F.S., to require the DCF to attach a copy of the consent for adoption to the petition to adopt.

Section 12 amends s. 63.062, F.S., to reflect the changes to the Chapter 120 hearing changes in Section 9 of the bill. The bill establishes that if parental rights to the minor have been terminated and the minor has been permanently committed to the DCF for subsequent adoption, the DCF must provide consent to the adoption, or the petitioner must include the court order finding the DCF unreasonably withheld consent as well as a favorable preliminary adoptive home study in the petition to adopt. This change ensures there is only one adoption petition filed for each child.¹³⁶

Statewide Adoption Services (Sections 13, 9, 10, 11, 18, 20, and 21)

The bill makes changes throughout chs. 63 and 409, F.S., to centralize statewide adoption services by removing the requirement that community-based lead agencies (CBCs) provide adoption services and supports.

Section 13 amends s. 63.093, F.S., to require the DCF to contract with one or more licensed child-placing agencies to provide adoptive services, complete the adoption processes for children permanently committed to the DCF, and to support adoptive families, beginning July 1, 2025. The bill allows a contracted licensed child-placing agency to subcontract for the provision of adoptive services.

The bill requires the contracted licensed child-placing agency, rather than a CBC, to:

- Respond to an initial inquiry from a prospective adoptive parent within seven business days after receipt of the inquiry to inform the prospective adoptive parent of the adoption process and requirements for adopting a child from the child welfare system.
- Refer a prospective adoptive parent interested in adopting a child in the DCF's custody to a DCF-approved adoptive parent training program.
- Complete an adoptive home study of a prospective adoptive parent that includes observation, screening, and evaluation of the child and the prospective adoptive parent. The bill allows the home study to serve as the adoptive home study if the child was placed in the home prior to the termination of parental rights.
- Complete a preparation process, as established by DCF rule, with the prospective adoptive parent.
- Approve or deny the home study within 14 business days after receipt of the recommendation of approval of the prospective adoptive parent's appropriateness to adopt.

The bill requires the DCF to adopt rules that eliminate duplicative practices and delays in the adoption home study process for active service members seeking to adopt in Florida, including, but not limited to, giving credit for adoption classes that have been taken in another state that substantially comply with s. 409.175(14)(b), F.S.

The bill also requires the DCF to annually report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the status of adoptions in Florida by November 15.

¹³⁶ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 9-10, (on file with the Senate Committee on Children, Families, and Elder Affairs).

Section 9 amends s. 39.812, F.S., to conform to the more centralized adoption structure.

Section 10 amends the definition of “agency” in s. 63.032(12), F.S., to “ child-placing agency” to mean an agency licensed by the DCF pursuant to s. 63.202, F.S., to place minors for adoption. This change in definition to conform to other changes made in the bill.

Section 11 amends s. 63.039, F.S., to require a licensed adoption entity to quarterly report to the DCF all private adoptions that were finalized in the preceding quarter. The bill requires that the report provide the age, race, ethnicity, sex, county of birth, and county of adoptive families for private adoptions, and have this information available as aggregate data on the DCF website.

Section 19 repeals s. 409.1662, F.S., that requires the DCF to create an adoption incentive program that awards incentive payments to CBCs for specific adoption performance standards.

Section 21 amends s. 409.167, F.S., to require the statewide adoption exchange to be in accordance with the rules adopted by the DCF.

The bill changes the requirements of the statewide adoption exchange photo-listing component that includes descriptions and photographs of children legally freed for adoption. The bill requires the statewide adoption exchange photo-listing component to be inaccessible to the public unless the individuals have completed or are in the process of completing an adoption home study. The bill permits licensed child-placing agencies to utilize the photo listing component of the statewide adoption exchange for the purposes of family-matching, provided only individuals who have completed, or are in the process of completing, an adoption home study have access.

Section 22 amends s. 409.988, F.S., to remove the requirement of CBCs to serve children who were adopted from the child welfare system and families that require postadoption services.

This section has an effective date of July 1, 2025.

Adoption Costs and Adoption Benefits (Sections 14, 15, 16, 18, and 20)

Section 14 amends s. 63.097, F.S. to include preliminary home studies and final home investigations as a preplacement and postplacement social service within the list of fees the DCF must approve within the process of licensing an adoption agency.

The bill requires the courts to issue an order that approves or disapproves the fees if the total amount of fees exceeds:

- \$5,000 in legal or other professional fees;
- \$800 in court costs; or
- \$5,000 in reasonable and necessary living and medical expenses.

The bill prohibits the payment of any fees, costs, or expenses other than those of the adoption entity and requires that such costs be supported by a receipt.

The bill requires that beginning January 1, 2025, adoption entities must report quarterly to the DCF on finalized private adoptions including specific demographic information about the adopted child and adoptive family and specific fees, costs, and expenses approved by the court for each adoption. The DCF must publish this anonymized aggregate information on its website quarterly.

Section 15 amends s. 63.132, F.S., to require a written order by a court approving or disapproving the fees, costs, and expenses itemized in the affidavit filed by the prospective adoptive parents and the adoption entity. A court order approving fees, costs, or expenses that exceed statutory limits must include a written determination of reasonableness.

Section 16 amends s. 63.212, F.S., to clarify what forms and mediums of advertisement apply to the current prohibition on persons or entities that can place an adoption advertisement and clarifies that only a Florida licensed adoption entity or attorney may place an adoption advertisement in the state.

Section 18 amends s. 409.166(4), F.S., to expand the eligibility for adoption assistance by reducing the age requirement a child must be for an adoptive parent to receive payments. The bill allows an adoptive parent who entered into an initial adoption assistance agreement when a child was 14 years of age to receive adoption assistance payments, rather than when the child was 16 years of age. The DCF estimates this will increase the eligible population by 550 individuals, with 165 participating in the program.¹³⁷

Section 20 amends s. 409.1664, F.S., to make health care practitioners¹³⁸ as listed in s. 456.001(4), F.S., who hold an active status license from the Department of Health (DOH) and whose individual income does not exceed \$150,000, and tax collector employees who are an employee of an office of county tax collector in the state, to be eligible to receive adoption benefits when adopting a child from the child welfare system. The bill increases the amount of the adoption benefit from \$10,000 to \$25,000 when the child being adopted meets the definition of “difficult to place” and from \$5,000 to \$10,000 when the child being adopted does not meet the definition.

The bill allows a health care practitioner or tax collector employee to apply for the adoption benefit if he or she is domiciled in Florida and adopts a child in the child welfare system on or after July 1, 2024. The bill requires a health care practitioner to apply to the DOH to obtain the benefit, and a tax collector employee to apply through the DCF. The bill does not preclude a health care practitioner or tax collector employee from qualifying for or receiving another type of adoption assistance.

¹³⁷ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 8, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹³⁸ Section 456.001(4) defines health care practitioner as any person licensed under chapters 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, part I, part II, part III, part V, part X, part XII, part XIV of chapter 468, 478, 480, part I, part II, and part III of chapter 483, 484, 486, 490, or 491.

Independent Living Services (Section 16)

Section 17 amends s. 409.1451(2), F.S. to increase the number of young adults eligible to receive PESS by allowing a young adult who was at least 14 years of age (rather than 16 years of age) to receive services, provided other eligibility requirements are met. The DCF estimates this will make an additional 351 young adults eligible to receive PESS services, with an estimated 71 choosing to participate in the program.¹³⁹

The bill also amends eligibility for Aftercare services available to young adults. The bill allows a young adult who is eligible or extended guardianship assistance payments or extended adoption assistance, but is not participating in either program, to be eligible for Aftercare services if he or she meets the other requirements.

The bill takes effect July 1, 2024, except as otherwise expressly provided in the bill.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

¹³⁹ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), p. 8, (on file with the Senate Committee on Children, Families, and Elder Affairs).

B. Private Sector Impact:

Community-Based Care Lead Agencies (CBCs)

There is an indeterminate, but likely insignificant fiscal impact on CBCs due to the removal of the requirements that CBCs provide adoptive and post-adoptive services. The CBCs will no longer receive funding to provide these services.

Child-Placing Agencies

There is an indeterminate, but likely insignificant fiscal impact on child-placing agencies. The bill requires the Department of Children and Families (DCF) to contract with licensed child-placing agencies to provide adoptive and post-adoptive services. Contract-licensed child-placing agencies will be able to receive funding to provide these services.

C. Government Sector Impact:

Expansion of Independent Living Services

The DCF anticipates new recurring expenditures to fund the expansion of independent living services, as follows:¹⁴⁰

Service Expanded	Increased Fiscal
Extended Post-18 Adoption and Guardianship Assistance Payments	\$3,216,000
Postsecondary Education Services and Support (PESS)	\$1,465,440
Aftercare Services	\$3,428,700
Total	\$8,110,140

Expansion of the Adoption Benefits Program

The DCF anticipates additional adoption benefit monetary payments resulting from the inclusion of tax collector employees and certain health care practitioners as eligible recipients and the increase in the lump sum monetary payments for all eligible employees. The DCF estimates the annual recurring cost to be \$9,822,530.¹⁴¹

Adoption Review Hearings Conducted by Dependency Courts

There is an indeterminate, but likely insignificant negative fiscal impact on the court system due to adoption review hearings being done by the dependency court, rather than an administrative hearing pursuant to ch. 120, F.S. The DCF may also experience a workload reduction due to the streamlining of the adoption review hearing process.

VI. Technical Deficiencies:

None.

¹⁴⁰ The Department of Children and Families, *SB 1486 Agency Bill Analysis* (January 2024), pp. 18-19, (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹⁴¹ The Department of Children and Families, *SB 1486 Agency Bill Analysis*, p. 19 (on file with the Senate Committee on Children, Families, and Elder Affairs).

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 39.0138, 39.521, 39.522, 39.6221, 39.6225, 39.801, 39.812, 63.032, 63.039, 63.062, 63.093, 63.097, 63.132, 63.212, 409.1451, 409.166, 409.1664, 409.167 and 409.988.

This bill creates section 39.5035 of the Florida Statutes.

This bill repeals section 409.1662 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Health and Human Services on February 20, 2024:

The committee substitute makes the following changes:

- Requires a court order with a written determination of reasonableness to approve or disapprove the fees, costs, and expenses itemized in the required affidavit of expenses and receipts that exceed current statutory caps.
- Requires a quarterly report to the Department of Children and Families (DCF) by adoption entities detailing finalized private adoptions to include specific demographic information of the adopted child and adoptive family and specific financial information related to fees, costs, and expenses approved by the court. The DCF must publish on its website this anonymized aggregate information.
- Details what forms and mediums of advertisement for the current prohibition on specific persons or entities that can place an adoption advertisement and clarifies that only a Florida licensed adoption entity or attorney may place an adoption advertisement in the state.

CS by Children, Families, and Elder Affairs on January 23, 2024:

The CS makes the following changes:

- Lowers the age of who falls under the definition of “visitor” for the purpose of background screening requirements from 14 years of age to 12 years of age.
- Requires the DCF to conduct a criminal history records check on all visitors in a home considered for placement.
- Requires that the DCF submit fingerprints to the FDLE within seven “calendar” days after receipt of results of a name-based check rather than seven days.
- Requires the FDLE to forward fingerprints to the FBI within 15 calendar days after conducting the name-based check.
- Requires the DCF to seek a court order for immediate a removal of a child if fingerprints are not provided within 15 calendar days after the FDLE conducted a

name-back check and such person was not exempted from a criminal history records check.

- Requires the court to enter a written order within 15 “business” days after a hearing that considers whether the DCF unreasonably withheld its consent for adoption.
- Changes the definition of “agency” in Ch. 63, F.S., (adoption statutes) to “child-placing agency” to mean an agency licensed by the DCF pursuant to s. 63.202 to place minors for adoption.
- Adds tax collector employees as eligible for adoption benefits when adopting a child from the child welfare system and requires tax collector employees to apply to the DCF to obtain an adoption benefit.
- Requires the adoption exchange, which provides information on children in DCF’s custody available for adoption, to be in accordance with rules adopted by the DCF.
- Prohibits the photo-listing component of the adoption exchange from being accessible by the public and only accessible to persons who have completed or are in the process of completing an adoption home study.
- Requires the photo-listing component of the adoption exchange to facilitate family-matching between children and prospective adoptive parents and requires the DCF to consult with any child 12 years of age or older during the development of his or her description on the statewide adoption exchange, and allows a child 12 years of age or older to request a specific photo for his or her adoption exchange photo listing.
- Removes the requirement that child abuse records in the case of a child’s death be available only upon the DCF’s closure of its investigation.
- Creates a new section of law that requires a licensed adoption entity to report all private adoptions to the DCF on a quarterly basis, with specified information. The amendment permits DCF to adopt rules to implement this section and requires the DCF to make the aggregate information available on its website.
- Requires the DCF to adopt rules that regulate the fees charged by adoption agencies, and requires adoption agencies to report the number of adoptions in which a court enters an order that approves fees that exceed current statutory limits.
- Requires a court order, rather than simple court approval, when fees that adoption entities assess exceed the current statutory limits.
- Requires an affidavit seeking fees above current statutory limits be per se unreasonable and denied absent a written finding with competent and substantial evidence of reasonableness resulting from extraordinary circumstances.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/20/2024	.	
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The Appropriations Committee on Health and Human Services
(Collins) recommended the following:

Senate Amendment (with title amendment)

Delete lines 693 - 815

and insert:

Section 14. Subsections (1), (3), (4), and (5) of section
63.097, Florida Statutes, are amended, and a new subsection (7)
is added to that section, to read:

63.097 Fees.—

(1) When the adoption entity is an agency, fees may be
assessed if such fees ~~they~~ are approved by the department within



262966

11 the process of licensing the agency and if such fees ~~they~~ are
12 for:

13 (a) Foster care expenses;

14 (b) Preplacement and postplacement social services; and

15 (c) Agency facility and administrative costs.

16 (3) The court must issue an order pursuant to s. 63.132(3)

17 ~~when approval of the court is not required until~~ the total of
18 amounts permitted under subsection (2) exceeds:

19 (a) \$5,000 in legal or other professional fees;

20 (b) \$800 in court costs; or

21 (c) \$5,000 in reasonable and necessary living and medical
22 expenses.

23 (4) Any fees, costs, or expenses not included in subsection

24 (2) ~~or prohibited under subsection (5)~~ require court approval
25 and entry of an order pursuant to s. 63.132(3) before ~~prior to~~

26 payment and must be based on a finding of extraordinary
27 circumstances.

28 (5) The following fees, costs, and expenses are prohibited:

29 (a) Any fee or expense that constitutes payment for
30 locating a minor for adoption.

31 (b) Any payment which is not itemized and documented on the
32 affidavit filed under s. 63.132.

33 (c) Any fee on the affidavit which is not a fee of the
34 adoption entity, is not supported by a receipt, and does not
35 specify the service that was provided and for which the fee is
36 being charged, such as a fee for facilitation, acquisition, or
37 other similar service, or which does not identify the date the
38 service was provided, the time required to provide the service,
39 the person or entity providing the service, and the hourly fee



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40 charged.

41 (7) Beginning January 1, 2025, an adoption entity shall
42 report quarterly to the department information related to the
43 age, race, ethnicity, sex, and county of birth of the adopted
44 child, and the county of residence of the adoptive family for
45 each finalized adoption. The department shall also report for
46 each adoption the fees, costs, and expenses that were assessed
47 by the adoption entity or paid by the adoption entity on behalf
48 of the prospective adoptive parents, itemized by the categories
49 enumerated in subsection (2), and any fees, costs, and expenses
50 approved by the court under subsection (4). The confidentiality
51 provisions of this chapter do not apply to the fees, costs, and
52 expenses assessed or paid in connection with an adoption. In
53 reporting the information required by this subsection to the
54 department, the adoption entity shall redact any confidential
55 identifying information concerning the child's biological
56 parents and the child's adoptive parents. The department shall
57 report quarterly on its website information for each adoption
58 agency, including the actual fees, costs, and expenses of
59 finalized adoptions. The department shall adopt rules to
60 implement this section.

61 Section 15. Subsection (3) of section 63.132, Florida
62 Statutes, is amended to read:

63 63.132 Affidavit of expenses and receipts.—

64 (3) The court must issue a separate order approving or
65 disapproving the fees, costs, and expenses itemized in the
66 affidavit. The court may approve only fees, costs, and
67 expenditures allowed under s. 63.097. Any affidavit seeking
68 fees, costs, and expenses that exceed the limits set in s.



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69 63.097 is deemed per se unreasonable and may not be approved,
70 absent a written finding by the court of reasonableness. Any
71 order approving fees, costs, and expenses that exceed the limits
72 set in s. 63.097 must include the specific competent and
73 substantial evidence upon which the court relied to make a
74 finding of reasonableness. The court may reject in whole or in
75 part any fee, cost, or expenditure listed if the court finds
76 that the expense is any of the following:

77 (a) Contrary to this chapter.

78 (b) Not supported by a receipt, ~~if requested~~, if the
79 expense is not a fee of the adoption entity.

80 (c) Not a reasonable fee or expense, considering the
81 requirements of this chapter and the totality of the
82 circumstances.

83 Section 16. Paragraph (g) of subsection (1) of section
84 63.212, Florida Statutes, is amended to read:

85 63.212 Prohibited acts; penalties for violation.—

86 (1) It is unlawful for any person:

87 (g) Except an adoption entity, to place an advertisement or
88 offer to the public, in any way, by any medium whatever that a
89 minor is available for adoption or that a minor is sought for
90 adoption; and, further, it is unlawful for any person purchasing
91 advertising space or purchasing broadcast time to advertise
92 adoption services to fail to include in any publication or fail
93 to include in the broadcast for such advertisement the Florida
94 license number of the adoption entity or The Florida Bar number
95 of the attorney placing the advertisement. This prohibition
96 applies, but is not limited to, a paid advertisement, an
97 article, a notice, or any other paid communication published in



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98 any newspaper or magazine, or on the Internet, on a billboard,
99 over radio or television, or other similar media.

100 1. Only a person who is an attorney licensed to practice
101 law in this state or an adoption entity licensed under the laws
102 of this state may place an advertisement in this state ~~place a~~
103 ~~paid advertisement or paid listing of the person's telephone~~
104 ~~number, on the person's own behalf, in a telephone directory~~
105 that:

- 106 a. A child is offered or wanted for adoption; or
107 b. The person is able to place, locate, or receive a child
108 for adoption.

109 2. A person who publishes a telephone directory, newspaper,
110 magazine, billboard, or any other written advertisement that is
111 distributed in this state shall include, ~~at the beginning of any~~
112 ~~classified heading for adoption and adoption services,~~ a
113 statement ~~that informs directory users~~ that only attorneys
114 licensed to practice law in this state and ~~licensed~~ adoption
115 entities licensed under the laws of this state may legally
116 provide adoption services under state law.

117 3. A person who places an advertisement ~~described in~~
118 ~~subparagraph 1. in a telephone directory~~ must include the
119 following information:

120 a. For an attorney licensed to practice law in this state,
121 the person's Florida Bar number.

122 b. For a child-placing agency licensed under the laws of
123 this state, the number on the person's adoption entity license.

124

125

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



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127 And the title is amended as follows:
128 Delete lines 76 - 82
129 and insert:
130 revising and prohibiting certain fees; requiring an
131 adoption entity to report certain information for each
132 finalized adoption to the department on a quarterly
133 basis; requiring the department to report on its
134 website certain information including the actual fees,
135 costs, and expenses of finalized adoptions on a
136 quarterly basis; providing construction; amending s.
137 63.132, F.S.; providing that any affidavit seeking
138 certain fees, costs, or expenses is unreasonable and
139 may not be approved absent a specified finding by the
140 court; requiring a court order approving fees, costs,
141 or expenses that exceed a certain amount to include
142 certain evidence; making a technical change; amending
143 s. 63.212, F.S.; providing applicability for the
144 prohibition against the advertisement of the adoption
145 of a minor child by certain persons; requiring a
146 person who publishes a newspaper, magazine, billboard,
147 or any other written advertisement distributed in this
148 state to include a statement that only specified
149 adoption entities may legally provide adoption
150 services; conforming provisions to changes made by the
151 act; amending s. 409.1451, F.S.; revising



849148

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2024	.	
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The Appropriations Committee on Health and Human Services
(Collins) recommended the following:

Senate Amendment (with title amendment)

Delete lines 693 - 815

and insert:

Section 14. Subsections (1), (3), (4), and (5) of section
63.097, Florida Statutes, are amended, and subsection (7) is
added to that section, to read:

63.097 Fees.—

(1) When the adoption entity is an agency, fees may be
assessed if such fees ~~they~~ are approved by the department within



849148

11 the process of licensing the agency and if such fees ~~they~~ are
12 for:

- 13 (a) Foster care expenses;
14 (b) Preplacement and postplacement social services; and
15 (c) Agency facility and administrative costs.
16 (3) The court must issue an order pursuant to s. 63.132(3)

17 ~~when approval of the court is not required until~~ the total of
18 amounts permitted under subsection (2) exceeds:

- 19 (a) \$5,000 in legal or other professional fees;
20 (b) \$800 in court costs; or
21 (c) \$5,000 in reasonable and necessary living and medical
22 expenses.

23 (4) Any fees, costs, or expenses not included in subsection
24 (2) ~~or prohibited under subsection (5)~~ require court approval
25 and entry of an order pursuant to s. 63.132(3) before ~~prior to~~
26 payment and must be based on a finding of extraordinary
27 circumstances.

28 (5) The following fees, costs, and expenses are prohibited:

- 29 (a) Any fee or expense that constitutes payment for
30 locating a minor for adoption.
31 (b) Any payment which is not itemized and documented on the
32 affidavit filed under s. 63.132.

33 (c) Any fee on the affidavit which is not a fee of the
34 adoption entity, is not supported by a receipt, and does not
35 specify the service that was provided and for which the fee is
36 being charged, such as a fee for facilitation, acquisition, or
37 other similar service, or which does not identify the date the
38 service was provided, the time required to provide the service,
39 the person or entity providing the service, and the hourly fee



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40 charged.

41 (7) Beginning January 1, 2025, an adoption entity shall
42 report quarterly to the department information related to the
43 age, race, ethnicity, sex, and county of birth of the adopted
44 child and the county of residence of the adoptive family for
45 each finalized adoption. The department shall also report for
46 each adoption the fees, costs, and expenses that were assessed
47 by the adoption entity or paid by the adoption entity on behalf
48 of the prospective adoptive parents, itemized by the categories
49 enumerated in subsection (2), and any fees, costs, and expenses
50 approved by the court under subsection (4). The confidentiality
51 provisions of this chapter do not apply to the fees, costs, and
52 expenses assessed or paid in connection with an adoption. In
53 reporting the information required by this subsection to the
54 department, the adoption entity shall redact any confidential
55 identifying information concerning the child's biological
56 parents and the child's adoptive parents. The department shall
57 report quarterly on its website information for each adoption
58 agency, including the actual fees, costs, and expenses of
59 finalized adoptions. The department shall adopt rules to
60 implement this subsection.

61 Section 15. Subsection (3) of section 63.132, Florida
62 Statutes, is amended to read:

63 63.132 Affidavit of expenses and receipts.—

64 (3) The court must issue a separate order approving or
65 disapproving the fees, costs, and expenses itemized in the
66 affidavit. The court may approve only fees, costs, and
67 expenditures allowed under s. 63.097. An order approving fees,
68 costs, and expenses that exceed the limits set in s. 63.097 must



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69 include a written determination of reasonableness. The court may
70 reject in whole or in part any fee, cost, or expenditure listed
71 if the court finds that the expense is any of the following:

72 (a) Contrary to this chapter.

73 (b) Not supported by a receipt, ~~if requested~~, if the
74 expense is not a fee of the adoption entity.

75 (c) Not a reasonable fee or expense, considering the
76 requirements of this chapter and the totality of the
77 circumstances.

78 Section 16. Paragraph (g) of subsection (1) of section
79 63.212, Florida Statutes, is amended to read:

80 63.212 Prohibited acts; penalties for violation.—

81 (1) It is unlawful for any person:

82 (g) Except an adoption entity, to place an advertisement or
83 offer to the public, in any way, by any medium whatever that a
84 minor is available for adoption or that a minor is sought for
85 adoption; and, further, it is unlawful for any person purchasing
86 advertising space or purchasing broadcast time to advertise
87 adoption services to fail to include in any publication or fail
88 to include in the broadcast for such advertisement the Florida
89 license number of the adoption entity or The Florida Bar number
90 of the attorney placing the advertisement. This prohibition
91 applies to, but is not limited to, a paid advertisement, an
92 article, a notice, or any other paid communication published in
93 any newspaper or magazine, or on the Internet, on a billboard,
94 over radio or television, or other similar media.

95 1. Only a person who is an attorney licensed to practice
96 law in this state or an adoption entity licensed under the laws
97 of this state may place an advertisement in this state ~~a paid~~



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98 ~~advertisement or paid listing of the person's telephone number,~~
99 ~~on the person's own behalf, in a telephone directory that:~~

- 100 a. A child is offered or wanted for adoption; or
101 b. The person is able to place, locate, or receive a child
102 for adoption.

103 2. A person who publishes a telephone directory, newspaper,
104 magazine, billboard, or any other written advertisement that is
105 distributed in this state shall include, ~~at the beginning of any~~
106 ~~classified heading for adoption and adoption services,~~ a
107 statement ~~that informs directory users~~ that only attorneys
108 licensed to practice law in this state and ~~licensed~~ adoption
109 entities licensed under the laws of this state may legally
110 provide adoption services under state law.

111 3. A person who places an advertisement ~~described in~~
112 ~~subparagraph 1. in a telephone directory~~ must include the
113 following information:

114 a. For an attorney licensed to practice law in this state,
115 the person's Florida Bar number.

116 b. For a child-placing agency licensed under the laws of
117 this state, the number on the person's adoption entity license.

118
119 ===== T I T L E A M E N D M E N T =====

120 And the title is amended as follows:

121 Delete lines 76 - 82

122 and insert:

123 making technical changes; requiring the court to issue
124 a certain order when the total of certain amounts
125 exceeds those specified; revising the prohibition of a
126 specified fee; requiring an adoption entity to report



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127 certain information for each finalized adoption to the
128 department on a quarterly basis; requiring the
129 department to report on its website certain
130 information, including the actual fees, costs, and
131 expenses of finalized adoptions, on a quarterly basis;
132 providing construction; requiring the department to
133 adopt rules; amending s. 63.132, F.S.; requiring that
134 a court order approving fees, costs, or expenses that
135 exceed a certain amount include a certain
136 determination; making a technical change; amending s.
137 63.212, F.S.; providing applicability for the
138 prohibition against the advertisement of the adoption
139 of a minor child except by certain persons; requiring
140 a person who publishes a newspaper, magazine,
141 billboard, or any other written advertisement
142 distributed in this state to include a statement that
143 only specified licensed adoption entities may legally
144 provide adoption services; conforming provisions to
145 changes made by the act; amending s. 409.1451, F.S.;
146 revising

By the Committee on Children, Families, and Elder Affairs; and
Senator Collins

586-02421-24

20241486c1

1 A bill to be entitled
2 An act relating to permanency for children; amending
3 s. 39.01, F.S.; defining the term "visitor"; amending
4 s. 39.0138, F.S.; renaming the "State Automated Child
5 Welfare Information System" as the "Comprehensive
6 Child Welfare Information System"; requiring the
7 Department of Children and Families to conduct a
8 criminal history records check of certain persons;
9 defining the term "emergency placement"; requiring
10 certain persons to submit their fingerprints to the
11 department or other specified entities; requiring the
12 department or such entities to submit such
13 fingerprints to the Department of Law Enforcement for
14 state processing within a specified timeframe;
15 requiring the Department of Law Enforcement to forward
16 such fingerprints to the Federal Bureau of
17 Investigation within a specified timeframe; requiring
18 that a child be immediately removed from a home if
19 certain persons fail to provide their fingerprints and
20 are not otherwise exempt from a criminal history
21 records check; creating s. 39.5035, F.S.; providing
22 procedures and requirements relating to deceased
23 parents of a dependent child; amending s. 39.521,
24 F.S.; conforming provisions to changes made by the
25 act; amending s. 39.522, F.S.; authorizing certain
26 persons to remove a child from a court-ordered
27 placement under certain circumstances; requiring the
28 Department of Children and Families to file a
29 specified motion, and the court to set a hearing,

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 within specified timeframes under certain
31 circumstances; requiring a certain determination by
32 the court to support immediate removal of a child;
33 authorizing the court to base its determination on
34 certain evidence; requiring the court to enter certain
35 orders and conduct certain hearings under certain
36 circumstances; amending s. 39.6221, F.S.; revising a
37 requisite condition for placing a child in a permanent
38 guardianship; amending s. 39.6225, F.S.; revising
39 eligibility for payments under the Guardianship
40 Assistance Program; amending s. 39.801, F.S.;
41 providing that service of process is not necessary
42 under certain circumstances; amending s. 39.812, F.S.;
43 authorizing the court to review the departments'
44 denial of an application to adopt a child; requiring
45 the department to file written notification of its
46 denial with the court and provide copies to certain
47 persons within a specified timeframe; authorizing a
48 denied applicant to file a motion to review such
49 denial within a specified timeframe; establishing
50 requirements for standing; requiring the court to hold
51 a hearing within a specified timeframe; providing
52 standing to certain persons; authorizing certain
53 persons to participate in the hearing under certain
54 circumstances; requiring the court to enter an order
55 within a specified timeframe; providing an exception
56 to authorize the department to remove a child from his
57 or her foster home or custodian; requiring the
58 department or its contracted child-placing agency to

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20241486c1

59 conduct certain postadoption duties; conforming
60 provisions to changes made by the act; amending s.
61 63.032, F.S.; revising a definition; amending s.
62 63.039, F.S.; requiring private adoptions to be
63 reported to the department; amending s. 63.062, F.S.;
64 conforming provisions to changes made by the act;
65 amending s. 63.093, F.S.; requiring the department to
66 contract with one or more child-placing agencies to
67 provide adoption services; authorizing such agency to
68 subcontract with other entities to provide certain
69 duties; requiring that an adoptive home study be
70 updated every 12 months after the date on which the
71 first study was approved; requiring the department to
72 adopt certain rules; requiring the department to
73 submit an annual report to the Governor and
74 Legislature by a specified date; conforming provisions
75 to changes made by the act; amending s. 63.097, F.S.;
76 revising and prohibiting certain fees; amending s.
77 63.132, F.S.; providing that any affidavit seeking
78 certain fees, costs, or expenses is unreasonable;
79 requiring a court order approving fees, costs, or
80 expenses that exceed a certain amount to include
81 certain evidence; requiring that such order include
82 certain evidence; amending s. 409.1451, F.S.; revising
83 the age requirements for receiving postsecondary
84 education services and support; revising the
85 requirements for receiving aftercare services;
86 amending s. 409.166, F.S.; revising the age
87 requirements for receiving adoption assistance;

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20241486c1

88 repealing s. 409.1662, F.S., relating to children
89 within the child welfare system and the adoption
90 incentive program; amending s. 409.1664, F.S.;
91 defining terms; providing certain adoption benefits to
92 health care practitioners and tax collector employees;
93 specifying methods for such persons to apply for such
94 benefits; increasing the amount of monetary adoption
95 benefits certain persons are eligible to receive;
96 conforming provisions to changes made by the act;
97 amending s. 409.167, F.S.; providing requirements for
98 the statewide adoption exchange and its photo listing
99 component; authorizing only certain persons to access
100 such photo listing component; requiring consultation
101 with children of a certain age during development of
102 their description; conforming provisions to changes
103 made by the act; amending s. 409.988, F.S.; revising
104 the list of children a community-based care lead
105 agency must serve; providing effective dates.

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

108
109 Section 1. Subsection (88) is added to section 39.01,
110 Florida Statutes, to read:

111 39.01 Definitions.—When used in this chapter, unless the
112 context otherwise requires:

113 (88) "Visitor" means a person who:

114 (a) Provides care or supervision to a child in the home; or

115 (b) Is 12 years of age or older, other than a child in

116 care, and who will be in the child's home at least:

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-02421-24

20241486c1

117 1. Five consecutive days; or
 118 2. Seven days or more in 1 month.
 119 Section 2. Subsections (1) and (5) of section 39.0138,
 120 Florida Statutes, are amended to read:
 121 39.0138 Criminal history and other records checks; limit on
 122 placement of a child.—
 123 (1) The department shall conduct a records check through
 124 the ~~Comprehensive State Automated~~ Child Welfare Information
 125 System (~~SACWIS~~) and a local and statewide criminal history
 126 records check on all persons, including parents, being
 127 considered by the department for placement of a child under this
 128 chapter, including all nonrelative placement decisions, and all
 129 members of the household, 12 years of age and older, of the
 130 person being considered. For purposes of this section, a
 131 criminal history records check may include, but is not limited
 132 to, submission of fingerprints to the Department of Law
 133 Enforcement for processing and forwarding to the Federal Bureau
 134 of Investigation for state and national criminal history
 135 information, and local criminal records checks through local law
 136 enforcement agencies of all household members 18 years of age
 137 and older and other visitors 18 years of age and older to the
 138 home. An out-of-state criminal history records check must be
 139 initiated for any person 18 years of age or older who resided in
 140 another state if that state allows the release of such records.
 141 The department must complete the records check within 14
 142 business days after receiving a person's criminal history
 143 results, unless additional information is required to complete
 144 the processing. The department shall establish by rule standards
 145 for evaluating any information contained in the automated system

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146 relating to a person who must be screened for purposes of making
 147 a placement decision.
 148 (5) (a) If a child has been sheltered pursuant to s. 39.402
 149 and must be placed in out-of-home care in an emergency
 150 placement, the department must conduct a name-based check of
 151 criminal history records to ascertain if the person with whom
 152 placement of the child is being considered and any other adult
 153 household members or visitors of the home of such person are
 154 disqualified. For the purposes of this subsection, the term
 155 "emergency placement" refers to when the department is placing a
 156 child in the home of private individuals, including neighbors,
 157 friends, or relatives, as a result of an immediate removal
 158 pursuant to s. 39.402.
 159 (b) The department may place a child in the a home if the
 160 person with whom placement of the child is being considered and
 161 any other adult household members or visitors of the home are
 162 not disqualified by the name-based check, but, unless exempt,
 163 such persons must submit a full set of fingerprints to the
 164 department, to a vendor, an entity, or an agency authorized
 165 under s. 943.053(13). Unless exempt, within 7 calendar days
 166 after the name-based check, the department, vendor, entity, or
 167 agency must submit the fingerprints to the Department of Law
 168 Enforcement for state processing. Within 15 calendar days after
 169 the name-based check is conducted, the Department of Law
 170 Enforcement shall forward the fingerprints to the Federal Bureau
 171 of Investigation for national processing that otherwise meets
 172 placement requirements if a name check of state and local
 173 criminal history records systems does not disqualify the
 174 applicant and if the department submits fingerprints to the

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175 ~~Department of Law Enforcement for forwarding to the Federal~~
 176 ~~Bureau of Investigation and is awaiting the results of the state~~
 177 ~~and national criminal history records check.~~

178 (c) The department shall seek a court order to immediately
 179 remove the child from the home if the person with whom the child
 180 was placed or any other adult household members or visitors of
 181 the home fail to provide their fingerprints within 15 calendar
 182 days after the name-based check is conducted if such persons are
 183 not exempt from a criminal history records check.

184 Section 3. Section 39.5035, Florida Statutes, is created to
 185 read:

186 39.5035 Deceased parents; special procedures.-

187 (1) (a) 1. If both parents of a child are deceased or the
 188 last known living parent of a child is deceased and a legal
 189 custodian has not been appointed for the child through a probate
 190 or guardianship proceeding, an attorney for the department or
 191 any other person who has knowledge of the facts alleged or is
 192 informed of the alleged facts, and believes them to be true, may
 193 initiate a proceeding by filing a petition for adjudication and
 194 permanent commitment.

195 2. If a child has been placed in shelter status by order of
 196 the court but has not yet been adjudicated, a petition for
 197 adjudication and permanent commitment must be filed within 21
 198 days after the shelter hearing. In all other cases, the petition
 199 must be filed within a reasonable time after the date the
 200 petitioner first becomes aware of the facts supporting the
 201 petition for adjudication and permanent commitment.

202 (b) If both parents die or the last known living parent
 203 dies after a child has already been adjudicated dependent, an

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204 attorney for the department or any other person who has
 205 knowledge of the facts alleged or is informed of the alleged
 206 facts, and believes them to be true, may file a petition for
 207 permanent commitment. The petition must be filed within a
 208 reasonable time after the petitioner first becomes aware of the
 209 facts that support the petition for permanent commitment.

210 (2) The petition must:

211 (a) Be in writing, identify the alleged deceased parents,
 212 and provide facts that establish that both parents of the child
 213 are deceased or the last known living parent is deceased and
 214 that a legal custodian has not been appointed for the child
 215 through a probate or guardianship proceeding.

216 (b) Be signed by the petitioner under oath stating the
 217 petitioner's good faith in filing the petition.

218 (3) When a petition for adjudication and permanent
 219 commitment or a petition for permanent commitment has been
 220 filed, the clerk of court shall set the case before the court
 221 for an adjudicatory hearing. The adjudicatory hearing must be
 222 held as soon as practicable after the petition is filed, but no
 223 later than 30 days after the filing date.

224 (4) Notice of the date, time, and place of the adjudicatory
 225 hearing and a copy of the petition must be served on the
 226 following persons:

227 (a) Any person who has physical custody of the child.

228 (b) A living relative of each parent of the child, unless a
 229 living relative cannot be found after a diligent search or
 230 inquiry.

231 (c) The guardian ad litem for the child or the
 232 representative of the guardian ad litem program, if the program

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233 has been appointed.

234 (5) The court shall conduct adjudicatory hearings without a
 235 jury and apply the rules of evidence in use in civil cases,
 236 adjourning the hearings as necessary. The court shall determine
 237 whether the petitioner has established by clear and convincing
 238 evidence that both parents of the child are deceased, or that
 239 the last known living parent is deceased and the other parent
 240 cannot be found after a diligent search or inquiry, and that a
 241 legal custodian has not been appointed for the child through a
 242 probate or guardianship proceeding. A certified copy of the
 243 death certificate for each parent is sufficient evidence of the
 244 parents' deaths.

245 (6) Within 30 days after an adjudicatory hearing on a
 246 petition for adjudication and permanent commitment:

247 (a) If the court finds that the petitioner has met the
 248 clear and convincing standard, the court must enter a written
 249 order adjudicating the child dependent and permanently
 250 committing the child to the custody of the department for the
 251 purpose of adoption. A disposition hearing must be scheduled no
 252 later than 30 days after the entry of the order, in which the
 253 department must provide a case plan that identifies the
 254 permanency goal for the child to the court. Reasonable efforts
 255 must be made to place the child in a timely manner in accordance
 256 with the permanency plan and to complete all steps necessary to
 257 finalize the permanent placement of the child. Thereafter, until
 258 the adoption of the child is finalized or the child reaches the
 259 age of 18 years, whichever occurs first, the court must hold
 260 hearings every 6 months to review the progress being made toward
 261 permanency for the child.

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262 (b) If the court finds that clear and convincing evidence
 263 does not establish that both parents of a child are deceased, or
 264 that the last known living parent is deceased and the other
 265 parent cannot be found after a diligent search or inquiry, and
 266 that a legal custodian has not been appointed for the child
 267 through a probate or guardianship proceeding, but that a
 268 preponderance of the evidence establishes that the child does
 269 not have a parent or legal custodian capable of providing
 270 supervision or care, the court must enter a written order
 271 adjudicating the child dependent. A disposition hearing must be
 272 scheduled no later than 30 days after the entry of the order as
 273 provided in s. 39.521.

274 (c) If the court finds that the petitioner has not met the
 275 clear and convincing standard and that a preponderance of the
 276 evidence does not establish that the child does not have a
 277 parent or legal custodian capable of providing supervision or
 278 care, the court must enter a written order so finding and
 279 dismiss the petition.

280 (7) Within 30 days after an adjudicatory hearing on a
 281 petition for permanent commitment:

282 (a) If the court finds that the petitioner has met the
 283 clear and convincing standard, the court must enter a written
 284 order permanently committing the child to the custody of the
 285 department for purposes of adoption. A disposition hearing must
 286 be scheduled no later than 30 days after the entry of the order,
 287 in which the department must provide an amended case plan that
 288 identifies the permanency goal for the child to the court.
 289 Reasonable efforts must be made to place the child in a timely
 290 manner in accordance with the permanency plan and to complete

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291 all steps necessary to finalize the permanent placement of the
 292 child. Thereafter, until the adoption of the child is finalized
 293 or the child reaches the age of 18 years, whichever occurs
 294 first, the court must hold hearings every 6 months to review the
 295 progress being made toward permanency for the child.

296 (b) If the court finds that clear and convincing evidence
 297 does not establish that both parents of a child are deceased or
 298 that the last known living parent is deceased and the other
 299 parent cannot be found after a diligent search or inquiry, the
 300 court must enter a written order denying the petition. The order
 301 has no effect on the child's prior adjudication. The order does
 302 not bar the petitioner from filing a subsequent petition for
 303 permanent commitment based on newly discovered evidence that
 304 establishes that both parents of a child are deceased, or that
 305 the last known living parent is deceased, and that a legal
 306 custodian has not been appointed for the child through a probate
 307 or guardianship proceeding.

308 Section 4. Paragraph (o) of subsection (2) of section
 309 39.521, Florida Statutes, is amended to read:

310 39.521 Disposition hearings; powers of disposition.—

311 (2) The family functioning assessment must provide the
 312 court with the following documented information:

313 (o) If the child has been removed from the home and will be
 314 remaining with a relative, parent, or other adult approved by
 315 the court, a home study report concerning the proposed placement
 316 shall be provided to the court. Before recommending to the court
 317 any out-of-home placement for a child other than placement in a
 318 licensed shelter or foster home, the department shall conduct a
 319 study of the home of the proposed legal custodians, which must

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320 include, at a minimum:

321 1. An interview with the proposed legal custodians to
 322 assess their ongoing commitment and ability to care for the
 323 child.

324 2. Records checks through the Comprehensive State Automated
 325 Child Welfare Information System (SACWIS), and local and
 326 statewide criminal and juvenile records checks through the
 327 Department of Law Enforcement, on all household members 12 years
 328 of age or older. In addition, the fingerprints of any household
 329 members who are 18 years of age or older may be submitted to the
 330 Department of Law Enforcement for processing and forwarding to
 331 the Federal Bureau of Investigation for state and national
 332 criminal history information. The department has the discretion
 333 to request Comprehensive State Automated Child Welfare
 334 Information System (SACWIS) and local, statewide, and national
 335 criminal history checks and fingerprinting of any other visitor
 336 to the home who is made known to the department. Out-of-state
 337 criminal records checks must be initiated for any individual who
 338 has resided in a state other than Florida if that state's laws
 339 allow the release of these records. The out-of-state criminal
 340 records must be filed with the court within 5 days after receipt
 341 by the department or its agent.

342 3. An assessment of the physical environment of the home.

343 4. A determination of the financial security of the
 344 proposed legal custodians.

345 5. A determination of suitable child care arrangements if
 346 the proposed legal custodians are employed outside of the home.

347 6. Documentation of counseling and information provided to
 348 the proposed legal custodians regarding the dependency process

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349 and possible outcomes.

350 7. Documentation that information regarding support
351 services available in the community has been provided to the
352 proposed legal custodians.

353 8. The reasonable preference of the child, if the court
354 deems the child to be of sufficient intelligence, understanding,
355 and experience to express a preference.

356
357 The department may not place the child or continue the placement
358 of the child in a home under shelter or postdisposition
359 placement if the results of the home study are unfavorable,
360 unless the court finds that this placement is in the child's
361 best interest.

362
363 Any other relevant and material evidence, including other
364 written or oral reports, may be received by the court in its
365 effort to determine the action to be taken with regard to the
366 child and may be relied upon to the extent of its probative
367 value, even though not competent in an adjudicatory hearing.
368 Except as otherwise specifically provided, nothing in this

369 section prohibits the publication of proceedings in a hearing.
370 Section 5. Subsection (7) is added to section 39.522,
371 Florida Statutes, to read:

372 39.522 Postdisposition change of custody.—

373 (7) Notwithstanding any other provision of this section, a
374 child's case manager, an authorized agent of the department, or
375 a law enforcement officer may, at any time, remove a child from
376 a court-ordered placement and take the child into custody if the
377 court-ordered caregiver of the child requests immediate removal

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378 of the child from the home. Additionally, an authorized agent of
379 the department or a law enforcement officer may, at any time,
380 remove a child from a court-ordered placement and take the child
381 into custody if there is probable cause as required under s.
382 39.401(1)(b).

383 (a) If, at the time of the removal, the child was not
384 placed in licensed care in the department's custody, the
385 department must file a motion to modify placement within 1
386 business day after the child is taken into custody. The court
387 must then set a hearing within 24 hours after the motion is
388 filed unless all of the parties and the current caregiver agree
389 to the change of placement. At the hearing, the court must
390 determine whether the department has established probable cause
391 to support the immediate removal of the child from his or her
392 current placement. The court may base its determination on a
393 sworn petition or affidavit or on testimony and may hear all
394 relevant and material evidence, including oral or written
395 reports, to the extent of their probative value, even if such
396 evidence would not be competent evidence at an adjudicatory
397 hearing.

398 (b) If the court finds that the department did not
399 establish probable cause to support the removal of the child
400 from his or her current placement, the court must enter an order
401 that the child be returned to such placement. An order by the
402 court to return the child to his or her current placement does
403 not preclude a party from filing a subsequent motion pursuant to
404 subsection (2).

405 (c) If the current caregiver admits that a change of
406 placement is needed or the department establishes probable cause

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407 to support removal of the child, the court must enter an order
 408 changing the placement of the child. The new placement for the
 409 child must meet the home study criteria in this chapter if the
 410 child is not placed in foster care.

411 (d) If the court finds probable cause and modifies the
 412 child's placement, the court must conduct a hearing pursuant to
 413 subsection (2) or subsection (3), unless such hearing is waived
 414 by all parties and the caregiver.

415 Section 6. Paragraph (a) of subsection (1) of section
 416 39.6221, Florida Statutes, is amended to read:

417 39.6221 Permanent guardianship of a dependent child.—

418 (1) If a court determines that reunification or adoption is
 419 not in the best interest of the child, the court may place the
 420 child in a permanent guardianship with a relative or other adult
 421 approved by the court if all of the following conditions are
 422 met:

423 (a) The child has been in the placement for not less than
 424 the preceding 6 months, or the preceding 3 months if the
 425 caregiver is already known by the child and the caregiver has
 426 been named as the successor guardian on the child's guardianship
 427 assistance agreement.

428 Section 7. Subsection (9) of section 39.6225, Florida
 429 Statutes, is amended to read:

430 39.6225 Guardianship Assistance Program.—

431 (9) Guardianship assistance payments may not ~~shall only~~ be
 432 made for a young adult unless the young adult's ~~whose~~ permanent
 433 guardian entered into a guardianship assistance agreement after
 434 the child attained 14 ~~16~~ years of age but before the child
 435 attained 18 years of age and if the child is:

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436 (a) Completing secondary education or a program leading to
 437 an equivalent credential;

438 (b) Enrolled in an institution that provides postsecondary
 439 or vocational education;

440 (c) Participating in a program or activity designed to
 441 promote or eliminate barriers to employment;

442 (d) Employed for at least 80 hours per month; or

443 (e) Unable to participate in programs or activities listed
 444 in paragraphs (a)-(d) full time due to a physical, intellectual,
 445 emotional, or psychiatric condition that limits participation.
 446 Any such barrier to participation must be supported by
 447 documentation in the child's case file or school or medical
 448 records of a physical, intellectual, emotional, or psychiatric
 449 condition that impairs the child's ability to perform one or
 450 more life activities.

451 Section 8. Present paragraph (d) of subsection (3) of
 452 section 39.801, Florida Statutes, is redesignated as paragraph
 453 (e), and a new paragraph (d) is added to that subsection, to
 454 read:

455 39.801 Procedures and jurisdiction; notice; service of
 456 process.—

457 (3) Before the court may terminate parental rights, in
 458 addition to the other requirements set forth in this part, the
 459 following requirements must be met:

460 (d) Personal appearance of a person at the advisory hearing
 461 as provided in s. 39.013(13) obviates the necessity of serving
 462 process on that person and the court may proceed with the
 463 advisory hearing and any subsequently noticed hearing.

464 Section 9. Subsections (4), (5), and (6) of section 39.812,

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465 Florida Statutes, are amended to read:

466 39.812 Postdisposition relief; petition for adoption.-

467 (4) The court shall retain jurisdiction over any child
468 placed in the custody of the department until the child is
469 adopted. After custody of a child for subsequent adoption has
470 been given to the department, the court has jurisdiction for the
471 purpose of reviewing the status of the child and the progress
472 being made toward permanent adoptive placement. As part of this
473 continuing jurisdiction, ~~for good cause shown by the guardian ad~~
474 ~~litem for the child~~, the court may:

475 (a) Review the appropriateness of the adoptive placement of
476 the child if good cause is shown by the guardian ad litem for
477 the child.

478 (b) Review the department's denial of an application to
479 adopt a child. The department's decision to deny an application
480 to adopt a child is only reviewable under this section and is
481 not subject to chapter 120.

482 1. If the department denies an application to adopt a
483 child, the department must file written notification of the
484 denial with the court and provide copies to all parties within
485 10 business days after the department's decision.

486 2. A denied applicant may file a motion to have the court
487 review the department's denial within 30 business days after the
488 issuance of the department's written notification of its
489 decision to deny the application to adopt a child. The motion to
490 review must allege that the department unreasonably denied the
491 application to adopt and request that the court allow the denied
492 applicant to file a petition to adopt the child under chapter 63
493 without the department's consent.

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494 3. A denied applicant only has standing under this chapter
495 to file a motion to review the department's denial and to
496 present evidence in support of such motion. Such standing is
497 terminated upon the entry of the court's order.

498 4. The court shall hold a hearing within 30 business days
499 after the denied applicant files the motion to review. The court
500 may only consider whether the department's denial of the
501 application is consistent with its policies and if the
502 department made such decision in an expeditious manner. The
503 standard of review is whether the department's denial of the
504 application is an abuse of discretion.

505 5. If the department selected a different applicant to
506 adopt the child, the selected applicant may participate in the
507 hearing as a participant as defined in s. 39.01 and may be
508 granted leave by the court to be heard without the need to file
509 a motion to intervene.

510 6. Within 15 business days after the conclusion of the
511 hearing, the court shall enter a written order denying the
512 motion to review or finding that the department unreasonably
513 denied the application to adopt and authorizing the denied
514 applicant to file a petition to adopt the child under chapter 63
515 without the department's consent.

516 (5) When a licensed foster parent or court-ordered
517 custodian has applied to adopt a child who has resided with the
518 foster parent or custodian for at least 6 months and who has
519 previously been permanently committed to the legal custody of
520 the department and the department does not grant the application
521 to adopt, the department may not, in the absence of a prior
522 court order authorizing it to do so, remove the child from the

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523 foster home or custodian, except when:

524 (a) There is probable cause to believe that the child is at
525 imminent risk of abuse or neglect;

526 (b) Thirty business days have expired following written
527 notice to the foster parent or custodian of the denial of the
528 application to adopt, within which period no formal challenge of
529 the department's decision has been filed;

530 (c) A motion to review the department's denial of an
531 application to adopt a child under paragraph (4) (b) has been
532 denied; or

533 (d) ~~(e)~~ The foster parent or custodian agrees to the child's
534 removal.

535 (6) ~~(5)~~ The petition for adoption must be filed in the
536 division of the circuit court which entered the judgment
537 terminating parental rights, unless a motion for change of venue
538 is granted pursuant to s. 47.122. A copy of the consent to adopt
539 executed by the department must be attached to the petition,
540 unless such consent is waived under pursuant to s. 63.062(7).
541 The petition must be accompanied by a statement, signed by the
542 prospective adoptive parents, acknowledging receipt of all
543 information required to be disclosed under s. 63.085 and a form
544 provided by the department which details the social and medical
545 history of the child and each parent and includes the social
546 security number and date of birth for each parent, if such
547 information is available or readily obtainable. The prospective
548 adoptive parents may not file a petition for adoption until the
549 judgment terminating parental rights becomes final. An adoption
550 proceeding under this subsection is governed by chapter 63.

551 (7) ~~(6)~~ (a) Once a child's adoption is finalized, the

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552 ~~department or its contracted child-placing agency~~ community-
553 ~~based care lead agency~~ must make a reasonable effort to contact
554 the adoptive family by telephone 1 year after the date of
555 finalization of the adoption as a postadoption service. For
556 purposes of this subsection, the term "reasonable effort" means
557 the exercise of reasonable diligence and care by the department
558 or its contracted child-placing agency ~~community-based care lead~~
559 ~~agency~~ to make contact with the adoptive family. At a minimum,
560 the department or its contracted child-placing agency must
561 document the following:

562 1. The number of attempts made by the department or its
563 contracted child-placing agency ~~community-based care lead agency~~
564 to contact the adoptive family and whether those attempts were
565 successful;

566 2. The types of postadoption services that were requested
567 by the adoptive family and whether those services were provided
568 by the department or its contracted child-placing agency
569 ~~community-based care lead agency~~; and

570 3. Any feedback received by the department or its
571 contracted child-placing agency ~~community-based care lead agency~~
572 from the adoptive family relating to the quality or
573 effectiveness of the services provided.

574 (b) The contracted child-placing agency ~~community-based~~
575 ~~care lead agency~~ must report annually to the department on the
576 outcomes achieved and recommendations for improvement under this
577 subsection.

578 Section 10. Present subsection (6) and (7) of section
579 63.032, Florida Statutes, are redesignated as subsections (7)
580 and (6), respectively, and present subsection (6) of that

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581 section is amended to read:

582 63.032 Definitions.—As used in this chapter, the term:
 583 ~~(7)(6)~~ "Child-placing agency" means ~~an any child-placing~~
 584 agency licensed by the department pursuant to s. 63.202 to place
 585 minors for adoption.

586 Section 11. Present subsections (3), (4), and (5) of
 587 section 63.039, Florida Statutes, are redesignated as
 588 subsections (4), (5), and (6), respectively, and a new
 589 subsection (3) is added to that section, to read:

590 63.039 Duty of adoption entity to prospective adoptive
 591 parents; sanctions.—

592 (3) A licensed adoption entity must, on a quarterly basis,
 593 report to the department all private adoptions that were
 594 finalized in the preceding quarter. Information must include the
 595 age of the child, race of the child, ethnicity of the child, sex
 596 of the child, county of birth of the child, and county of
 597 adoptive family of the child. The department may adopt rules to
 598 implement this section. The department shall make this
 599 information available as aggregate data on its website.

600 Section 12. Subsection (7) of section 63.062, Florida
 601 Statutes, is amended to read:

602 63.062 Persons required to consent to adoption; affidavit
 603 of nonpaternity; waiver of venue.—

604 (7) If parental rights to the minor have previously been
 605 terminated, the adoption entity with which the minor has been
 606 placed for subsequent adoption may provide consent to the
 607 adoption. In such case, no other consent is required. If the
 608 minor has been permanently committed to the department for
 609 subsequent adoption, the department must consent to the adoption

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610 or the court order finding that the department unreasonably
 611 denied the application to adopt entered under s. 39.812(4) must
 612 be attached to the petition to adopt, and ~~The consent of the~~
 613 ~~department shall be waived upon a determination by the court~~
 614 ~~that such consent is being unreasonably withheld and if the~~
 615 petitioner must file ~~has filed~~ with the court a favorable
 616 preliminary adoptive home study as required under s. 63.092.

617 Section 13. Section 63.093, Florida Statutes, is amended to
 618 read:

619 63.093 Adoption of children from the child welfare system.—

620 (1) Beginning July 1, 2025, the department shall contract
 621 with one or more child-placing agencies to provide adoptive
 622 services to prospective adoptive parents, complete the adoption
 623 processes for children permanently committed to the department,
 624 and support adoptive families. The department may allow a
 625 contracted child-placing agency to subcontract with other
 626 entities to fulfill the duties imposed in this section.

627 (2) The department, through its contracted child-placing
 628 agency ~~or community-based care lead agency as defined in s.~~
 629 ~~409.986(3), or its subcontracted agency,~~ must respond to an
 630 initial inquiry from a prospective adoptive parent within 7
 631 business days after receipt of the inquiry. The response must
 632 inform the prospective adoptive parent of the adoption process
 633 and the requirements for adopting a child from the child welfare
 634 system.

635 ~~(3)(2)~~ The department, through its contracted child-placing
 636 agency ~~or community-based care lead agency, or its subcontracted~~
 637 ~~agency,~~ must refer a prospective adoptive parent who is
 638 interested in adopting a child in the custody of the department

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639 to a department-approved adoptive parent training program. A
 640 prospective adoptive parent must successfully complete the
 641 training program, unless the prospective adoptive parent is a
 642 licensed foster parent or a relative or nonrelative caregiver
 643 who has:

644 (a) Attended the training program within the last 5 years;
 645 or

646 (b) Had the child who is available for adoption placed in
 647 their home for 6 months or longer and has been determined to
 648 understand the challenges and parenting skills needed to
 649 successfully parent the child who is available for adoption.

650 (4)~~(3)~~ A prospective adoptive parent must complete an
 651 adoption application created by the department.

652 (5)~~(4)~~ Before a child is placed in an adoptive home, the
 653 department, through its contracted child-placing agency,
 654 ~~community-based care lead agency or its subcontracted agency~~
 655 must complete an adoptive home study of a prospective adoptive
 656 parent that includes observation, screening, and evaluation of
 657 the child and the prospective adoptive parent. An adoptive home
 658 study must be updated every ~~is valid for~~ 12 months after the
 659 date on which the study was approved. If the child was placed
 660 before the termination of parental rights, the updated placement
 661 or licensed home study may serve as the adoption home study. In
 662 addition, the department, through its contracted child-placing
 663 agency, ~~community-based care lead agency or its subcontracted~~
 664 ~~agency~~ must complete a preparation process, as established by
 665 department rule, with the prospective adoptive parent.

666 (6)~~(5)~~ At the conclusion of the adoptive home study and
 667 preparation process, a decision must ~~shall~~ be made about the

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668 prospective adoptive parent's appropriateness to adopt. This
 669 decision shall be reflected in the final recommendation included
 670 in the adoptive home study. If the recommendation is for
 671 approval, the adoptive parent application file must be submitted
 672 to the department, through its contracted child-placing agency,
 673 ~~community-based care lead agency or its subcontracted agency~~ for
 674 approval. The contracted child-placing agency ~~community-based~~
 675 ~~care lead agency or its subcontracted agency~~ must approve or
 676 deny the home study within 14 business days after receipt of the
 677 recommendation.

678 (7) The department shall adopt rules to eliminate
 679 duplicative practices and delays in the adoption home study
 680 process for a member of a uniformed service on active duty
 681 seeking to adopt in the state, including, but not limited to,
 682 providing a credit for adoption classes that have been taken in
 683 another state which substantially cover the preservice training
 684 required under s. 409.175(14) (b).

685 (8) By November 15 of each year, the department shall
 686 submit an annual report to the Governor, the President of the
 687 Senate, and the Speaker of the House of Representatives on the
 688 status of adoptions within this state.

689 Notwithstanding subsections (2) and (3) ~~(1) and (2)~~, this
 690 section does not apply to a child adopted through the process
 691 provided in s. 63.082(6).

692 Section 14. Section 63.097, Florida Statutes, is amended to
 693 read:

694 63.097 Fees.—

695 (1) When the adoption entity is an agency, fees may be
 696

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697 assessed if such fees ~~they~~ are approved by the department within
698 the process of licensing the agency and if such fees ~~they~~ are
699 for:

- 700 (a) Foster care expenses;
- 701 (b) Preplacement and postplacement social services,
702 including a preliminary home study under s. 63.092 and a final
703 home investigation under s. 63.125; and
- 704 (c) Agency facility and administrative costs.

705
706 The department shall adopt rules to implement this subsection,
707 including a rule establishing standards and fee schedules that
708 ensure all fees assessed are reasonable and the total fees
709 assessed do not exceed the federal adoption tax credit and a
710 rule requiring agencies to report quarterly to the department
711 the number of adoptions in which a court enters an order that
712 approves fees that exceed the limits established in subsection
713 (3).

714 (2) The following fees, costs, and expenses may be assessed
715 by the adoption entity or paid by the adoption entity on behalf
716 of the prospective adoptive parents:

- 717 (a) Reasonable living expenses of the birth mother which
718 the birth mother is unable to pay due to unemployment,
719 underemployment, or disability. Reasonable living expenses are
720 rent, utilities, basic telephone service, food, toiletries,
721 necessary clothing, transportation, insurance, and expenses
722 found by the court to be necessary for the health and well-being
723 of the birth mother and the unborn child. Such expenses may be
724 paid during the pregnancy and for a period of up to 6 weeks
725 postpartum.

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726 (b) Reasonable and necessary medical expenses. Such
727 expenses may be paid during the pregnancy and for a period of up
728 to 6 weeks postpartum.

729 (c) Expenses necessary to comply with the requirements of
730 this chapter, including, but not limited to, service of process
731 under s. 63.088, investigator fees, and a diligent search under
732 s. 63.088, ~~a preliminary home study under s. 63.092, and a final~~
733 ~~home investigation under s. 63.125.~~

734 (d) Court filing expenses, court costs, and other
735 litigation expenses and birth certificate and medical record
736 expenses.

737 (e) Costs associated with advertising under s.
738 63.212(1)(g).

739 (f) The following professional fees:

740 1. A reasonable hourly fee or flat fee necessary to provide
741 legal representation to the adoptive parents or adoption entity
742 in a proceeding filed under this chapter.

743 2. A reasonable hourly fee or flat fee for contact with the
744 parent related to the adoption. In determining a reasonable
745 hourly fee under this subparagraph, the court must consider if
746 the tasks done were clerical or of such a nature that the matter
747 could have been handled by support staff at a lesser rate than
748 the rate for legal representation charged under subparagraph 1.
749 Such tasks include, but need not be limited to, transportation,
750 transmitting funds, arranging appointments, and securing
751 accommodations.

752 3. A reasonable hourly fee for counseling services provided
753 to a parent or a prospective adoptive parent by a psychologist
754 licensed under chapter 490 or a clinical social worker, marriage

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755 and family therapist, or mental health counselor licensed under
756 chapter 491, or a counselor who is employed by an adoption
757 entity accredited by the Council on Accreditation of Services
758 for Children and Families to provide pregnancy counseling and
759 supportive services.

760 (3) The court must issue an order pursuant to s. 63.132(3)
761 ~~when approval of the court is not required until~~ the total of
762 amounts permitted under subsection (2) exceeds:

- 763 (a) \$5,000 in legal or other professional fees;
- 764 (b) \$800 in court costs; or
- 765 (c) \$5,000 in reasonable and necessary living and medical
766 expenses.

767 (4) Any fees, costs, or expenses not included in subsection
768 (2) ~~or prohibited under subsection (5)~~ require court approval
769 and entry of an order pursuant to s. 63.132(3) prior to payment
770 and must be based on a finding of extraordinary circumstances.

771 (5) The following fees, costs, and expenses are prohibited:

- 772 (a) Any fee or expense that constitutes payment for
773 locating a minor for adoption.
- 774 (b) Any payment which is not itemized and documented on the
775 affidavit filed under s. 63.132.

776 (c) Any fee on the affidavit which is not a fee of the
777 adoption entity, is not supported by a receipt, and does not
778 specify the service that was provided and for which the fee is
779 being charged, such as a fee for facilitation, acquisition, or
780 other similar service, or which does not identify the date the
781 service was provided, the time required to provide the service,
782 the person or entity providing the service, and the hourly fee
783 charged.

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784 (6) Unless otherwise indicated in this section, when an
785 adoption entity uses the services of a licensed child-placing
786 agency, a professional, any other person or agency pursuant to
787 s. 63.092, or, if necessary, the department, the person seeking
788 to adopt the child must pay the licensed child-placing agency,
789 professional, other person or agency, or the department an
790 amount equal to the cost of all services performed, including,
791 but not limited to, the cost of conducting the preliminary home
792 study, counseling, and the final home investigation.

793 Section 15. Subsection (3) of section 63.132, Florida
794 Statutes, is amended to read:

795 63.132 Affidavit of expenses and receipts.—

796 (3) The court must issue a separate order approving or
797 disapproving the fees, costs, and expenses itemized in the
798 affidavit. The court may approve only fees, costs, and
799 expenditures allowed under s. 63.097. Any affidavit seeking
800 fees, costs, or expenses that exceed the limits set in s. 63.097
801 is per se unreasonable and therefore denied, absent a written
802 finding by the court of reasonableness resulting from
803 extraordinary circumstances. Any order approving fees, costs, or
804 expenses that exceed the limits set in s. 63.097(3) must include
805 the specific competent and substantial evidence upon which the
806 court relied to make a finding of both reasonableness and the
807 extraordinary circumstances. The court may reject in whole or in
808 part any fee, cost, or expenditure listed if the court finds
809 that the expense is any of the following:

- 810 (a) Contrary to this chapter.
- 811 (b) Not supported by a receipt, ~~if requested~~, if the
812 expense is not a fee of the adoption entity.

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813 (c) Not a reasonable fee or expense, considering the
814 requirements of this chapter and the totality of the
815 circumstances.

816 Section 16. Paragraph (a) of subsection (2) and paragraph
817 (a) of subsection (3) of section 409.1451, Florida Statutes, are
818 amended to read:

819 409.1451 The Road-to-Independence Program.—

820 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

821 (a) A young adult is eligible for services and support
822 under this subsection if he or she:

823 1. Was living in licensed care on his or her 18th birthday
824 or is currently living in licensed care; or was at least 14 ~~16~~
825 years of age and was adopted from foster care or placed with a
826 court-approved dependency guardian after spending at least 6
827 months in licensed care within the 12 months immediately
828 preceding such placement or adoption;

829 2. Spent at least 6 months in licensed care before reaching
830 his or her 18th birthday;

831 3. Earned a standard high school diploma pursuant to s.
832 1002.3105(5), s. 1003.4281, or s. 1003.4282, or its equivalent
833 pursuant to s. 1003.435;

834 4. Has been admitted for enrollment as a full-time student
835 or its equivalent in an eligible postsecondary educational
836 institution as provided in s. 1009.533. For purposes of this
837 section, the term "full-time" means 9 credit hours or the
838 vocational school equivalent. A student may enroll part-time if
839 he or she has a recognized disability or is faced with another
840 challenge or circumstance that would prevent full-time
841 attendance. A student needing to enroll part-time for any reason

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842 other than having a recognized disability must get approval from
843 his or her academic advisor;

844 5. Has reached 18 years of age but is not yet 23 years of
845 age;

846 6. Has applied, with assistance from the young adult's
847 caregiver and the community-based lead agency, for any other
848 grants and scholarships for which he or she may qualify;

849 7. Submitted a Free Application for Federal Student Aid
850 which is complete and error free; and

851 8. Signed an agreement to allow the department and the
852 community-based care lead agency access to school records.

853 (3) AFTERCARE SERVICES.—

854 (a)1. Aftercare services are available to a young adult who
855 has reached 18 years of age but is not yet 23 years of age and
856 is:

857 a. Not in foster care.

858 b. Temporarily not receiving financial assistance under
859 subsection (2) to pursue postsecondary education.

860 c. Eligible for extended guardianship assistance payments
861 under s. 39.6225(9) or extended adoption assistance under s.
862 409.166(4), but is not participating in either program.

863 2. Subject to available funding, aftercare services as
864 specified in subparagraph (b)8. are also available to a young
865 adult who is between the ages of 18 and 22, is receiving
866 financial assistance under subsection (2), is experiencing an
867 emergency situation, and whose resources are insufficient to
868 meet the emergency situation. Such assistance shall be in
869 addition to any amount specified in paragraph (2)(b).

870 Section 17. Paragraph (d) of subsection (4) of section

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871 409.166, Florida Statutes, is amended to read:
 872 409.166 Children within the child welfare system; adoption
 873 assistance program.—
 874 (4) ADOPTION ASSISTANCE.—
 875 (d) Effective January 1, 2019, adoption assistance payments
 876 may be made for a child whose adoptive parent entered into an
 877 initial adoption assistance agreement after the child reached 14
 878 ~~16~~ years of age but before the child reached 18 years of age.
 879 Such payments may be made until the child reaches age 21 if the
 880 child is:
 881 1. Completing secondary education or a program leading to
 882 an equivalent credential;
 883 2. Enrolled in an institution that provides postsecondary
 884 or vocational education;
 885 3. Participating in a program or activity designed to
 886 promote or eliminate barriers to employment;
 887 4. Employed for at least 80 hours per month; or
 888 5. Unable to participate in programs or activities listed
 889 in subparagraphs 1.-4. full time due to a physical, an
 890 intellectual, an emotional, or a psychiatric condition that
 891 limits participation. Any such barrier to participation must be
 892 supported by documentation in the child's case file or school or
 893 medical records of a physical, an intellectual, an emotional, or
 894 a psychiatric condition that impairs the child's ability to
 895 perform one or more life activities.
 896 Section 18. Section 409.1662, Florida Statutes, is
 897 repealed.
 898 Section 19. Section 409.1664, Florida Statutes, is amended
 899 to read:

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900 409.1664 Adoption benefits for qualifying adoptive
 901 employees of state agencies, veterans, servicemembers, ~~and~~ law
 902 enforcement officers, health care practitioners, and tax
 903 collector employees.—
 904 (1) As used in this section, the term:
 905 (a) "Child within the child welfare system" has the same
 906 meaning as provided in s. 409.166(2).
 907 (b) "Health care practitioner" means a person listed in s.
 908 456.001(4) who holds an active license from the Department of
 909 Health and whose gross income does not exceed \$150,000 per year.
 910 (c) "Law enforcement officer" has the same meaning as
 911 provided in s. 943.10(1).
 912 (d) ~~(e)~~ "Qualifying adoptive employee" means a full-time or
 913 part-time employee of a state agency, a charter school
 914 established under s. 1002.33, or the Florida Virtual School
 915 established under s. 1002.37, who is not an independent
 916 contractor and who adopts a child within the child welfare
 917 system pursuant to chapter 63 on or after July 1, 2015. The term
 918 includes instructional personnel, as defined in s. 1012.01, who
 919 are employed by the Florida School for the Deaf and the Blind,
 920 and includes other-personal-services employees who have been
 921 continuously employed full time or part time by a state agency
 922 for at least 1 year.
 923 ~~(e)~~ (d) "Servicemember" has the same meaning as in s.
 924 250.01(19).
 925 ~~(f)~~ (e) "State agency" means a branch, department, or agency
 926 of state government for which the Chief Financial Officer
 927 processes payroll requisitions, a state university or Florida
 928 College System institution as defined in s. 1000.21, a school

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929 district unit as defined in s. 1001.30, or a water management
 930 district as defined in s. 373.019.

931 (g) "Tax collector employee" means an employee of an office
 932 of county tax collector in this state.

933 ~~(h)(f)~~ "Veteran" has the same meaning as in s. 1.01(14).

934 (2) A qualifying adoptive employee, veteran, law
 935 enforcement officer, health care practitioner, tax collector
 936 employee, or servicemember who adopts a child within the child
 937 welfare system who is difficult to place as described in s.
 938 409.166(2)(d)2. is eligible to receive a lump-sum monetary
 939 benefit in the amount of ~~\$25,000~~ \$10,000 per such child, subject
 940 to applicable taxes. ~~A law enforcement officer who adopts a~~
 941 ~~child within the child welfare system who is difficult to place~~
 942 ~~as described in s. 409.166(2)(d)2. is eligible to receive a~~
 943 ~~lump-sum monetary benefit in the amount of \$25,000 per such~~
 944 ~~child, subject to applicable taxes. A qualifying adoptive~~
 945 ~~employee, veteran, law enforcement officer, health care~~
 946 ~~practitioner, tax collector employee, or servicemember who~~
 947 ~~adopts a child within the child welfare system who is not~~
 948 ~~difficult to place as described in s. 409.166(2)(d)2. is~~
 949 ~~eligible to receive a lump-sum monetary benefit in the amount of~~
 950 ~~\$10,000~~ \$5,000 per such child, subject to applicable taxes. A
 951 ~~law enforcement officer who adopts a child within the child~~
 952 ~~welfare system who is not difficult to place as described in s.~~
 953 ~~409.166(2)(d)2. is eligible to receive a lump-sum monetary~~
 954 ~~benefit in the amount of \$10,000 per each such child, subject to~~
 955 ~~applicable taxes. A qualifying adoptive employee of a charter~~
 956 ~~school or the Florida Virtual School may retroactively apply for~~
 957 ~~the monetary benefit provided in this subsection if such~~

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958 employee was employed by a charter school or the Florida Virtual
 959 School when he or she adopted a child within the child welfare
 960 system pursuant to chapter 63 on or after July 1, 2015. A
 961 veteran or servicemember may apply for the monetary benefit
 962 provided in this subsection if he or she is domiciled in this
 963 state and adopts a child within the child welfare system
 964 pursuant to chapter 63 on or after July 1, 2020. A law
 965 enforcement officer may apply for the monetary benefit provided
 966 in this subsection if he or she is domiciled in this state and
 967 adopts a child within the child welfare system pursuant to
 968 chapter 63 on or after July 1, 2022. A health care practitioner
 969 or tax collector employee may apply for the monetary benefit
 970 provided in this subsection if he or she is domiciled in this
 971 state and adopts a child within the child welfare system
 972 pursuant to chapter 63 on or after July 1, 2024.

973 (a) Benefits paid to a qualifying adoptive employee who is
 974 a part-time employee must be prorated based on the qualifying
 975 adoptive employee's full-time equivalency at the time of
 976 applying for the benefits.

977 (b) Monetary benefits awarded under this subsection are
 978 limited to one award per adopted child within the child welfare
 979 system.

980 (c) The payment of a lump-sum monetary benefit for adopting
 981 a child within the child welfare system under this section is
 982 subject to a specific appropriation to the department for such
 983 purpose.

984 (3) A qualifying adoptive employee must apply to his or her
 985 agency head, or to his or her school director in the case of a
 986 qualifying adoptive employee of a charter school or the Florida

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987 Virtual School, to obtain the monetary benefit provided in
 988 subsection (2). A veteran, ~~or servicemember, or tax collector~~
 989 ~~employee~~ must apply to the department to obtain the benefit. A
 990 law enforcement officer must apply to the Department of Law
 991 Enforcement to obtain the benefit. A health care practitioner
 992 must apply to the Department of Health to obtain the benefit.
 993 Applications must be on forms approved by the department and
 994 must include a certified copy of the final order of adoption
 995 naming the applicant as the adoptive parent. Monetary benefits
 996 shall be approved on a first-come, first-served basis based upon
 997 the date that each fully completed application is received by
 998 the department.

999 (4) This section does not preclude a qualifying adoptive
 1000 employee, veteran, servicemember, health care practitioner, tax
 1001 collector employee, or law enforcement officer from receiving
 1002 adoption assistance for which he or she may qualify under s.
 1003 409.166 or any other statute that provides financial incentives
 1004 for the adoption of children.

1005 (5) Parental leave for a qualifying adoptive employee must
 1006 be provided in accordance with the personnel policies and
 1007 procedures of his or her employer.

1008 (6) The department may adopt rules to administer this
 1009 section. The rules may provide for an application process such
 1010 as, but not limited to, an open enrollment period during which
 1011 qualifying adoptive employees, veterans, servicemembers, health
 1012 care practitioners, tax collector employees, or law enforcement
 1013 officers may apply for monetary benefits under this section.

1014 (7) The Chief Financial Officer shall disburse a monetary
 1015 benefit to a qualifying adoptive employee upon the department's

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1016 submission of a payroll requisition. The Chief Financial Officer
 1017 shall transfer funds from the department to a state university,
 1018 a Florida College System institution, a school district unit, a
 1019 charter school, the Florida Virtual School, or a water
 1020 management district, as appropriate, to enable payment to the
 1021 qualifying adoptive employee through the payroll systems as long
 1022 as funds are available for such purpose.

1023 (8) To receive an approved monetary benefit under this
 1024 section, a veteran or servicemember must be registered as a
 1025 vendor with the state.

1026 (9) Each state agency shall develop a uniform procedure for
 1027 informing employees about this benefit and for assisting the
 1028 department in making eligibility determinations and processing
 1029 applications. Any procedure adopted by a state agency is valid
 1030 and enforceable if the procedure does not conflict with the
 1031 express terms of this section.

1032 Section 20. Subsections (1) through (4) of section 409.167,
 1033 Florida Statutes, are amended to read:

1034 409.167 Statewide adoption exchange; establishment;
 1035 responsibilities; registration requirements; rules.—

1036 (1) The Department of Children and Families shall
 1037 establish, either directly or through purchase, a statewide
 1038 adoption exchange, with a photo listing component, which serves
 1039 ~~shall serve~~ all authorized licensed child-placing agencies in
 1040 the state as a means of recruiting adoptive families for
 1041 children who have been legally freed for adoption and who have
 1042 been permanently placed with the department or a licensed child-
 1043 placing agency. The statewide adoption exchange must shall
 1044 provide, in accordance with rules adopted by the department,

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1045 descriptions and photographs of such children, as well as any
 1046 other information deemed useful in the recruitment of adoptive
 1047 families for each child. The photo listing component of the
 1048 statewide adoption exchange must be updated monthly and may not
 1049 be accessible to the public, except to persons who have
 1050 completed or are in the process of completing an adoption home
 1051 study.

1052 (2) (a) Each district of the department shall refer each
 1053 child in its care who has been legally freed for adoption to the
 1054 statewide adoption exchange no later than 30 days after the date
 1055 of acceptance by the department for permanent placement. The
 1056 referral must be accompanied by a photo listing ~~photograph~~ and
 1057 description of the child. Any child 12 years of age or older may
 1058 request that a specific photo be used for their entry and must
 1059 be consulted during the development of their description.

1060 (b) The department shall establish criteria by which a
 1061 district may determine that a child need not be registered with
 1062 the statewide adoption exchange. Within 30 days after the date
 1063 of acceptance by the department for permanent placement, the
 1064 name of the child accepted for permanent placement must be
 1065 forwarded to the statewide adoption exchange by the district
 1066 together with reference to the specific reason why the child
 1067 should not be placed on the statewide adoption exchange. If the
 1068 child has not been placed for adoption within 3 months after the
 1069 date of acceptance by the department for permanent placement,
 1070 the district must ~~shall~~ provide the statewide adoption exchange
 1071 with the necessary photograph and information for registration
 1072 of the child with the statewide adoption exchange and the child
 1073 must ~~shall~~ be placed on the statewide adoption exchange. The

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1074 department shall establish procedures for monitoring the status
 1075 of children who are not placed on the statewide adoption
 1076 exchange within 30 days after the date of acceptance by the
 1077 department for permanent placement.

1078 (3) In accordance with rules established by the department,
 1079 the statewide adoption exchange may accept, from licensed child-
 1080 placing agencies, information pertaining to children meeting the
 1081 criteria of this section, and to prospective adoptive families,
 1082 for registration with the statewide adoption exchange.

1083 (4) For purposes of facilitating family-matching between
 1084 children and prospective adoptive parents, the statewide
 1085 adoption exchange must ~~shall~~ provide the photo listing component
 1086 ~~service~~ to all licensed child-placing agencies and, in
 1087 accordance with rules adopted ~~established~~ by the department, to
 1088 all appropriate citizen groups and other organizations and
 1089 associations interested in children's services. The photo
 1090 listing component of the statewide adoption exchange may not be
 1091 accessible to the public, except to persons who have completed
 1092 or are in the process of completing an adoption home study.

1093 Section 21. Effective July 1, 2025, paragraph (a) of
 1094 subsection (1) of section 409.988, Florida Statutes, is amended
 1095 to read:

1096 409.988 Community-based care lead agency duties; general
 1097 provisions.—

1098 (1) DUTIES.—A lead agency:

1099 (a)1. Shall serve+

1100 ~~a-~~ all children referred as a result of a report of abuse,
 1101 neglect, or abandonment to the department's central abuse
 1102 hotline, including, but not limited to, children who are the

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1103 subject of verified reports and children who are not the subject
1104 of verified reports but who are at moderate to extremely high
1105 risk of abuse, neglect, or abandonment, as determined using the
1106 department's risk assessment instrument, regardless of the level
1107 of funding allocated to the lead agency by the state if all
1108 related funding is transferred.

1109 ~~b. Children who were adopted from the child welfare system~~
1110 ~~and whose families require postadoption supports.~~

1111 2. May also serve children who have not been the subject of
1112 reports of abuse, neglect, or abandonment, but who are at risk
1113 of abuse, neglect, or abandonment, to prevent their entry into
1114 the child protection and child welfare system.

1115 Section 22. Except as otherwise expressly provided in this
1116 act, this act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 24, 2024

I respectfully request that **Senate Bill #1486**, relating to Child Permanency, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink, appearing to read "Jay Collins", written over a horizontal line.

Senator Jay Collins
Florida Senate, District 14

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

2/20/24

Meeting Date

HHS Approps

Committee

SB 1486

Bill Number or Topic

849148

Amendment Barcode (if applicable)

Name Sam Kerce (keyrce)

Phone 850-717-4513

Address 2415 N. Monroe St.

Street

Email sam.kerce@myFLFamilies.com

Tallahassee FL 32307

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

DCF

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

SB 1486

2/20/24

Meeting Date

Appropriations on Health ar

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name Anna Higgins

Phone 202-384-6657

Address 3375 Rommitch Court

Email anna.lwh7476@gmail.com

Street

Pensacola

FL

32504

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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This form is part of the public record for this meeting.

S-001 (08/10/2021)

2/20/24

Meeting Date

The Florida Senate
APPEARANCE RECORD

SB 1486

Bill Number or Topic

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HHS APPROPS

Committee

Keynote

Legislative
AFFAIRS
Director

Amendment Barcode (if applicable)

Name

Sam Kerle, DCF

Phone

850-717-4513

Address

2415 N. Monroe St.

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Street

Tallahassee

State

FL

32303

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/CS/SB 1582

INTRODUCER: Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Rodriguez

SUBJECT: Department of Health

DATE: February 22, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Gerbrandt	McKnight	AHS	Fav/CS
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1582 amends numerous statutory provisions relating to the Department of Health (DOH) and creates a new program within the department. The bill:

- Creates a new profession, the environmental health technician (EHT), and allows the technician to perform septic tank inspections without having a four-year degree;
- Creates the Andrew John Anderson Pediatric Rare Disease Grant Program to advance research and cures for rare pediatric diseases by awarding grants through a competitive, peer-reviewed process;
- Clarifies the responsibility for providing newborn screenings and the submission of newborn screening specimen cards. The bill also adds genetic counselors to the list of health care practitioners who may receive state lab results;
- Standardizes the requirements for newborn, infant, and toddler hearing screening at hospitals, licensed birth facilities, and birth centers to ensure timely congenital cytomegalovirus (CMV) screening;
- Allows parents or guardians of newborns who have been identified as having sickle cell disease or carrying the sickle cell trait to opt-out of the state's sickle cell registry;
- Standardizes requirements, and clarifies the purpose, of prenatal high-risk pregnancy and postnatal infant mortality and morbidity screening for environmental risk factors; and
- Allows certain applicants for licensure as a Medical Marijuana Treatment Center 90 days to cure application deficiencies and requires the DOH to issue a license if those deficiencies are

cured. The amendment also exempts these applicants from the five-year business requirement established in s. 381.986, F.S.

The bill does not have a fiscal impact on state expenditures. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

The Department of Health

The Department of Health (DOH) is responsible for the state's public health system, which must be designed to promote, protect, and improve the health of all people in the state.¹

Environmental Health Professionals

Environmental health is that segment of public health work that deals with the examination of those factors in the human environment which may adversely impact the health status of an individual or the public.² An environmental health professional (EHP) is a person employed or assigned the responsibility of assessing the environmental health or sanitary conditions, as defined by the DOH, within a building, on an individual's property, or within the community at large, and who has the knowledge, skills, and abilities to carry out these tasks. An EHP may be a field, supervisory, or administrative staff member.³

A person may not perform environmental health or sanitary evaluations in any primary program area of environmental health without being certified by the DOH as competent to perform such evaluations, with several exceptions.⁴ Those exceptions include:

- Persons performing inspections of public food service establishments licensed under ch. 509, F.S., or
- Persons performing site evaluations to determine proper placement and installation of onsite wastewater treatment and disposal systems who have completed a DOH-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under ch. 471, F.S.

A person seeking certification as an EHP in any primary program area must:⁵

- Be employed or assigned to provide environmental health services in any primary environmental health program;⁶

¹ Section 381.001, F.S.

² Section 381.010,(1)(c), F.S.

³ Section 381.010,(1)(d), F.S.

⁴ Section 381.010,(2), F.S. This section does not apply to persons performing inspections of public food service establishments licensed under ch. 509, F.S.; or persons performing site evaluations in order to determine proper placement and installation of onsite wastewater treatment and disposal systems who have successfully completed a DOH-approved soils morphology course and who are working under the direct responsible charge of an engineer licensed under ch. 471, F.S.

⁵ Fla. Admin. Code R. 64E-18.003(2023).

⁶ Section 381.0101(2), F.S.

- Submit the application and application fee to the DOH for the primary environmental health program in which the applicant seeks certification; and
- Submit an official college transcript evidencing a bachelor's degree from an accredited college or university with major coursework in environmental health, environmental science, or physical or biological science.

Within 45 days of the DOH's receipt of the completed application, the applicant will receive notice of whether he or she meets the general requirements and is eligible for certification and if eligible, will receive a schedule for classes and program examinations.

Applicants seeking certification in the Onsite Sewage Treatment and Disposal System Program must:

- Complete 24 hours of the DOH-provided pre-certification coursework which includes training and testing on soil classification, system design and theory, system material and construction standards, and regulatory requirements; and
- Pass the examinations administered by the DOH with a minimum passing score of 70 percent.⁷

Applicants seeking certification in the Food Protection Program must:

- Complete 24 hours of the DOH-provided pre-certification coursework which includes training and testing on food microbiology, foodborne illness investigations, and basic hazard analysis and critical control points (HACCP); and
- Pass the pre-certification coursework and certification examinations administered by the DOH with a minimum passing score of 70 percent.⁸

The DOH currently employs 448 certified environmental health professionals (CEHP), most of whom are housed in county health departments (CHD) to perform health evaluations at public food establishments and sanitary evaluations on private and business properties where onsite wastewater treatment and disposal systems are in use. Other CEHPs supervise CHD environmental health teams or work within the Bureau of Environmental Public Health to direct statewide programs.⁹

Section 381.0065, F.S., gives the Department of Environmental Protection (DEP) authority to inspect onsite sewage treatment and disposal systems (OSTDS), which CHD staff complete for the DEP as outlined in a five-year interagency agreement required by Section 2 of Chapter 2020-150, Laws of Florida. It also authorizes four groups to complete private provider septic inspections, including two that do not require a four-year degree.¹⁰

Section 381.0101(4), F.S., sets out the standards for certification and grants the DOH the authority to adopt rules that establish definitions of terms and minimum standards of education,

⁷ Fla. Admin. Code R. 64E-18.003(6)(2023).

⁸ Fla. Admin. Code R. 64E-18.003(7)(2023).

⁹ This excludes establishments licensed under ch. 509, F.S., which operate under separate standards. *See*, Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

¹⁰ Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

training, or experience for those seeking certification. CEHPs must earn certification from the DOH to perform evaluations of environmental or sanitary conditions in any program area of environmental health. However, due to the four-year degree requirement for environmental health professionals under section 381.0101(4)(e), F.S., CHDs are experiencing a shortage of qualified applicants for the OSTDS and food hygiene programs.¹¹

Rare Diseases

The Federal Orphan Drug Act defines a rare disease as any condition that nationally affects fewer than 200,000 people. Over 7,000 rare diseases affect more than 30 million people in the United States. Many rare conditions are life-threatening and most do not have treatments. Drug, biologic, and device development in rare diseases is challenging for many reasons, including the complex biology and the lack of understanding of the natural history of many rare diseases. The inherently small population of patients with a rare disease can also make conducting clinical trials difficult.

Since the Orphan Drug Act was signed into law in 1983, the federal Food and Drug Administration (FDA) has approved hundreds of drugs for rare diseases, but most rare diseases do not have FDA-approved treatments. The FDA works with many people and groups, such as patients, caregivers, and drug and device manufacturers, to support rare disease product development. So, while the individual diseases may be rare, the total number of people impacted by a rare disease is larger.¹²

Rare diseases include genetic disorders, infectious diseases, cancers, and various other pediatric and adult conditions. A rare disease can affect anyone at any point in their life and can be acute or chronic. It is estimated that 80 percent or more of rare diseases are genetic. For genetic rare diseases, genetic testing is often the only way to make a definitive diagnosis.

Rare diseases present a fundamentally different array of challenges compared to those of more common diseases. Often patients are set on a “diagnostic odyssey,” to determine the cause of their symptoms as they seek treatment in healthcare settings where their condition may have never been seen before.¹³

Rare Pediatric Disease (RPD) Designation and Voucher Programs

Under Section 529 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the FDA will award priority review vouchers to sponsors of rare pediatric disease product applications that meet certain criteria. Under this program, a sponsor who receives approval for a drug or biologic for a “rare pediatric disease” may qualify for a voucher that can be redeemed to receive a priority review of a subsequent marketing application for a different product.¹⁴

¹¹ *Id.*

¹² United States Food and Drug Administration, *Rare Diseases at FDA*, available at <https://www.fda.gov/patients/rare-diseases-fda> (last visited Jan. 31, 2024).

¹³ Department of Health, *Rare Disease Advisory Council: Legislative Report, Fiscal Year 2022-2023* (2023). Available at https://www.floridahealth.gov/provider-and-partner-resources/rdac/documents/RDACLegislativeReport2023Final_Draft.pdf (last visited Jan. 31, 2024).

¹⁴ United States Food and Drug Administration, *Rare Pediatric Disease (RPD) Designation and Voucher Programs*,

On December 27, 2020, the Rare Pediatric Disease Priority Review Voucher Program was extended. Under the current statutory sunset provisions, after September 30, 2024, the FDA may only award a voucher for an approved rare pediatric disease product application if the sponsor has a rare pediatric disease designation for the drug and that designation was granted by September 30, 2024. After September 30, 2026, the FDA may not award any rare pediatric disease priority review vouchers.¹⁵

Rare Disease Advisory Council

In June 2021, the Rare Disease Advisory Council (Council) was created as an adjunct to the DOH. The Council comprises representatives from state agencies, health care providers, researchers, advocacy groups, insurance, and pharmaceutical industries, as well as individuals with rare diseases and caregivers of individuals with rare diseases. Council members hold a shared vision: to improve health outcomes for individuals residing in Florida who have rare diseases. The Council reports annually to the Governor, Senate President, and Speaker of the House of Representatives¹⁶ The DOH is responsible for four research grant programs and will implement the proven strategies and processes for awarding highly meritorious grants that will support advancements for the prevention, treatment, and cures of pediatric rare diseases.¹⁷

Newborn Metabolic Screening Program

The Legislature created the Florida Newborn Screening Program (NBS Program) in 1965 within the DOH, to promote the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect.¹⁸ The NBS Program also promotes the identification and screening of all newborns in the state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services.¹⁹

The Legislature established the Florida Genetics and Newborn Screening Advisory Council to advise the DOH on disorders to be included in the NBS Program panel of screened disorders and the procedures for collecting and transmitting specimens.²⁰ The NBS Program began with the screening for phenylketonuria and now screens for 58 conditions prior to discharge. Of the conditions screened, 55 conditions are screened through the collection of blood spots. Screening of the three remaining conditions – hearing (hearing screening), critical congenital heart defect

available at <https://www.fda.gov/industry/medical-products-rare-diseases-and-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs> (last visited Jan. 31, 2024).

¹⁵ United States Food and Drug Administration, *Rare Pediatric Disease (RPD) Designation and Voucher Programs*, available at <https://www.fda.gov/industry/medical-products-rare-diseases-and-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs> (last visited Jan. 31, 2024).

¹⁶ Section 381.99, F.S.

¹⁷ Department of Health, *Rare Disease Advisory Council: Legislative Report, Fiscal Year 2022-2023* (2023). Available at https://www.floridahealth.gov/provider-and-partner-resources/rdac/_documents/RDACLegislativeReport2023Final_Draft.pdf (last visited Jan. 31, 2024).

¹⁸ Section 383.14(1), F.S.

¹⁹ *Id.*

²⁰ Section 383.14(5), F.S.

(CCHD) (pulse oximetry), and congenital cytomegalovirus (CMV) targeted screening – are completed at the birthing facility through point of care (POC) testing.²¹

The NBS Program involves coordination across several entities, including the Bureau of Public Health Laboratories Newborn Screening Laboratory in Jacksonville (state laboratory), The DOH Children’s Medical Services (CMS) Newborn Screening Follow-up Program in Tallahassee, referral centers, birthing centers, and physicians throughout the state.²² Healthcare providers in hospitals, birthing centers, perinatal centers, county health departments, and school health programs provide screening as part of the multilevel NBS Program screening process.²³ This includes a risk assessment for prenatal women, risk factor analysis and screening for postnatal women and newborns, and laboratory screening for select disorders in newborns.²⁴ The NBS Program attempts to screen all newborns for hearing impairment and to identify, diagnose, and manage newborns at risk for select disorders that, without detection and treatment, can lead to permanent developmental and physical damage or death.²⁵ The NBS Program is intended to screen all prenatal women and newborns, however, parents and guardians may choose to decline the screening.²⁶

Healthcare providers perform non-laboratory NBS Program screening, such as hearing and risk factor analysis, and report the results to the Office of Vital Statistics. If necessary, healthcare providers refer patients to the appropriate health, education, and social services.²⁷

Healthcare providers in hospitals and birthing centers perform specimen collection for laboratory analysis for the NBS Program screening by collecting a few drops of blood from the newborn’s heel on a standardized specimen collection card.²⁸ The specimen card is then sent to the state laboratory for testing and the results are released to the newborn’s health care provider. If a newborn screen has an abnormal result, the newborn’s health care practitioner,²⁹ or a nurse or specialist from the NBS Program’s “Follow-up Program” provides follow-up services and referrals for the child and his or her family.³⁰

²¹ Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

²² Section 383.14, F.S.

²³ Section 383.14, F.S.

²⁴ *Id.*

²⁵ Florida Department of Health, *Florida Newborn Screening Guidelines*, available at <https://floridanewbornscreening.com/wp-content/uploads/NBS-Protocols-2022-FINAL.pdf> (last visited Jan. 31, 2024).

²⁶ Section 383.14(4), F.S.; Fla. Admin. Code R. 64C-7.008, (2023). The health care provider must attempt to get a written statement of objection to be placed in the medical record.

²⁷ *Id.*

²⁸ Florida Newborn Screening, *What is Newborn Screening?* available at <https://floridanewbornscreening.com/parents/what-is-newborn-screening/> (last visited Jan. 31, 2024). *See also*, Florida Newborn Screening, *Specimen Collection Card*, available at <http://floridanewbornscreening.com/wp-content/uploads/Order-Form.png> (last visited Jan. 31, 2024).

²⁹ Current law allows for the screening results to be released to specified health care practitioners including: allopathic and osteopathic physicians and physician assistants licensed under chs. 458 and 459, F.S., advanced practice registered nurses, registered nurses, and licensed practical nurses licensed under ch. 464, F.S., a midwife licensed under ch. 467, F.S., a speech-language pathologist or audiologist licensed under part I of ch. 468, F.S., or a dietician or nutritionist licensed under part X of ch. 468, F.S.

³⁰ *Id.*

To administer the NBS Program, the DOH is authorized to charge and collect a fee, not to exceed \$15 per live birth, occurring in a hospital or birth center.³¹ The DOH must calculate the annual assessment for each hospital and birth center, and then quarterly generate and mail each hospital and birth center a statement of the amount due.³² The DOH bills hospitals and birth centers quarterly using vital statistics data to determine the amount to be billed.³³ The DOH is authorized to bill third-party payers for the NBS Program tests and bills insurers directly for the cost of the screening.³⁴ The DOH does not bill families that do not have insurance coverage.³⁵

The newborn screening report includes the screening results for all 58 conditions currently screened. Newborn screening is part of the standard of care for all infants. Florida law allows for a parent to opt-out of newborn screening prior to collection. This opt-out is documented in the medical record maintained by the collection facility. The NBS Program maintains the results of the newborn screenings and diagnostic results for newborns identified with a condition on the screening panel. Data are available from January 2006 forward. The DOH's retention schedule requires newborn screening records to be permanently maintained.³⁶

Newborn Hearing Screening

Section 383.145, F.S., requires newborn hearing screening for all newborns in hospitals before discharge. The newborn hearing screening program (NBHS) is housed within the DOH, which coordinates the statewide hearing screening and follow-up referral system. The NBHS program is funded through a donations trust and federal grants from the federal Centers for Disease Control and Prevention and the Health Resources and Services Administration (HRSA).³⁷

Before a newborn is discharged from a hospital or other state-licensed birthing facility, and unless objected to by the parent or legal guardian, the newborn must be screened for the detection of hearing loss to prevent the consequences of unidentified disorders.³⁸ For births occurring in a non-hospital setting, specifically a licensed birth center or private home, the facility or attending health care provider is responsible for providing a referral to an audiologist, a hospital, or other newborn hearing screening provider within seven days after the birth or discharge from the facility.³⁹

All screenings must be conducted by a licensed audiologist, a licensed physician, or appropriately supervised individual who has completed documented training specifically for newborn hearing screening.⁴⁰ When ordered by the treating physician, screening of a newborn's

³¹ Section 383.145(3)(g)1., F.S.

³² *Id.*

³³ Section 383.145(3)(g), F.S.

³⁴ Section 383.145(3)(h), F.S.

³⁵ Section 383.14, F.S.

³⁶ Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

³⁷ *Id.*

³⁸ Section 383.145(3), F.S. If the screening is not completed before discharge due to scheduling or temporary staffing limitations, the screening must be completed within 21 days after the birth.

³⁹ Section 383.145(3)(d), F.S.

⁴⁰ Section 383.145(3)(f), F.S.

hearing must include auditory brainstem responses, evoked otoacoustic emissions, or appropriate technology as approved by the FDA.⁴¹

NBHS staff provide follow-up to parents of infants who do not pass the newborn hearing screen to ensure timely diagnosis and enrollment in early intervention for children diagnosed with hearing loss.⁴² A child who is diagnosed as having a permanent hearing impairment must be referred by the licensee or individual who conducted the screening to the primary care physician for medical management, treatment, and follow-up services. Furthermore, any child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program by the licensee or individual who conducted the screening serving the geographical area in which the child resides.

Hearing loss is one of the most common birth defects in the U.S., with approximately two newborns per 1,000 born having hearing loss each year. It is estimated that only half of early childhood hearing loss is detected through newborn hearing screening. To further support early identification of hearing loss prior to school entry to prevent the consequences of unidentified disorders, the federal Health Resources & Services Administration grants also require collection of hearing screening data for infants and toddlers up to age 36 months.⁴³

Sickle Cell Disease

Sickle cell disease (SCD) affects approximately 100,000 Americans and is the most prevalent inherited blood disorder in the U.S.⁴⁴ SCD affects mostly, but not exclusively, persons of African ancestry. SCD is a group of inherited disorders in which abnormal hemoglobin cause red blood cells to buckle into a sickle shape. The deformed red blood cells damage blood vessels and over time contribute to a cascade of negative health effects beginning in infancy, such as intense vaso-occlusive pain episodes, strokes, organ failure, and recurrent infections.⁴⁵ The severity of complications generally worsens as people age, but treatment and prevention strategies can mitigate complications and lengthen the lives of people with SCD.⁴⁶

A person who carries a single gene for SCD has sickle cell trait. People with sickle cell trait do not have SCD, and under normal conditions, they are generally asymptomatic. However, they are

⁴¹ Section 383.145(3)(i), F.S.

⁴² Section 383.14, F.S.

⁴³ Section 383.14, F.S.

⁴⁴ National Institutes of Health, National Heart, Lung, and Blood Institute, *What is Sickle Cell Disease?*, available at <https://www.nhlbi.nih.gov/health/sickle-cell-disease> (last visited Jan. 31, 2024).

⁴⁵ Centers for Disease Control and Prevention, *What is Sickle Cell Disease?* available at <https://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited Jan. 31, 2024). See also, AHCA (2023) *Florida Medicaid Study of Enrollees with Sickle Cell Disease*. available at https://ahca.myflorida.com/content/download/20771/file/Florida_Medicaid_Study_of_Enrollees_with_Sickle_Cell_Disease.pdf (last visited Jan., 2024).

⁴⁶ Centers for Disease Control and Prevention, *Complications of Sickle Cell Disease*. available at <https://www.cdc.gov/ncbddd/sicklecell/complications.html> (last visited Jan. 31, 2024).

carriers of SCD and have an increased likelihood of having a child with SCD. It is estimated that eight to ten percent of African Americans carry sickle cell trait.⁴⁷

While SCD is the most common inherited blood disorder in the U.S., and is often diagnosed at birth through newborn screening programs,⁴⁸ patients with SCD experience many of the other trials associated with treating a rare disease. Until recently there was very little research development in the areas of managing, treating, or curing SCD.⁴⁹

The NBS Program has included screening for sickle cell disease since 1988.

Sickle Cell Disease Registry

In 2023, the DOH was required under s. 383.147, F.S., to contract with a community-based sickle cell disease medical treatment and research center to establish and maintain a registry for newborns and infants who are identified as carrying a sickle cell hemoglobin variant. If a screening provider detects that a newborn or an infant is carrying a sickle cell hemoglobin variant, it must notify the child's primary care physician and submit the results to the DOH for inclusion in the sickle cell registry. The registry must track sickle cell disease outcome measures. A parent or guardian of a newborn or an infant in the registry may request to have his or her child removed from the registry by submitting a form prescribed by the DOH in rule.

Based on a review of the 2022 provisional data, the DOH identified 137 newborns with SCD and 5,800 with sickle cell trait. For any newborn identified with sickle cell trait, notification letters are sent to both the family and physician on file for each newborn. NBS Program results are returned to the submitting provider. It is the responsibility of the submitting entity to forward the results to the newborn's primary care provider.⁵⁰

Environmental Risk Screening

In 2022, 223,833 women gave birth in Florida.⁵¹ Adverse birth outcomes, such as preterm birth and low birthweight, are major public health concerns due to the associated risks of morbidity

⁴⁷ American Society of Hematology. *ASH Position on Sickle Cell Trait* (2021). available at <https://www.hematology.org/advocacy/policy-news-statements-testimony-and-correspondence/policy-statements/2021/ash-position-on-sickle-cell-trait> (last visited Jan. 31, 2024).

⁴⁸ Centers for Disease Control and Prevention. *Newborn Screening (NBS) Data* (2023). available at [https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-state-data/newborn-screening/index.html#:~:text=Newborn%20screening%20\(NBS\)%20for%20sickle,SCD%20living%20in%20a%20state](https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-state-data/newborn-screening/index.html#:~:text=Newborn%20screening%20(NBS)%20for%20sickle,SCD%20living%20in%20a%20state). (last visited Jan. 31, 2024).

⁴⁹ See, American Society of Hematology. *ASH Sickle Cell Disease Initiative*. available at <https://www.hematology.org/advocacy/sickle-cell-disease-initiative> (last visited Jan. 31, 2024). See also Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

⁵⁰ *Id.*

⁵¹ FloridaHealthCHARTS: *Resident Live Births*, available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BirthMonthly.Dataviewer&cid=25> (last visited Feb. 1, 2024).

and mortality throughout an individual's lifespan.^{52,53} Risk assessment in pregnancy can assist with identifying pregnant women who are most likely to experience adverse health events and enables providers to administer risk-appropriate prenatal and postnatal care.⁵⁴ Research has also shown that the use of risk screening tools significantly reduces the risk of low birth weight, preterm birth, and fetal and infant morbidity.⁵⁵ Some researchers have found that the risk of low birth weight and preterm birth is reduced by as much as thirty percent in underserved communities when a risk screen is completed.⁵⁶

The DOH develops and oversees the prenatal risk screening process to assess for environmental risk factors that put a pregnant woman at risk for a preterm birth or other high-risk condition. The prenatal risk screen is completed by the pregnant woman's healthcare provider at her first prenatal appointment. If the prenatal risk screen identifies a pregnant woman is at-risk, she is referred to home visiting services, and other services, as necessary, to improve prenatal and birth outcomes.

Medical Marijuana Treatment Centers (MMTC)

The DOH licenses MMTC's to ensure reasonable statewide access to medical use marijuana for registered patients.⁵⁷ Currently, to obtain a MMTC license the applicant must have been registered to do business in Florida for the previous five years.⁵⁸

In 2017, when the Legislature first developed the regulatory structure for the medical use of marijuana and the licensing of MMTC's, the DOH was required to license 10 new MMTCs, which included one licensee that was a recognized class member of *Pigford v. Glickman*, or *In Re Black Farmers Litig.*, and is a member of the Black Farmers and Agriculturalists Association-Florida Chapter.⁵⁹

In 2023, the DOH was required to issue a license to any applicant who had applied for the single MMTC license that was set aside for class members of *Pigford v. Glickman* and *In re Black Farmers Litig.*, and who cured application deficiencies within a specified time frame.⁶⁰

⁵² Risnes KR, Vatten LJ, Baker JL, et al.. *Birthweight and mortality in adulthood: A systematic review and meta-analysis*, *Int J Epidemiol* 2011;40:647–661, available at <https://pubmed.ncbi.nlm.nih.gov/21324938/> (last visited Feb. 1, 2024).

⁵³ Raju TNK, Pemberton VL, Saigal S, et al.. *Long-Term Healthcare Outcomes Of Preterm Birth: An Executive Summary of a Conference Sponsored By The National Institutes of Health*. *J Pediatr* 2017;181:309–318.e1. available at <https://pubmed.ncbi.nlm.nih.gov/27806833/> (last visited Feb. 1, 2024).

⁵⁴ Board on Children, Youth, and Families; Institute of Medicine; National Research Council. (2013). *An Update on Research Issues in the Assessment of Birth Settings. Workshop Summary. Washington (DC): National Academies Press (US)*., available at <https://www.ncbi.nlm.nih.gov/books/NBK201935/> (last visited Feb. 1, 2024).

⁵⁵ Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

⁵⁶ Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

⁵⁷ Section 381.986(8), F.S.

⁵⁸ Section 381.986(8)(b), F.S.

⁵⁹ Chapter 2017-232, Laws of Fla.

⁶⁰ Chapter 2023-292, Laws of Fla.

III. Effect of Proposed Changes:

Section 1. Environmental Health Professionals

The bill amends s. 381.0101, F.S., to create a new profession, the environmental health technician (EHT). The bill provides that an EHT is a person employed or assigned the responsibility for conducting septic inspections under the supervision of a certified environmental health professional (CEHP). An EHT must have completed training approved by the DOH and have the knowledge, skills, and abilities to carry out these tasks.

The bill also creates an additional exemption to the certification requirements in s. 381.010(2), F.S., which require a bachelor's degree in science for EHTs employed by a department⁶¹ who are assigned the responsibility of conducting septic tank inspections under the supervision of a CEHP in onsite sewage treatment and disposal.

The bill requires:

- The Department of Health (DOH), in conjunction with the Department of Environmental Protection (DEP), to adopt rules that establish definitions and minimum standards of education, training, and experience for the certification of EHTs, and the rules must address the following:
 - Education required;
 - Training required;
 - Experience necessary;
 - Application process;
 - Examinations to be taken;
 - Process of certification issuance;
 - Certification expiration;
 - Certification renewal; and
 - Ethical standards of practice for the profession.
- The DOH to establish standards for an EHT in the areas of onsite sewage treatment and disposal;
- A person conducting septic inspections must be certified by examination to be knowledgeable in the area of onsite sewage treatment and disposal;
- An applicant for certification as an EHT to have received a high school diploma or its equivalent;
- An applicant for certification as an EHT to be employed by a department;
- An applicant for certification as an EHT to complete supervised field inspection work as prescribed by DOH rule before examination;
- A certified environmental health technician (CEHT) to renew his or her certification biennially by completing at least 24 contact hours of continuing education for each program area in which he or she maintains certification, subject to a maximum of 48 hours for multi-program certification; and
- A CEHT to notify the DOH within 60 days after any change of name or address from that which appears on the current certificate.

⁶¹ Section 20.03(8), F.S., defines “department” as the principal administrative unit within the executive branch of state government.

According to the DOH, an EHT could perform septic inspections, like a CEHP, but the technician would not be required to have a four-year college degree with certain scientific coursework to be eligible for this certification examination. Technicians would be required to complete an amount of observed field work set by rule, attain a passing score on the certification test, and meet any additional rule requirements. Regulatory work would include approving permits, and the technician's work would be subject to the supervision and approval of his or her supervising CEHP.⁶²

Section 2. Andrew John Anderson Pediatric Rare Disease Grant Program

The bill creates the Andrew John Anderson Pediatric Rare Disease Grant Program within the DOH under s. 381.991, F.S. The purpose of the grant program is to advance the progress of research and cures for rare pediatric diseases by awarding grants through a competitive, peer-reviewed process. Subject to an annual appropriation by the Legislature, the program must award grants for scientific and clinical research to further the search for new diagnostics, treatments, and cures for rare pediatric diseases.

The bill requires that:

- Applications for the grants may be submitted by any university or established research institute in Florida and all qualified investigators, regardless of institutional affiliation, will have equal access and opportunity to compete for funding;
- The grants may be awarded by the DOH after consultation with the Rare Disease Advisory Council based on scientific merit, as determined by the competitive, peer-reviewed process to ensure objectivity, consistency, and high quality;
- The DOH must appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score to ensure appropriate and fair evaluation of grant applications based on scientific merit;
- The priority scores must be forwarded to the council and must be considered in determining which proposals will be recommended for funding; and
- The council and the peer review panels must establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy about conflicts of interest.

The bill authorizes:

- The use of preferences for grant proposals that foster collaboration among institutions, researchers, and community practitioners, on the basis that such proposals support the advancement of treatments and cures for rare pediatric diseases through basic or applied research;
- The following types of applications to be considered for funding:
 - Investigator-initiated research grants;
 - Institutional research grants; and
 - Collaborative research grants, including those that advance the finding of treatment and cures through basic or applied research.

⁶² Department of Health, 2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023) (on file with the Senate Committee on Health Policy).

- The balance of any Legislative appropriation for the Grant Program that is not disbursed, but is obligated pursuant to contract or committed to be expended by June 30 of the fiscal year in which the funds were appropriated, to be carried forward for up to five years after the effective date of the original appropriation.

The bill prohibits any council or panel member from participating in any discussion or decision of the council or panel concerning a research proposal by any firm, entity, or agency that the member is associated with as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

Section 3. Newborn Metabolic Screening Program

The bill amends s. 383.14, F.S., to require that any health care practitioner present at a birth or responsible for primary care during the neonatal period has the primary responsibility of administering newborn screenings as required in ss. 383.14 and 383.145, F.S. The bill defines the term “health care practitioner” to mean physicians or physician assistants (PAs) licensed under ch. 458, F.S., or ch. 459, F.S., advanced practice registered nurses (APRNs) licensed under ch. 464, F.S., and a midwife licensed under ch. 467, F.S., and requires those practitioners to prepare and send all newborn screening specimen cards to the State Public Health Laboratory.

The bill removes language related to risk screening for environmental risk factors from s. 383.14, F.S., and relocates it to s. 383.148, F.S., later in the bill (Section 6). The bill also repeals the following:

- Obsolete requirement for the Office of Inspector General to certify financial operations of the NBS program;
- Obsolete requirement for the NBS Program and Healthy Start to coordinate with the Florida Department of Education (DOE) for consultation; and
- Language referencing the initial newborn screening condition (phenylketonuria) and multiple other screening methods to allow the NBS Program to apply principles to all conditions on the NBS Program screening panel.

The bill authorizes:

- Licensed genetic counselors to receive NBS Program results, which will improve the coordination of services provided to infants and their families; and
- The NBS Program to implement systemic improvements for diagnostic reporting and submission of NBS Program specimens and point of contact screening results.

Section 4. Newborn Hearing Screening

The bill amends s. 383,145, F.S., to add the definition of “toddler” to mean a child from 12 months to 36 months of age. The bill requires that:

- Both infants and toddlers are added to the hearing screening program when a treating physician orders a hearing screening which must include auditory brainstem responses, or evoked otoacoustic emissions, or appropriate technology as approved by the FDA;
- All licensed birth centers that provide maternity and newborn care services must ensure that all newborns are, before discharge, screened for the detection of hearing loss and that within seven days after the birth, the licensed birth center must ensure that all newborns who do not

pass the hearing screening are referred for an appointment for a test to screen for congenital cytomegalovirus (CMV) before the newborn becomes 21 days of age; and

- For home births, the newborn’s primary health care provider must refer the newborn for administration of a test approved by the FDA or another diagnostically equivalent test on the newborn to screen for congenital CMV before the newborn becomes 21 days of age.

Section 5. Sickle Cell Disease Registry

The bill amends s. 383.147, F.S., to provide that:

- If a newborn is identified as having sickle cell disease or carrying a sickle cell trait through the NBS Program, the results will be included in the statewide SCD registry unless the parent or guardian provides an opt-out form obtained from the DOH, or otherwise indicates in writing of his or her objection to having the newborn included in the registry; and
- Persons living in this state who have been identified as having sickle cell disease or carrying a sickle cell trait may choose to be included in the registry by providing the DOH with notification as prescribed by rule.

Section 6. Environmental Risk Screening

The bill creates s. 383.148, F.S., to house the DOH’s requirements relating to screening pregnant women and infants in this state for environmental risk factors, which are being relocated from s. 383.14, F.S.

Sections 7-9 amend ss. 383.318, 395.1053, and 456.0496, F.S., to make conforming cross-reference changes.

Section 10 creates an undesignated section of the Laws of Florida to open another 90-day window for applicants who applied for the MMTC license set aside for class members of *Pigford v. Glickman* and *In re. Black Farmers Litg.* to cure any deficiencies with their application. If the applicant can cure the deficiencies within 90 days, the DOH must grant the applicant a MMTC license. The bill requires the DOH to grant the license even if the applicant’s sole remaining deficiency is not meeting the 5-year Florida business requirement established in s. 381-986, F.S. Additionally, the death of an applicant who was alive as of Feb. 1, 2024, is not a reason to deny the applicant during the cure period and any subsequent challenges.

The bill provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

According to the Department of Health, the bill does not have a fiscal impact on state expenditures. The Pediatric Rare Disease Research Grant Program is currently funded at \$500,000. This funding is used exclusively for research grants. To ensure the proper evaluation of the research grants, the bill requires peer reviewers.

VI. Technical Deficiencies:

None.

VII. Related Issues:

A child's sickle cell disease (SCD) test results are required to be automatically included in the statewide SCD registry under current law. On lines 667-683, the bill allows a parent or guardian to opt-out of having a child's SCD test results included in the registry by submitting an opt-out form "obtained from the department" or by otherwise indicating in writing to the Department of Health of his or her objections to having the child included in the registry. However, there is no requirement in the opt-out procedure created by the bill for the parent or guardian to be informed of the existence of the opt-out form or of his or her ability to opt-out.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.0101, 383.14, 383.145, 383.147, 383.318, 395.1053, and 456.0496.

This bill creates the following sections of the Florida Statutes: 381.991 and 383.148.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Health and Human Services on February 20, 2024:

The committee substitute:

- Re-names the program the “Andrew John Anderson Pediatric Rare Disease Grant Program,” previous versions were named the “Andrew John Anderson Rare Pediatric Disease Grant Program.”
- Creates an undesignated section of the Laws of Florida, to allow certain applicants for licensure as a Medical Marijuana Treatment Center (MMTC) 90 days to cure application deficiencies and requires the Department of Health to issue an MMTC license if those deficiencies are cured. The amendment also exempts these applicants from the five-year business requirement established in s. 381.986, F.S.

CS by Health Policy on February 6, 2024:

The committee substitute removes the Telehealth Minority Maternity Care Program from the bill.

- B. **Amendments:**

None.



254526

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 264 - 280

and insert:

Andrew John Anderson Pediatric Rare Disease Grant Program. The purpose of the program is to advance the progress of research and cures for pediatric rare diseases by awarding grants through a competitive, peer-reviewed process.

(b) Subject to an annual appropriation by the Legislature, the program shall award grants for scientific and clinical



254526

11 research to further the search for new diagnostics, treatments,
12 and cures for pediatric rare diseases.

13 (2) (a) Applications for grants for pediatric rare disease
14 research may be submitted by any university or established
15 research institute in the state. All qualified investigators in
16 the state, regardless of institutional affiliation, shall have
17 equal access and opportunity to compete for the research
18 funding. Preference may be given to grant proposals that foster
19 collaboration among institutions, researchers, and community
20 practitioners, as such proposals support the advancement of
21 treatments and cures of pediatric rare diseases through basic or

22
23 ===== T I T L E A M E N D M E N T =====

24 And the title is amended as follows:

25 Delete line 15

26 and insert:

27 the Andrew John Anderson Pediatric Rare Disease Grant



737162

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete line 770

and insert:

Section 10. (1) Effective upon this act becoming a law and notwithstanding any provision of s. 381.986(8)(a)2.b., Florida Statutes, to the contrary, the Department of Health must grant an applicant 90 days to cure, pursuant to the errors and omissions process established in department Form DH8035-OMMU-10/2021 as incorporated by the department in rule 64ER21-16,



737162

11 Florida Administrative Code, any remaining deficiencies cited by
12 the department regarding the application if the applicant:

13 (a) Applied for a medical marijuana treatment center
14 license during the application window created by the department
15 to accept applications for licensure pursuant to s.
16 381.986(8)(a)2.b., Florida Statutes; and

17 (b) Has not been awarded a license, either from the initial
18 application process or through the cure process established in
19 section 2 of chapter 2023-292, Laws of Florida.

20 (2) If the applicant cures the deficiencies within the 90-
21 day timeframe, the department must issue a medical marijuana
22 treatment center license to the applicant.

23 (3) For purposes of the cure process detailed in
24 subsections (1) and (2), the department must consider all
25 deficiencies with an applicant's application to be cured if the
26 sole remaining deficiency cited is a failure to meet the
27 requirement in s. 381.986(8)(b)1., Florida Statutes.

28 (4) If an applicant who was alive as of February 1, 2024,
29 dies before the completion of the cure process detailed in
30 subsections (1) and (2), the death of the applicant may not be a
31 reason to deny the application during the cure process or any
32 resulting legal challenges. In such case, and in the event of a
33 successful cure or challenge, the department must issue the
34 license to the estate of the applicant.

35 Section 11. Except as otherwise expressly provided in this
36 act and except for this section, which shall take effect upon
37 this act becoming a law, this act shall take effect July 1,
38 2024.

39



737162

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

41 And the title is amended as follows:

42 Delete lines 87 - 88

43 and insert:

44 456.0496, F.S.; conforming cross-references; requiring
45 the department to grant certain applicants 90 days to
46 cure deficiencies with their medical marijuana
47 treatment center license applications pursuant to a
48 specified errors and omissions process; requiring the
49 department to grant such applicants a marijuana
50 treatment center license if they cure the deficiencies
51 within the specified timeframe; providing
52 construction; providing that the death of an applicant
53 during the cure process may not be a reason to deny
54 the application or any resulting legal challenge;
55 requiring the department to issue the license to the
56 estate of a deceased applicant in the event of a
57 successful cure or legal challenge; providing
58 effective dates.

By the Committee on Health Policy; and Senator Rodriguez

588-02970-24

20241582c1

1 A bill to be entitled
 2 An act relating to the Department of Health; amending
 3 s. 381.0101, F.S.; defining the term "environmental
 4 health technician"; exempting environmental health
 5 technicians from certain certification requirements
 6 under certain circumstances; requiring the department,
 7 in conjunction with the Department of Environmental
 8 Protection, to adopt rules that establish certain
 9 standards for environmental health technician
 10 certification; requiring the Department of Health to
 11 adopt by rule certain standards for environmental
 12 health technician certification; revising provisions
 13 related to exemptions and fees to conform to changes
 14 made by the act; creating s. 381.991, F.S.; creating
 15 the Andrew John Anderson Rare Pediatric Disease Grant
 16 Program within the department for a specified purpose;
 17 subject to an appropriation by the Legislature,
 18 requiring the program to award grants for certain
 19 scientific and clinical research; specifying entities
 20 eligible to apply for the grants; specifying the types
 21 of applications that may be considered for grant
 22 funding; providing for a competitive, peer-reviewed
 23 application and selection process; providing that the
 24 remaining balance of appropriations for the program as
 25 of a specified date may be carried forward for a
 26 specified timeframe under certain circumstances;
 27 amending s. 383.14, F.S.; providing that any health
 28 care practitioner present at a birth or responsible
 29 for primary care during the neonatal period has the

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30 primary responsibility of administering certain
 31 screenings; defining the term "health care
 32 practitioner"; deleting identification and screening
 33 requirements for newborns and their families for
 34 certain environmental and health risk factors;
 35 deleting certain related duties of the department;
 36 revising the definition of the term "health care
 37 practitioner" to include licensed genetic counselors;
 38 requiring that blood specimens for screenings of
 39 newborns be collected before a specified age;
 40 requiring that newborns have a blood specimen
 41 collected for newborn screenings, rather than only a
 42 test for phenylketonuria, before a specified age;
 43 deleting certain rulemaking authority of the
 44 department; deleting a requirement that the department
 45 furnish certain forms to specified entities; deleting
 46 the requirement that such entities report the results
 47 of certain screenings to the department; making
 48 technical and conforming changes; deleting a
 49 requirement that the department submit certain
 50 certifications as part of its legislative budget
 51 request; requiring certain health care practitioners
 52 to prepare and send all newborn screening specimen
 53 cards to the State Public Health Laboratory; defining
 54 the term "health care practitioner"; amending s.
 55 383.145, F.S.; defining the term "toddler"; revising
 56 hearing loss screening requirements to include infants
 57 and toddlers; revising hearing loss screening
 58 requirements for licensed birth centers; revising the

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59 timeframe in which a newborn's primary health care
 60 provider must refer a newborn for congenital
 61 cytomegalovirus screening after the newborn fails the
 62 hearing loss screening; requiring licensed birth
 63 centers to complete newborn hearing loss screenings
 64 before discharge, with an exception; amending s.
 65 383.147, F.S.; revising sickle cell disease and sickle
 66 cell trait screening requirements; requiring screening
 67 providers to notify a newborn's parent or guardian,
 68 rather than the newborn's primary care physician, of
 69 certain information; authorizing the parents or
 70 guardians of a newborn to opt out of the newborn's
 71 inclusion in the sickle cell registry; specifying the
 72 manner in which a parent or guardian may opt out;
 73 authorizing certain persons other than newborns who
 74 have been identified as having sickle cell disease or
 75 carrying a sickle cell trait to choose to be included
 76 in the registry; creating s. 383.148, F.S.; requiring
 77 the department to promote the screening of pregnant
 78 women and infants for specified environmental risk
 79 factors; requiring the department to develop a
 80 multilevel screening process for prenatal and
 81 postnatal risk screenings; specifying requirements for
 82 such screening processes; providing construction;
 83 requiring persons who object to a screening to give a
 84 written statement of such objection to the physician
 85 or other person required to administer and report the
 86 screening; amending ss. 383.318, 395.1053, and
 87 456.0496, F.S.; conforming cross-references; providing

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88 an effective date.
 89
 90 Be It Enacted by the Legislature of the State of Florida:
 91
 92 Section 1. Present subsections (5), (6), and (7) of section
 93 381.0101, Florida Statutes, are redesignated as subsections (6),
 94 (7), and (8), respectively, a new subsection (5) is added to
 95 that section, and subsections (1), (2), and (4) and present
 96 subsections (5) and (6) of that section are amended, to read:
 97 381.0101 Environmental health professionals.—
 98 (1) DEFINITIONS.—As used in this section, the term:
 99 (a) "Board" means the Environmental Health Professionals
 100 Advisory Board.
 101 (c) ~~(b)~~ "Department" means the Department of Health.
 102 (d) ~~(e)~~ "Environmental health" means that segment of public
 103 health work which deals with the examination of those factors in
 104 the human environment which may impact adversely on the health
 105 status of an individual or the public.
 106 (e) ~~(d)~~ "Environmental health professional" means a person
 107 who is employed or assigned the responsibility for assessing the
 108 environmental health or sanitary conditions, as defined by the
 109 department, within a building, on an individual's property, or
 110 within the community at large, and who has the knowledge,
 111 skills, and abilities to carry out these tasks. Environmental
 112 health professionals may be either field, supervisory, or
 113 administrative staff members.
 114 (b) ~~(e)~~ "Certified" means a person who has displayed
 115 competency to perform evaluations of environmental or sanitary
 116 conditions through examination.

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117 (f) "Environmental health technician" means a person who is
 118 employed or assigned the responsibility for conducting septic
 119 inspections under the supervision of a certified environmental
 120 health professional. An environmental health technician must
 121 have completed training approved by the department and have the
 122 knowledge, skills, and abilities to carry out these tasks.

123 (h) ~~(f)~~ "Registered sanitarian," "R.S.," "Registered
 124 Environmental Health Specialist," or "R.E.H.S." means a person
 125 who has been certified by either the National Environmental
 126 Health Association or the Florida Environmental Health
 127 Association as knowledgeable in the environmental health
 128 profession.

129 (g) "Primary environmental health program" means those
 130 programs determined by the department to be essential for
 131 providing basic environmental and sanitary protection to the
 132 public. At a minimum, these programs shall include food
 133 protection program work.

134 (2) CERTIFICATION; EXEMPTIONS REQUIRED.—A person may not
 135 perform environmental health or sanitary evaluations in any
 136 primary program area of environmental health without being
 137 certified by the department as competent to perform such
 138 evaluations. This section does not apply to any of the
 139 following:

140 (a) Persons performing inspections of public food service
 141 establishments licensed under chapter 509. ~~7-01~~

142 (b) Persons performing site evaluations in order to
 143 determine proper placement and installation of onsite wastewater
 144 treatment and disposal systems who have successfully completed a
 145 department-approved soils morphology course and who are working

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146 under the direct responsible charge of an engineer licensed
 147 under chapter 471.

148 (c) Environmental health technicians employed by a
 149 department as defined in s. 20.03 who are assigned the
 150 responsibility for conducting septic tank inspections under the
 151 supervision of an environmental health professional certified in
 152 onsite sewage treatment and disposal.

153 (4) STANDARDS FOR CERTIFICATION.—The department shall adopt
 154 rules that establish definitions of terms and minimum standards
 155 of education, training, or experience for those persons subject
 156 to this subsection ~~section~~. The rules must also address the
 157 process for application, examination, issuance, expiration, and
 158 renewal of certification and ethical standards of practice for
 159 the profession.

160 (a) Persons employed as environmental health professionals
 161 shall exhibit a knowledge of rules and principles of
 162 environmental and public health law in Florida through
 163 examination. A person may not conduct environmental health
 164 evaluations in a primary program area unless he or she is
 165 currently certified in that program area or works under the
 166 direct supervision of a certified environmental health
 167 professional.

168 1. All persons who begin employment in a primary
 169 environmental health program on or after September 21, 1994,
 170 must be certified in that program within 6 months after
 171 employment.

172 2. Persons employed in the primary environmental health
 173 program of a food protection program or an onsite sewage
 174 treatment and disposal system prior to September 21, 1994, shall

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175 be considered certified while employed in that position and
 176 shall be required to adhere to any professional standards
 177 established by the department pursuant to paragraph (b),
 178 complete any continuing education requirements imposed under
 179 paragraph (d), and pay the certificate renewal fee imposed under
 180 subsection (7) ~~(6)~~.

181 3. Persons employed in the primary environmental health
 182 program of a food protection program or an onsite sewage
 183 treatment and disposal system prior to September 21, 1994, who
 184 change positions or program areas and transfer into another
 185 primary environmental health program area on or after September
 186 21, 1994, must be certified in that program within 6 months
 187 after such transfer, except that they will not be required to
 188 possess the college degree required under paragraph (e).

189 4. Registered sanitarians shall be considered certified and
 190 shall be required to adhere to any professional standards
 191 established by the department pursuant to paragraph (b).

192 (b) At a minimum, the department shall establish standards
 193 for professionals in the areas of food hygiene and onsite sewage
 194 treatment and disposal.

195 (c) Those persons conducting primary environmental health
 196 evaluations shall be certified by examination to be
 197 knowledgeable in any primary area of environmental health in
 198 which they are routinely assigned duties.

199 (d) Persons who are certified shall renew their
 200 certification biennially by completing not less than 24 contact
 201 hours of continuing education for each program area in which
 202 they maintain certification, subject to a maximum of 48 hours
 203 for multiprogram certification.

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204 (e) Applicants for certification shall have graduated from
 205 an accredited 4-year college or university with a degree or
 206 major coursework in public health, environmental health,
 207 environmental science, or a physical or biological science.

208 (f) A certificateholder shall notify the department within
 209 60 days after any change of name or address from that which
 210 appears on the current certificate.

211 (5) STANDARDS FOR ENVIRONMENTAL HEALTH TECHNICIAN
 212 CERTIFICATION.—The department, in conjunction with the
 213 Department of Environmental Protection, shall adopt rules that
 214 establish definitions of terms and minimum standards of
 215 education, training, and experience for those persons subject to
 216 this subsection. The rules must also address the process for
 217 application, examination, issuance, expiration, and renewal of
 218 certification, and ethical standards of practice for the
 219 profession.

220 (a) At a minimum, the department shall establish standards
 221 for technicians in the areas of onsite sewage treatment and
 222 disposal.

223 (b) A person conducting septic inspections must be
 224 certified by examination to be knowledgeable in the area of
 225 onsite sewage treatment and disposal.

226 (c) An applicant for certification as an environmental
 227 health technician must, at a minimum, have received a high
 228 school diploma or its equivalent.

229 (d) An applicant for certification as an environmental
 230 health technician must be employed by a department as defined in
 231 s. 20.30.

232 (e) An applicant for certification as an environmental

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233 health technician must complete supervised field inspection work
 234 as prescribed by department rule before examination.

235 (f) A certified environmental health technician must renew
 236 his or her certification biennially by completing at least 24
 237 contact hours of continuing education for each program area in
 238 which he or she maintains certification, subject to a maximum of
 239 48 hours for multiprogram certification.

240 (g) A certified environmental health technician shall
 241 notify the department within 60 days after any change of name or
 242 address from that which appears on the current certificate.

243 (6)(5) EXEMPTIONS.—A person who conducts primary
 244 environmental evaluation activities and maintains a current
 245 registration or certification from another state agency which
 246 examined the person's knowledge of the primary program area and
 247 requires comparable continuing education to maintain the
 248 certificate shall not be required to be certified by this
 249 section. ~~Examples of persons not subject to certification are~~
 250 ~~physicians, registered dietitians, certified laboratory~~
 251 ~~personnel, and nurses.~~

252 (7)(6) FEES.—The department shall charge fees in amounts
 253 necessary to meet the cost of providing environmental health
 254 professional certification. Fees for certification shall be not
 255 less than \$10 or more than \$300 and shall be set by rule.
 256 Application, examination, and certification costs shall be
 257 included in this fee. Fees for renewal of a certificate shall be
 258 no less than \$25 nor more than \$150 per biennium.

259 Section 2. Section 381.991, Florida Statutes, is created to
 260 read:

261 381.991 Andrew John Anderson Pediatric Rare Disease Grant

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262 Program.—

263 (1) (a) There is created within the Department of Health the
 264 Andrew John Anderson Rare Pediatric Disease Grant Program. The
 265 purpose of the program is to advance the progress of research
 266 and cures for rare pediatric diseases by awarding grants through
 267 a competitive, peer-reviewed process.

268 (b) Subject to an annual appropriation by the Legislature,
 269 the program shall award grants for scientific and clinical
 270 research to further the search for new diagnostics, treatments,
 271 and cures for rare pediatric diseases.

272 (2) (a) Applications for grants for rare pediatric disease
 273 research may be submitted by any university or established
 274 research institute in the state. All qualified investigators in
 275 the state, regardless of institutional affiliation, shall have
 276 equal access and opportunity to compete for the research
 277 funding. Preference may be given to grant proposals that foster
 278 collaboration among institutions, researchers, and community
 279 practitioners, as such proposals support the advancement of
 280 treatments and cures of rare pediatric diseases through basic or
 281 applied research. Grants shall be awarded by the department,
 282 after consultation with the Rare Disease Advisory Council,
 283 pursuant to s. 381.99, on the basis of scientific merit, as
 284 determined by the competitive, peer-reviewed process to ensure
 285 objectivity, consistency, and high quality. The following types
 286 of applications may be considered for funding:

287 1. Investigator-initiated research grants.

288 2. Institutional research grants.

289 3. Collaborative research grants, including those that
 290 advance the finding of treatment and cures through basic or

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291 applied research.

292 (b) To ensure appropriate and fair evaluation of grant
 293 applications based on scientific merit, the department shall
 294 appoint peer review panels of independent, scientifically
 295 qualified individuals to review the scientific merit of each
 296 proposal and establish its priority score. The priority scores
 297 shall be forwarded to the council and must be considered in
 298 determining which proposals shall be recommended for funding.

299 (c) The council and the peer review panels shall establish
 300 and follow rigorous guidelines for ethical conduct and adhere to
 301 a strict policy with regard to conflicts of interest. A member
 302 of the council or panel may not participate in any discussion or
 303 decision of the council or panel with respect to a research
 304 proposal by any firm, entity, or agency that the member is
 305 associated with as a member of the governing body or as an
 306 employee or with which the member has entered into a contractual
 307 arrangement.

308 (d) Notwithstanding s. 216.301 and pursuant to s. 216.351,
 309 the balance of any appropriation from the General Revenue Fund
 310 for the Andrew John Anderson Pediatric Rare Disease Grant
 311 Program that is not disbursed but that is obligated pursuant to
 312 contract or committed to be expended by June 30 of the fiscal
 313 year in which the funds are appropriated may be carried forward
 314 for up to 5 years after the effective date of the original
 315 appropriation.

316 Section 3. Present subsection (5) of section 383.14,
 317 Florida Statutes, is redesignated as subsection (6), a new
 318 subsection (5) is added to that section, and subsections (1),
 319 (2), and (3) of that section are amended, to read:

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320 383.14 Screening for metabolic disorders, other hereditary
 321 and congenital disorders, and environmental risk factors.—

322 (1) SCREENING REQUIREMENTS.—To help ensure access to the
 323 maternal and child health care system, the Department of Health
 324 shall promote the screening of all newborns born in Florida for
 325 metabolic, hereditary, and congenital disorders known to result
 326 in significant impairment of health or intellect, as screening
 327 programs accepted by current medical practice become available
 328 and practical in the judgment of the department. Any health care
 329 practitioner present at a birth or responsible for primary care
 330 during the neonatal period has the primary responsibility of
 331 administering screenings as required in ss. 383.14 and 383.145.
 332 As used in this subsection, the term "health care practitioner"
 333 means a physician or physician assistant licensed under chapter
 334 458, an osteopathic physician or physician assistant licensed
 335 under chapter 459, an advanced practice registered nurse
 336 licensed under part I of chapter 464, or a midwife licensed
 337 under chapter 467 ~~The department shall also promote the~~
 338 ~~identification and screening of all newborns in this state and~~
 339 ~~their families for environmental risk factors such as low~~
 340 ~~income, poor education, maternal and family stress, emotional~~
 341 ~~instability, substance abuse, and other high-risk conditions~~
 342 ~~associated with increased risk of infant mortality and morbidity~~
 343 ~~to provide early intervention, remediation, and prevention~~
 344 ~~services, including, but not limited to, parent support and~~
 345 ~~training programs, home visitation, and case management.~~
 346 ~~Identification, perinatal screening, and intervention efforts~~
 347 ~~shall begin prior to and immediately following the birth of the~~
 348 ~~child by the attending health care provider. Such efforts shall~~

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349 ~~be conducted in hospitals, perinatal centers, county health~~
 350 ~~departments, school health programs that provide prenatal care,~~
 351 ~~and birthing centers, and reported to the Office of Vital~~
 352 ~~Statistics.~~

353 ~~(a) Prenatal screening. The department shall develop a~~
 354 ~~multilevel screening process that includes a risk assessment~~
 355 ~~instrument to identify women at risk for a preterm birth or~~
 356 ~~other high-risk condition. The primary health care provider~~
 357 ~~shall complete the risk assessment instrument and report the~~
 358 ~~results to the Office of Vital Statistics so that the woman may~~
 359 ~~immediately be notified and referred to appropriate health,~~
 360 ~~education, and social services.~~

361 ~~(b) Postnatal screening. A risk factor analysis using the~~
 362 ~~department's designated risk assessment instrument shall also be~~
 363 ~~conducted as part of the medical screening process upon the~~
 364 ~~birth of a child and submitted to the department's Office of~~
 365 ~~Vital Statistics for recording and other purposes provided for~~
 366 ~~in this chapter. The department's screening process for risk~~
 367 ~~assessment shall include a scoring mechanism and procedures that~~
 368 ~~establish thresholds for notification, further assessment,~~
 369 ~~referral, and eligibility for services by professionals or~~
 370 ~~paraprofessionals consistent with the level of risk. Procedures~~
 371 ~~for developing and using the screening instrument, notification,~~
 372 ~~referral, and care coordination services, reporting~~
 373 ~~requirements, management information, and maintenance of a~~
 374 ~~computer-driven registry in the Office of Vital Statistics which~~
 375 ~~ensures privacy safeguards must be consistent with the~~
 376 ~~provisions and plans established under chapter 411, Pub. L. No.~~
 377 ~~99-457, and this chapter. Procedures established for reporting~~

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378 ~~information and maintaining a confidential registry must include~~
 379 ~~a mechanism for a centralized information depository at the~~
 380 ~~state and county levels. The department shall coordinate with~~
 381 ~~existing risk assessment systems and information registries. The~~
 382 ~~department must ensure, to the maximum extent possible, that the~~
 383 ~~screening information registry is integrated with the~~
 384 ~~department's automated data systems, including the Florida On-~~
 385 ~~line Recipient Integrated Data Access (FLORIDA) system.~~

386 (a) Blood specimens for newborn screenings. ~~Newborn Tests~~
 387 ~~and screenings must be performed by the State Public Health~~
 388 ~~Laboratory, in coordination with Children's Medical Services, at~~
 389 ~~such times and in such manner as is prescribed by the department~~
 390 ~~after consultation with the Genetics and Newborn Screening~~
 391 ~~Advisory Council and the Department of Education.~~

392 (b)(e) Release of screening results. ~~Notwithstanding any~~
 393 ~~law to the contrary, the State Public Health Laboratory may~~
 394 ~~release, directly or through the Children's Medical Services~~
 395 ~~program, the results of a newborn's hearing and metabolic tests~~
 396 ~~or screenings to the newborn's health care practitioner, the~~
 397 ~~newborn's parent or legal guardian, the newborn's personal~~
 398 ~~representative, or a person designated by the newborn's parent~~
 399 ~~or legal guardian. As used in this paragraph, the term "health~~
 400 ~~care practitioner" means a physician or physician assistant~~
 401 ~~licensed under chapter 458; an osteopathic physician or~~
 402 ~~physician assistant licensed under chapter 459; an advanced~~
 403 ~~practice registered nurse, registered nurse, or licensed~~
 404 ~~practical nurse licensed under part I of chapter 464; a midwife~~
 405 ~~licensed under chapter 467; a speech-language pathologist or~~
 406 ~~audiologist licensed under part I of chapter 468; or a dietician~~

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407 or nutritionist licensed under part X of chapter 468; or a
 408 genetic counselor licensed under part III of chapter 483.

409 (2) RULES.—

410 (a) After consultation with the Genetics and Newborn
 411 Screening Advisory Council, the department shall adopt and
 412 enforce rules requiring that every newborn in this state shall:

413 1. Before becoming 1 week of age, have a blood specimen
 414 collected for newborn screenings ~~be subjected to a test for~~
 415 ~~phenylketonuria;~~

416 2. Be tested for any condition included on the federal
 417 Recommended Uniform Screening Panel which the council advises
 418 the department should be included under the state's screening
 419 program. After the council recommends that a condition be
 420 included, the department shall submit a legislative budget
 421 request to seek an appropriation to add testing of the condition
 422 to the newborn screening program. The department shall expand
 423 statewide screening of newborns to include screening for such
 424 conditions within 18 months after the council renders such
 425 advice, if a test approved by the United States Food and Drug
 426 Administration or a test offered by an alternative vendor is
 427 available. If such a test is not available within 18 months
 428 after the council makes its recommendation, the department shall
 429 implement such screening as soon as a test offered by the United
 430 States Food and Drug Administration or by an alternative vendor
 431 is available; and

432 3. At the appropriate age, be tested for such other
 433 metabolic diseases and hereditary or congenital disorders as the
 434 department may deem necessary ~~from time to time.~~

435 ~~(b) After consultation with the Department of Education,~~

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436 ~~the department shall adopt and enforce rules requiring every~~
 437 ~~newborn in this state to be screened for environmental risk~~
 438 ~~factors that place children and their families at risk for~~
 439 ~~increased morbidity, mortality, and other negative outcomes.~~

440 ~~(b)(c)~~ The department shall adopt such additional rules as
 441 are found necessary for the administration of this section and
 442 ss. 383.145 and 383.148 s. 383.145, including rules providing
 443 definitions of terms, rules relating to the methods used and
 444 time or times for testing as accepted medical practice
 445 indicates, rules relating to charging and collecting fees for
 446 the administration of the newborn screening program authorized
 447 by this section, rules for processing requests and releasing
 448 test and screening results, and rules requiring mandatory
 449 reporting of the results of tests and screenings for these
 450 conditions to the department.

451 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The department
 452 shall administer and provide certain services to implement the
 453 provisions of this section and shall:

454 (a) Assure the availability and quality of the necessary
 455 laboratory tests and materials.

456 (b) ~~Furnish all physicians, county health departments,~~
 457 ~~perinatal centers, birthing centers, and hospitals forms on~~
 458 ~~which environmental screening and the results of tests for~~
 459 ~~phenylketonuria and such other disorders for which testing may~~
 460 ~~be required from time to time shall be reported to the~~
 461 ~~department.~~

462 ~~(c)~~ Promote education of the public about the prevention
 463 and management of metabolic, hereditary, and congenital
 464 disorders and dangers associated with environmental risk

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465 ~~factors.~~

466 (c)(d) Maintain a confidential registry of cases, including
 467 information of importance for the purpose of follow-up ~~followup~~
 468 services to prevent intellectual disabilities, to correct or
 469 ameliorate physical disabilities, and for epidemiologic studies,
 470 if indicated. Such registry shall be exempt from the provisions
 471 of s. 119.07(1).

472 (d)(e) Supply the necessary dietary treatment products
 473 where practicable for diagnosed cases of ~~phenylketonuria and~~
 474 ~~other~~ metabolic diseases for as long as medically indicated when
 475 the products are not otherwise available. Provide nutrition
 476 education and supplemental foods to those families eligible for
 477 the Special Supplemental Nutrition Program for Women, Infants,
 478 and Children as provided in s. 383.011.

479 (e)(f) Promote the availability of genetic studies,
 480 services, and counseling in order that the parents, siblings,
 481 and affected newborns may benefit from detection and available
 482 knowledge of the condition.

483 (f)(g) Have the authority to charge and collect fees for
 484 the administration of the newborn screening program, ~~authorized~~
 485 ~~in this section, as follows:~~

486 ~~±~~. A fee not to exceed \$15 will be charged for each live
 487 birth, as recorded by the Office of Vital Statistics, occurring
 488 in a hospital licensed under part I of chapter 395 or a birth
 489 center licensed under s. 383.305 ~~per year~~. The department shall
 490 calculate the ~~annual~~ assessment for each hospital and birth
 491 center, and this assessment must be paid ~~in equal amounts~~
 492 quarterly. ~~Quarterly~~, The department shall generate and issue
 493 ~~mail to~~ each hospital and birth center a statement of the amount

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494 due.

495 ~~2. As part of the department's legislative budget request~~
 496 ~~prepared pursuant to chapter 216, the department shall submit a~~
 497 ~~certification by the department's inspector general, or the~~
 498 ~~director of auditing within the inspector general's office, of~~
 499 ~~the annual costs of the uniform testing and reporting procedures~~
 500 ~~of the newborn screening program. In certifying the annual~~
 501 ~~costs, the department's inspector general or the director of~~
 502 ~~auditing within the inspector general's office shall calculate~~
 503 ~~the direct costs of the uniform testing and reporting~~
 504 ~~procedures, including applicable administrative costs.~~
 505 ~~Administrative costs shall be limited to those department costs~~
 506 ~~which are reasonably and directly associated with the~~
 507 ~~administration of the uniform testing and reporting procedures~~
 508 ~~of the newborn screening program.~~

509 (g)(h) Have the authority to bill third-party payors for
 510 newborn screening tests.

511 (h)(i) Create and make available electronically a pamphlet
 512 with information on screening for, and the treatment of,
 513 preventable infant and childhood eye and vision disorders,
 514 including, but not limited to, retinoblastoma and amblyopia.

515
 516 All provisions of this subsection must be coordinated with the
 517 provisions and plans established under this chapter, chapter
 518 411, and Pub. L. No. 99-457.

519 (5) SUBMISSION OF NEWBORN SCREENING SPECIMEN CARDS.-Any
 520 health care practitioner whose duty it is to administer
 521 screenings under this section shall prepare and send all newborn
 522 screening specimen cards to the State Public Health Laboratory

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523 in accordance with rules adopted under this section. As used in
 524 this subsection, the term "health care practitioner" means a
 525 physician or physician assistant licensed under chapter 458, an
 526 osteopathic physician or physician assistant licensed under
 527 chapter 459, an advanced practice registered nurse licensed
 528 under part I of chapter 464, or a midwife licensed under chapter
 529 467.

530 Section 4. Paragraph (k) is added to subsection (2) of
 531 Section 383.145, Florida Statutes, and subsection (3) of that
 532 section is amended, to read:

533 383.145 Newborn, ~~and~~ infant, and toddler hearing
 534 screening.-

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

536 (k) "Toddler" means a child from 12 months to 36 months of
 537 age.

538 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS, INFANTS, AND
 539 TODDLERS; INSURANCE COVERAGE; REFERRAL FOR ONGOING SERVICES.-

540 (a) Each hospital or other state-licensed birth birthing
 541 facility that provides maternity and newborn care services shall
 542 ensure that all newborns are, before discharge, screened for the
 543 detection of hearing loss to prevent the consequences of
 544 unidentified disorders. If a newborn fails the screening for the
 545 detection of hearing loss, the hospital or other state-licensed
 546 birth birthing facility must administer a test approved by the
 547 United States Food and Drug Administration or another
 548 diagnostically equivalent test on the newborn to screen for
 549 congenital cytomegalovirus before the newborn becomes 21 days of
 550 age or before discharge, whichever occurs earlier.

551 (b) Each licensed birth center that provides maternity and

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552 newborn care services shall ensure that all newborns are, before
 553 discharge, screened for the detection of hearing loss. Within 7
 554 days after the birth, the licensed birth center must ensure that
 555 all newborns who do not pass the hearing screening are referred
 556 for to an appointment audiologist, a hospital, or another
 557 newborn hearing screening provider for a test to screen for
 558 congenital cytomegalovirus before the newborn becomes 21 days of
 559 age screening for the detection of hearing loss to prevent the
 560 consequences of unidentified disorders. The referral for
 561 appointment must be made within 7 days after discharge. Written
 562 documentation of the referral must be placed in the newborn's
 563 medical chart.

564 (c) If the parent or legal guardian of the newborn objects
 565 to the screening, the screening must not be completed. In such
 566 case, the physician, midwife, or other person attending the
 567 newborn shall maintain a record that the screening has not been
 568 performed and attach a written objection that must be signed by
 569 the parent or guardian.

570 (d) For home births, the health care provider in attendance
 571 is responsible for coordination and referral to an audiologist,
 572 a hospital, or another newborn hearing screening provider. The
 573 health care provider in attendance must make the referral for
 574 appointment within 7 days after the birth. In cases in which the
 575 home birth is not attended by a health care provider, the
 576 newborn's primary health care provider is responsible for
 577 coordinating the referral.

578 (e) For home births and births in a licensed birth center,
 579 if a newborn is referred to a newborn hearing screening provider
 580 and the newborn fails the screening for the detection of hearing

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581 loss, the newborn's primary health care provider must refer the
 582 newborn for administration of a test approved by the United
 583 States Food and Drug Administration or another diagnostically
 584 equivalent test on the newborn to screen for congenital
 585 cytomegalovirus before the newborn becomes 21 days of age.

586 (f) All newborn and infant hearing screenings must be
 587 conducted by an audiologist, a physician, or an appropriately
 588 supervised individual who has completed documented training
 589 specifically for newborn hearing screening. Every hospital that
 590 provides maternity or newborn care services shall obtain the
 591 services of an audiologist, a physician, or another newborn
 592 hearing screening provider, through employment or contract or
 593 written memorandum of understanding, for the purposes of
 594 appropriate staff training, screening program supervision,
 595 monitoring the scoring and interpretation of test results,
 596 rendering of appropriate recommendations, and coordination of
 597 appropriate follow-up services. Appropriate documentation of the
 598 screening completion, results, interpretation, and
 599 recommendations must be placed in the medical record within 24
 600 hours after completion of the screening procedure.

601 (g) The screening of a newborn's hearing must be completed
 602 before the newborn is discharged from the hospital or licensed
 603 birth center. However, if the screening is not completed before
 604 discharge due to scheduling or temporary staffing limitations,
 605 the screening must be completed within 21 days after the birth.
 606 Screenings completed after discharge or performed because of
 607 initial screening failure must be completed by an audiologist, a
 608 physician, a hospital, or another newborn hearing screening
 609 provider.

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610 (h) Each hospital shall formally designate a lead physician
 611 responsible for programmatic oversight for newborn hearing
 612 screening. Each birth center shall designate a licensed health
 613 care provider to provide such programmatic oversight and to
 614 ensure that the appropriate referrals are being completed.

615 (i) When ordered by the treating physician, screening of a
 616 newborn's, infant's, or toddler's hearing must include auditory
 617 brainstem responses, or evoked otoacoustic emissions, or
 618 appropriate technology as approved by the United States Food and
 619 Drug Administration.

620 (j) The results of any test conducted pursuant to this
 621 section, including, but not limited to, newborn hearing loss
 622 screening, congenital cytomegalovirus testing, and any related
 623 diagnostic testing, must be reported to the department within 7
 624 days after receipt of such results.

625 (k) The initial procedure for screening the hearing of the
 626 newborn or infant and any medically necessary follow-up
 627 reevaluations leading to diagnosis shall be a covered benefit
 628 for Medicaid patients covered by a fee-for-service program. For
 629 Medicaid patients enrolled in HMOs, providers shall be
 630 reimbursed directly by the Medicaid Program Office at the
 631 Medicaid rate. This service may not be considered a covered
 632 service for the purposes of establishing the payment rate for
 633 Medicaid HMOs. All health insurance policies and health
 634 maintenance organizations as provided under ss. 627.6416,
 635 627.6579, and 641.31(30), except for supplemental policies that
 636 only provide coverage for specific diseases, hospital indemnity,
 637 or Medicare supplement, or to the supplemental policies, shall
 638 compensate providers for the covered benefit at the contracted

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639 rate. Nonhospital-based providers are eligible to bill Medicaid
640 for the professional and technical component of each procedure
641 code.

642 (1) A child who is diagnosed as having permanent hearing
643 loss must be referred to the primary care physician for medical
644 management, treatment, and follow-up services. Furthermore, in
645 accordance with Part C of the Individuals with Disabilities
646 Education Act, Pub. L. No. 108-446, Infants and Toddlers with
647 Disabilities, any child from birth to 36 months of age who is
648 diagnosed as having hearing loss that requires ongoing special
649 hearing services must be referred to the Children's Medical
650 Services Early Intervention Program serving the geographical
651 area in which the child resides.

652 Section 5. Section 383.147, Florida Statutes, is amended to
653 read:

654 383.147 ~~Newborn and infant screenings for Sickle cell~~
655 ~~disease and sickle cell trait hemoglobin variants;~~ registry.—

656 (1) ~~If a screening provider detects that a newborn as or an~~
657 ~~infant, as those terms are defined in s. 383.145(2), is~~
658 identified as having sickle cell disease or carrying a sickle
659 cell trait through the newborn screening program as described in
660 s. 383.14, the department hemoglobin variant, it must:

661 (a) Notify the parent or guardian of the newborn and
662 provide information regarding the availability and benefits of
663 genetic counseling. ~~primary care physician of the newborn or~~
664 ~~infant and~~

665 (b) Submit the results of such screening to the Department
666 of Health for inclusion in the sickle cell registry established
667 under paragraph (2) (a), unless the parent or guardian of the

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668 newborn provides an opt-out form obtained from the department,
669 or otherwise indicates in writing to the department his or her
670 objection to having the newborn included in the sickle cell
671 registry. ~~The primary care physician must provide to the parent~~
672 ~~or guardian of the newborn or infant information regarding the~~
673 ~~availability and benefits of genetic counseling.~~

674 (2) (a) The Department of Health shall contract with a
675 community-based sickle cell disease medical treatment and
676 research center to establish and maintain a registry for
677 individuals newborns and infants who are identified as having
678 sickle cell disease or carrying a sickle cell trait hemoglobin
679 variant. The sickle cell registry must track sickle cell disease
680 outcome measures, except as provided in paragraph (1) (b). A
681 ~~parent or guardian of a newborn or an infant in the registry may~~
682 ~~request to have his or her child removed from the registry by~~
683 ~~submitting a form prescribed by the department by rule.~~

684 (b) In addition to newborns identified and included in the
685 registry under subsection (1), persons living in this state who
686 have been identified as having sickle cell disease or carrying a
687 sickle cell trait may choose to be included in the registry by
688 providing the department with notification as prescribed by
689 rule.

690 (c) The Department of Health shall also establish a system
691 to ensure that the community-based sickle cell disease medical
692 treatment and research center notifies the parent or guardian of
693 a child who has been included in the registry that a follow-up
694 consultation with a physician is recommended. Such notice must
695 be provided to the parent or guardian of such child at least
696 once during early adolescence and once during late adolescence.

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697 The department shall make every reasonable effort to notify
 698 persons included in the registry who are 18 years of age that
 699 they may request to be removed from the registry by submitting a
 700 form prescribed by the department by rule. The department shall
 701 also provide to such persons information regarding available
 702 educational services, genetic counseling, and other beneficial
 703 resources.

704 (3) The Department of Health shall adopt rules to implement
 705 this section.

706 Section 6. Section 383.148, Florida Statutes, is created to
 707 read:

708 383.148 ENVIRONMENTAL RISK SCREENING.—

709 (1) RISK SCREENING.—To help ensure access to the maternal
 710 and child health care system, the Department of Health shall
 711 promote the screening of all pregnant women and infants in this
 712 state for environmental risk factors, such as low income, poor
 713 education, maternal and family stress, mental health, substance
 714 use disorder, and other high-risk conditions, and promote
 715 education of the public about the dangers associated with
 716 environmental risk factors.

717 (2) PRENATAL RISK SCREENING REQUIREMENTS.—The department
 718 shall develop a multilevel screening process that includes a
 719 risk assessment instrument to identify women at risk for a
 720 preterm birth or other high-risk condition.

721 (a) A primary health care provider must complete the risk
 722 screening at a pregnant woman's first prenatal visit using the
 723 form and in the manner prescribed by rules adopted under this
 724 section, so that the woman may immediately be notified and
 725 referred to appropriate health, education, and social services.

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726 (b) This subsection does not apply if the pregnant woman
 727 objects to the screening in a manner prescribed by department
 728 rule.

729 (3) POSTNATAL RISK SCREENING REQUIREMENTS.—The department
 730 shall develop a multilevel screening process that includes a
 731 risk assessment instrument to identify factors associated with
 732 increased risk of infant mortality and morbidity to provide
 733 early intervention, remediation, and prevention services,
 734 including, but not limited to, parent support and training
 735 programs, home visitation, and case management.

736 (a) A hospital or birth center must complete the risk
 737 screening immediately following the birth of the infant, before
 738 discharge from the hospital or birth center, using the form and
 739 in the manner prescribed by rules adopted under this section.

740 (b) This subsection does not apply if a parent or guardian
 741 of the newborn objects to the screening in a manner prescribed
 742 by department rule.

743 Section 7. Paragraph (i) of subsection (3) of section
 744 383.318, Florida Statutes, is amended to read:

745 383.318 Postpartum care for birth center clients and
 746 infants.—

747 (3) The birth center shall provide a postpartum evaluation
 748 and followup care that includes all of the following:

749 (i) Provision of the informational pamphlet on infant and
 750 childhood eye and vision disorders created by the department
 751 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

752 Section 8. Section 395.1053, Florida Statutes, is amended
 753 to read:

754 395.1053 Postpartum education.—A hospital that provides

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755 birthing services shall incorporate information on safe sleep
756 practices and the possible causes of Sudden Unexpected Infant
757 Death into the hospital's postpartum instruction on the care of
758 newborns and provide to each parent the informational pamphlet
759 on infant and childhood eye and vision disorders created by the
760 department pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~.

761 Section 9. Section 456.0496, Florida Statutes, is amended
762 to read:

763 456.0496 Provision of information on eye and vision
764 disorders to parents during planned out-of-hospital births.—A
765 health care practitioner who attends an out-of-hospital birth
766 must ensure that the informational pamphlet on infant and
767 childhood eye and vision disorders created by the department
768 pursuant to s. 383.14(3)(h) ~~s. 383.14(3)(i)~~ is provided to each
769 parent after such a birth.

770 Section 10. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: February 6, 2024

I respectfully request that **CS/SB 1582**, relating to Department of Health, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script, appearing to read "Ana Maria Rodriguez".

Senator Ana Maria Rodriguez
Florida Senate, District 40

The Florida Senate

APPEARANCE RECORD

2.20.24

Meeting Date

1582

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

Approps on Health & Human Services

Committee

Amendment Barcode (if applicable)

Name Damaris Allen, Florida PTA

Phone 407 855 7604

Address 1747 Orlando Central Pkwy

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Orlando

FL

32809

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/CS/SB 1666

INTRODUCER: Appropriations Committee on Health and Human Services; Military and Veterans Affairs, Space, and Domestic Security Committee; and Senator Collins

SUBJECT: Veterans

DATE: February 22, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Proctor</u>	<u>MS</u>	<u>Fav/CS</u>
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1666 contains multiple provisions on veterans. The bill:

- Expands job outreach, marketing and support services of Florida is for Veterans, Inc., (Veterans Florida);
- Increases the number of board members that govern the Florida is for Veterans Corporation from nine members to eleven. The President of the Senate and the Speaker of the House of Representatives each appoint one additional member to the board from the body for which they preside to serve as ex officio, nonvoting members.
- Clarifies that the focus of the Veterans Employment and Training Services Program is to link veterans and their spouses with businesses in a target or secondary industry business;
- Allows an educational stipend for veterans while training at any location of the University of Florida's (UF) Institute of Food and Agricultural Sciences (IFAS) within the state;
- Expands the role of Veterans Florida in assisting with industry certification;
- Provides that a participating business in a Veterans Florida grant program may also receive a grant under any state program, and not just the Quick Response Training Program;
- Exempts veterans from certain business filing fees with the Department of State;
- Creates a fee exemption on hunting and fishing licenses for honorably discharged veterans with a service-connected disability percentage rating of 50 percent or more;
- Revises the structure, appointment of members, and frequency of meetings of the Advisory Council on Brain and Spinal Cord Injuries; and

- Adds to the list of required instruction for middle and high school students in public schools two 45-minute lessons on the history and importance of Veterans' Day and Memorial Day.

The bill creates the Florida Veterans' History Program (Program) within the Department of State's Division of Arts and Culture (Division). The Program will act to collect and preserve the stories and experiences of Florida's veterans and the State of Florida's military contributions throughout the nation's history. The Division may request assistance with the Program from the Department of Veterans' Affairs.

To complete the goal of the Program, the bill requires the Division's folklorists to identify those veterans who are willing to share their experiences. The veterans may submit written or electronic accounts of their experiences for inclusion in the Program. The bill allows the Division to adopt rules to implement the Program and to contract with a third-party vendor to fulfil these responsibilities.

The bill appropriates \$91,207 in recurring General Revenue funds to the Division and one full-time equivalent position with an associated salary rate of 68,771 to implement and administer the Program.

The bill appropriates \$528,514 in nonrecurring General Revenue funds to the University of Florida for the purpose of conducting a longitudinal study on the efficacy of ketamine in treating depression in the veteran population of this state.

The bill may have an indeterminate, significant negative fiscal impact. See Section V., Fiscal Impact Statement.

The bill takes effect on July 1, 2024.

II. Present Situation:

Department of State

The Department of State (DOS), created in s. 20.10, F.S., is composed of six divisions: Elections, Historical Resources, Corporations, Library and Information Services, Arts and Culture, and Administration. The head of the DOS is the Secretary of State (Secretary). The Secretary is appointed by and serves at the pleasure of the Governor, and is confirmed by the Senate. The Secretary performs functions conferred by the State Constitution upon the custodian of state records.¹ The Secretary also serves as the state protocol officer and, in consultation with the Governor and other governmental officials, develops, maintains, publishes, and distributes the state protocol manual.²

¹ Section 20.10(1), F.S.

² Section 15.01(1), F.S.

Division of Arts and Culture

The DOS's Division of Arts and Culture (Division) is the State's arts agency. The Division promotes access to culture opportunities through different programs and grants.³ The Division provides funding for the following:

- Arts in education;
- Local arts agencies;
- State service organizations;
- Museums;
- Theater;
- Dance;
- Folk art;
- Literature;
- Media arts;
- Multidisciplinary;
- Music; and
- Visual arts programs and projects.⁴

Department of State and Incorporation

The DOS is responsible for receiving and maintaining incorporation and business filings required in law, such as service of process for legal proceedings,⁵ articles of incorporation,⁶ and registration of fictitious names.⁷ A person who wants to file incorporation and business filings with the DOS must pay the appropriate fee. Amongst the filings received and maintained by the DOS, and the appropriate filing fee associated with them, are those identified in:

- Chapter 605, Florida Revised Limited Liability Company Act: limited liability companies file with the DOS a registration with their name, registered agent, and registered office location;⁸
- Chapter 607, Florida Business Corporation Act: corporations file their articles of incorporation, changes to their registered office or registered agent, and must file an annual report, among other documents;⁹
- Chapter 617, Corporations Not For Profit: requires not for profit corporations to file with the DOS their articles of incorporation, changes to their registered office or registered agent, and must file an annual report, among other documents;¹⁰ and
- Chapter 620, Partnership Laws: limited partnerships must file a certificate of limited partnership with the DOS containing the name of the limited partnership, the address, and the business address of each general partner¹¹ as well as an annual report, among other

³ Florida Department of State, Florida Division of Arts and Culture, *Mission*, <https://dos.fl.gov/cultural/about-us/mission/> (Nov. 30, 2023).

⁴ *Id.*

⁵ *See, e.g.*, ss. 48.061, 48.062, and 48.181, F.S.

⁶ Section 607.0203, F.S.

⁷ Section 865.09, F.S.

⁸ Sections 605.0112(5), 605.113(4), and 605.113(5), F.S. *See s.* 605.0206, F.S.

⁹ Sections 607.0203, 607.0502, and 607.1622, F.S. *See* 607.0120(9), F.S.

¹⁰ Sections 617.0203, 617.0502, and 617.1622, F.S.

¹¹ Sections 620.1109 and 620.1201(1)(a)–(e), F.S.

documents.¹² General partnerships must file a partnership registration statement and an annual report, among other documents.¹³

Fees vary and a sampling is provided below.

Department of State Filing Fees		
Filing articles of organization or articles of revocation of dissolution.	s. 605.0213(2), F.S.	\$ 100.00
Filing a certificate designating a registered agent.	s. 605.0213(7), F.S.	\$ 25.00
Articles of incorporation.	s. 607.0122(1), F.S.	\$ 35.00
Designation of and acceptance by registered agent.	s. 607.0122(5), F.S.	\$ 35.00
Articles of incorporation.	s. 617.0122(1), F.S.	\$ 35.00
Designation of and acceptance by registered agent.	s. 617.0122(5), F.S.	\$ 35.00
Filing an original certificate of limited partnership.	s. 620.1109(2), F.S.	\$ 965.00
Filing a certificate designating a registered agent.	s. 620.1109(8)(a), F.S.	\$ 35.00
Filing a partnership registration statement.	s. 620.81055(1)(a), F.S.	\$ 50.00

Florida is for Veterans, Inc.

The purpose of Florida is for Veterans (Veterans Florida) is to promote the state as veteran-friendly by assisting veterans and their spouses with connections to businesses and employment.¹⁴ Duties of Veterans Florida are to:

- Contract with a research entity experienced in performing market research on the veteran demographic to identify the target market and their educational and employment needs;
- Advise the Florida Tourism Industry Marketing Corporation on the target market; a marketing campaign designed to keep the target market in the state; and methods to disseminate information to the target market on interests and needs of veterans and their families;
- Promote and enhance the value of military skill sets to businesses;
- Implement the Veterans Employment and Training Services Program;
- Responsibly and prudently manage all funds received and ensure that the use of such funds conforms to all applicable laws, bylaws, or contractual requirements;
- Administer relevant programs; and
- Serve as the state’s principal assistance organization under the United States Department of Defense’s SkillBridge program for employers and transitioning servicemembers.¹⁵

Veterans Florida is governed by a nine-member board of directors.¹⁶ The Governor, President of the Senate, and Speaker of the House of Representatives each appoint three members to the board, in consideration of military experience and business expertise. Members of the board of directors serve for staggered terms of four years. Board members serve without compensation but may be reimbursed for travel and per diem expenses incurred while serving.¹⁷

¹² Section 620.1210, F.S.

¹³ Sections 620.8105 and 620.9003, F.S.

¹⁴ Section 295.21(1), F.S.

¹⁵ Section 295.21(3), F.S.

¹⁶ Section 295.21(4)(a), F.S.

¹⁷ Section 295.21(4)(a), F.S.

Veterans Employment and Training Services Program

The Florida Department of Veteran Affairs (FDVA) established the Veterans Employment and Training Services program to link veterans and their spouses with businesses for employment.¹⁸ The purpose of the program is to meet the workforce demands of businesses in the state by facilitating access to training and education in high-demand fields for veterans or their spouses.¹⁹ The program is administered by Veterans Florida, whose duties include:

- Conducting marketing and recruiting efforts directed at veterans or their spouses who live in the state or are interested in relocating and are seeking employment;
 - Offering skills assessments to veterans or their spouses to establish employment goals and apply for and achieve gainful employment;
 - Assisting Florida businesses in recruiting and hiring veterans and veterans' spouses, including providing information about state and federal benefits of hiring veterans;
 - Creating a grant program to provide funding to assist veterans in meeting the workforce-skill needs of businesses;
 - Contracting with entities to administer an entrepreneur initiative program for veterans in this state that connects business leaders in the state with veterans seeking to become entrepreneurs;
 - Performing its functions as the state's principal assistance organization under the United States Department of Defense's SkillBridge program for qualified businesses in this state and transitioning servicemembers;
 - Assisting veterans and their spouses in accessing training, education, and employment in health care professions; and
 - Coordinating with the Office of Veteran Licensure Services within the Department of Health (DOH) to assist veterans and their spouses in obtaining licensure.
- Chapter 620, Partnership Laws: limited partnerships must file a certificate of limited partnership with the DOS containing the name of the limited partnership, the address, and the business address of each general partner²⁰ as well as an annual report, among other documents.²¹ General partnerships must file a partnership registration statement and an annual report, among other documents.²²

Hunting and Fishing Licenses

A person who wants to recreationally hunt or fish in Florida must obtain a recreational license, permit, or authorization number and pay the appropriate fee.²³

Section 379.353(2), F.S., exempts specified individuals from having to possess a recreational license while hunting or fishing. A few examples include any person hunting or freshwater fishing on her or his homestead property, or on the homestead property of the person's spouse or

¹⁸ Section 295.22(2), F.S.

¹⁹ 295.22(2), F.S.

²⁰ Sections 620.1109 and 620.1201(1)(a)–(e), F.S.

²¹ Section 620.1210, F.S.

²² Sections 620.8105 and 620.9003, F.S.

²³ Section 379.354, F.S.

minor child; any minor child hunting or freshwater fishing on the homestead property of her or his parent; and any resident who is a member of the United States Armed Forces and not stationed in this state, when home on leave for 30 days or less, upon submission of orders.

In addition, an exemption on a hunting, freshwater fishing, and saltwater fishing license and permit fee is available to a resident who is certified or determined to be:

- Totally and permanently disabled for purposes of workers’ compensation under chapter 440 as verified by an order of a judge of compensation claims or written confirmation by the carrier providing workers’ compensation benefits, or to be totally and permanently disabled by the Railroad Retirement Board, by the U.S. Department of Veterans Affairs or its predecessor, or a branch of the United States Armed Forces, or who holds a valid identification card issued by the FDVA, upon proof of the same.²⁴ A license issued on a no fee basis expires after five years and must be reissued, upon request, every five years thereafter.²⁵
- Disabled as verified by the United States Social Security Administration. A license issued on a no fee basis expires after two years and must be reissued, upon proof of certification of disability, every two years thereafter.²⁶

Current fees on these licenses for Florida residents are provided below.

Fish and Wildlife Conservation Commission License and Permit Fees		
Annual Freshwater Fishing License	s. 379.354(4)(a), F.S.	\$ 15.50
Annual Saltwater Fishing License	s. 379.354(4)(b), F.S.	\$ 15.50
Annual Hunting License to Take Game	s. 379.354(4)(c), F.S.	\$ 15.50

Advisory Council on Brain and Spinal Cord Injuries

The Advisory Council on Brain and Spinal Cord Injuries, created within the DOH, is a 16-member advisory council on brain and spinal cord injuries. The council is required to meet twice a year²⁷ and is composed of a minimum of:

- Four individuals with brain injuries or who are family members of individuals with brain injuries;
- Four individuals with spinal cord injuries or who are family members of individuals with spinal cord injuries; and
- Two individuals who represent the special needs of children with brain or spinal cord injuries.²⁸

The remaining balance of council members must be physicians, other allied health professionals, administrators of brain and spinal cord injury programs, and representatives from support groups that have expertise in the rehabilitation of individuals with brain or spinal cord injuries.²⁹

²⁴ Section 379.353(1)(a), F.S.

²⁵ Section 379.353(1), F.S.

²⁶ Section 379.353(1)(b), F.S.

²⁷ Section 381.78(1), F.S.

²⁸ Section 381.78(1), F.S.

²⁹ *Id.*

Council members are appointed by the State Surgeon General. All members serve for a four year term and can only serve two terms. The council must meet at least twice annually.³⁰

The purpose of the council is to provide advice and expertise to the DOH in the preparation, implementation, and periodic review of the brain and spinal cord injury program.³¹

Members of the advisory council serve unpaid but are entitled to reimbursement for per diem and travel expenses for required attendance at council meetings.³²

Special Instruction for Middle and High Grades Public School Students

Instructional staff of public schools are required to provide instruction on:

- The history and content of the Declaration of Independence, including national sovereignty, natural law, self-evident truth, equality of all persons, limited government, popular sovereignty, and inalienable rights of life, liberty, and property, and how they form the philosophical foundation of our government.
- The history, meaning, significance, and effect of the U.S. Constitution, with emphasis on the Bill of Rights and how the constitution provides the structure of our government.
- The arguments in support of adopting our republican form of government, as they are embodied in the most important of the Federalist Papers.
- Flag education, including proper flag display and flag salute.
- The elements of civil government, including the primary functions of and interrelationships between the Federal Government, the state, and its local entities.
- U.S. history, including the period of discovery, early colonies, the War for Independence, the Civil War, the expansion of the United States to its present boundaries, the world wars, and the civil rights movement to the present.
- The history of the Holocaust.
- The history of African Americans, including the history of African peoples before the political conflicts that led to the development of slavery, the passage to America, the enslavement experience, abolition, and the history and contributions of Americans of the African diaspora to society.
- The history of Asian Americans and Pacific Islanders, including the history of Japanese internment camps and the incarceration of Japanese-Americans during World War II; the immigration, citizenship, civil rights, identity, and culture of Asian Americans and Pacific Islanders; and the contributions of Asian Americans and Pacific Islanders to American society.
- The study of Hispanic contributions to the United States.
- The study of women's contributions to the United States.
- The sacrifices that veterans and Medal of Honor recipients have made in serving our country and protecting democratic values worldwide. Limits instruction to on or before Medal of

³⁰ Sections 381.78(2) and (3), F.S.

³¹ Section 381.78(4), F.S.

³² Section 381.78(5), F.S.

Honor Day, Veterans' Day, and Memorial Day. Instructional staff is encouraged to use the assistance of local veterans and Medal of Honor recipients.³³

III. Effect of Proposed Changes:

The bill creates s. 265.8021, F.S., to establish the Florida Veterans' History Program (Program) within the Division of Arts and Culture (Division) as a Florida Folklife Program. The Program will collect and preserve the stories and experiences of Florida's veterans and the State of Florida's military contributions throughout the nation's history. The section authorizes the Division to request assistance with the Program from the Department of Veterans' Affairs. The bill requires the Division's folklorists to seek out and identify veterans who are willing to share their experiences to collect and preserve the stories and experiences of Florida's veterans and the State of Florida's military contributions. The section authorizes the Division to adopt rules to implement the Program and to contract with a third-party vendor to fulfil these responsibilities. The bill provides that a veteran,³⁴ as defined in s. 1.01(14), F.S., will be eligible to participate.

The bill appropriates \$91,207 in recurring General Revenue funds to the Division and one full-time equivalent position with an associated salary rate of 68,771 to implement and administer the Florida Veterans' History Program.

The bill appropriates \$528,514 in nonrecurring General Revenue funds to the University of Florida for the purpose of conducting a longitudinal study on the efficacy of ketamine in treating depression in the veteran population of this state.

The bill revises multiple provisions on veterans to expand benefits, revise the structure of the Advisory Council on Brain and Spinal Cord Injuries, and provide instruction to public K-12 students on Veterans Day and Memorial Day.

Florida is for Veterans, Inc.

The bill amends s. 295.21, F.S., to:

- Specify that the purpose of Florida is for Veterans (Veterans Florida) is to serve as the state's initial point of military transition assistance;
- Expand the duties of Veterans Florida to require marketing, awareness, and outreach activities directed towards the target market, defined as members and their spouses of the U.S. Armed Forces with 24 months or less until discharge; veterans with 36 months or less since discharge; and members of the Florida National Guard or reserves; and
- Increases the number of board members that govern the Florida is for Veterans Corporation from nine members to eleven. The President of the Senate and the Speaker of the House of Representatives each appoint one additional member to the board from the body for which they preside to serve as ex officio, nonvoting members.

³³ Section 1003.42(2), F.S.

³⁴ The term "veteran" means a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only or who later received an upgraded discharge under honorable conditions, notwithstanding any action by the United States Department of Veterans Affairs on individuals discharged or released with other than honorable discharges. Section 1.01(14), F.S.

Veterans Employment and Training Services Program

The bill amends s. 295.22, F.S., to:

- Include in the purpose of the program to connect veterans and spouses with opportunities for entrepreneurship, education, training, and resources; to inspire veteran-owned small business; and to assist Florida target industry and secondary industry businesses in recruiting veterans and spouses.
- Define as a secondary industry business, a business that the state has an additional interest in supporting and for which veterans and their spouses may have skills that are directly transferrable. Identifies these businesses as those in the fields of health care, agriculture, commercial construction, education, law enforcement, and public service.
- Define as a veteran, either a person who, irrespective of discharge status, served in the active military, naval, or air service or a servicemember, a member of the U.S. Armed Forces on active duty or state active duty, the Florida National Guard, or the U.S. Reserve Forces.
- Clarify that a spouse is a person who is married to a veteran or an unremarried surviving spouse of a veteran.
- Define a target industry business as a corporate headquarters business or any business with the features of future growth, stability, high wage, market and resource dependent, industrial base diversification, and positive economic impact and strengthening.
- Define as a target market members, and their spouses, of the U.S. Armed Forces with 24 months or less until discharge; veterans with 36 months or less since discharge; and members of the Florida National Guard or reserves.
- Tailor required marketing and recruiting efforts to direct them at veterans and their spouses within the target market, to include information related to how a veteran's military experience can be valuable to a target industry or secondary industry business.
- Replace the role of Veterans Florida assisting with information on industry certification with that of prioritizing a certificate, license, or nondegree training from the Master Credentials List, as is established by the state board, that is the board of directors of CareerSource Florida, Inc.; a federally created certification or license; and a skills-based certification or license as deemed relevant by Veterans Florida.
- Authorize a participating business to receive a grant from any state program rather than identifying as the sole grant program the Quick Response Training Program.
- Authorize Veterans Florida to use a portion of grant funds, as determined by Veterans Florida, for veterans who are not active members of the U.S. Armed Forces for educational stipends while in training at a UF IFAS location within Florida, if the training is between four and six months in duration. The bill requires Veterans Florida to enter into a grant agreement before funds may be expended.
- Redesignate the SkillBridge program as the SkillBridge initiative; incorporate references to target and secondary industries; and replace references to transitioning servicemembers with eligible veterans;
- Authorize Veterans Florida to assist state agencies and other public entities with recruiting veterans and spouses;
- Encourage Veterans Florida to collaborate with state agencies and other public entities to maximize access to and provide information on one website that, if possible, includes hyperlinks to the websites of and contact information, if available, for state agencies and

other entities that maintain benefits, services, training, education, and other resources that are available to veterans and their spouses.

- Provide that outreach, information exchange, marketing, and referrals between agencies, entities, and Veterans Florida on programs and initiatives that may be conducted include, but are not limited to, the Veterans Employment and Training Services Program and the:
 - Florida Department of Veterans Affairs (FDVA) through access to benefits and assistance programs and the Hope Navigators Program.
 - Department of Commerce, through the Disabled Veteran Outreach Program and Local Veteran Employment Representatives; CareerSource Florida, Inc., and local workforce boards employment and recruitment services; the Quick-Response Training Program; and the direct support organization established in s. 288.012(6).
 - Department of Business and Professional Regulation, through reciprocity and the availability of certain license and fee waivers.
 - Department of Education, through CAPE industry certifications and information related to earning postsecondary credit at public postsecondary educational institutions for college-level training and education acquired in the military.
 - Department of Health, through the Office of Veteran Licensure Services and the Florida Veterans Application for Licensure Online Response expedited licensing.
- Further authorizes Veterans Florida to coordinate and collaborate with the Office of Reimagining Education and Career Help, the State University System, the Florida College System, the Florida Defense Support Task Force, the Florida Small Business Development Center Network, and the Florida Talent Development Council.

Exemption on Filing Fees for Incorporation

The bill creates s. 295.25, F.S., to exempt veterans who are state residents from having to pay fees collected by the Department of State for the specific filings of:

- Articles of organization;
- Articles of incorporation;
- A certificate of limited partnership;
- A partnership registration statement; or
- A designation of a registered agent.

Fees charged for filings, now exempted, are listed below.

Department of State Filing Fees		
Filing articles of organization or articles of revocation of dissolution.	s. 605.0213(2), F.S.	\$ 100.00
Filing a certificate designating a registered agent.	s. 605.0213(7), F.S.	\$ 25.00
Articles of incorporation.	s. 607.0122(1), F.S.	\$ 35.00
Designation of and acceptance by registered agent.	s. 607.0122(5), F.S.	\$ 35.00
Articles of incorporation.	s. 617.0122(1), F.S.	\$ 35.00
Designation of and acceptance by registered agent.	s. 617.0122(5), F.S.	\$ 35.00
Filing an original certificate of limited partnership.	s. 620.1109(2), F.S.	\$ 965.00
Filing a certificate designating a registered agent.	s. 620.1109(8)(a), F.S.	\$ 35.00
Filing a partnership registration statement.	s. 620.81055(1)(a), F.S.	\$ 50.00

Expansion of No Cost Fee for Recreational License

The bill amends s. 379.353(1), F.S., to create a fee exemption on hunting and fishing licenses and permits for a disabled veteran of the U.S. Armed Forces who was honorably discharged from service and who is certified by the U.S. Department of Veterans Affairs or its predecessor or by any branch of the U.S. Armed Forces as having a service-connected disability percentage rating of 50 percent or greater.

The veteran must provide proof of disability.

Fees charged for licenses, now exempted, are listed below.

Fish and Wildlife Conservation Commission License and Permit Fees		
Annual Freshwater Fishing License	s. 379.354(4)(a), F.S.	\$ 15.50
Annual Saltwater Fishing License	s. 379.354(4)(b), F.S.	\$ 15.50
Annual Hunting License to Take Game	s. 379.354(4)(c), F.S.	\$ 15.50

The no-cost license expires after five years and must be reissued, upon request, every five years thereafter.

Revision of Advisory Council on Brain and Spinal Cord Injuries

The bill amends s. 381.78, F.S., to revise the Advisory Council on Brain and Spinal Cord Injuries structure to require:

- Two, rather than four, persons with brain injuries or who are family members of individuals who have brain injuries, appointed as one each by the President of the Senate and the Speaker of the House of Representatives;
- Two, rather than four, persons with spinal cord injuries or who are family members of individuals who have spinal cord injuries, appointed as one each by the President of the Senate and the Speaker of the House of Representatives;
- Two individuals who represent the special needs of children who have brain or spinal cord injuries, appointed as one each by the President of the Senate and the Speaker of the House of Representatives;
- Two persons who have, or who are family members of persons who have or had a traumatic brain injury, chronic traumatic encephalopathy, or subconcussive impacts due to sports, appointed as one each by the President of the Senate and the Speaker of the House of Representatives;
- Two veterans who served in the active military, naval, or air service; are honorably discharged or upgraded to an honorable discharge; and have or have had a traumatic brain injury, chronic traumatic encephalopathy, or subconcussive impacts due to military service, or family members of such veterans, appointed as one each by the President of the Senate and the Speaker of the House of Representatives; and
- Six persons who are physicians, other allied health professionals, administrators of brain and spinal cord injury programs, or representatives from support groups who have expertise in

areas related to the rehabilitation of individuals who have brain or spinal cord injuries, and requires appointment by the State Surgeon General.

The bill provides for staggered terms.

The frequency of meetings by the council is increased from at least twice annually to at least quarterly, with meeting adjournment to be by unanimous consent.

Instruction on Veterans' Day and Memorial Day

The bill amends s. 1003.42(2), F.S., to add to the list of required instruction for middle and high school students in public schools two 45-minute lessons on the history and importance of Veterans' Day and Memorial Day. These lessons must take place on or before the holiday.

The bill takes effect on July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

A veteran who submits a business filing to the Department of State (DOS) will not have to pay a filing fee for certain filings.

A veteran who is certified at 50 percent disabled, and applies for a hunting, fishing, or saltwater fishing license or permit, will receive the license or permit without the payment of a state fee.

A veteran who is in training at a University of Florida's Institute of Food and Agricultural Sciences (IFAS) location within Florida may be eligible for an educational stipend from Florida is for Veterans (Veterans Florida).

C. Government Sector Impact:

CS/CS/SB 1666 may have an indeterminate, significant negative fiscal impact on state expenditures and revenues.

Expansion of Veterans Florida duties and the Veterans Employment and Training Services Program within the Florida Department of Veterans Affairs (FDVA) may have an insignificant fiscal impact on the FDVA's Veterans Florida program. The FDVA is currently appropriated \$2 million in both the House and Senate proposed Fiscal Year 2024-2025 General Appropriation Acts to continue their duties. The FDVA's Veterans Florida may request funding in future fiscal years as the program expands.³⁵

Exemption of certain filing fees for veterans related to business incorporations and associated filings currently range from \$25 to \$965 per filing. The DOS estimates it would be difficult to determine the fiscal impact on the DOS's revenues. However, based on Florida having the third largest population of veterans in the nation, and referencing 2023 business filing types statistics, the impact to DOS's revenues may be as much as \$9.3 million in nonrecurring revenues.³⁶

Exemption of state fees on hunting, freshwater fishing, and saltwater fishing licenses each currently cost \$15.50 for a veteran who is certified at 50 percent disabled. The Florida Fish and Wildlife Conservation Commission (FWC) projects an indeterminate, negative fiscal impact on FWC revenues and could result in reduced grant funding from the federal Wildlife and Sport Fish Restoration Program as exempt license holders cannot be counted towards license certification. Also, the FWC would need to implement the exemption from paying fees for recreational hunting and fishing licenses and permits for disabled veterans, including changes to the GoOutdoorsFlorida licensing system, communicating changes to tax collectors and subagents, and performing online verifications. The FWC can absorb this within existing resources.³⁷

School districts may also experience an indeterminate fiscal impact to meet the bill's requirements. In section 7 of the bill, school districts would be required to provide two

³⁵ Florida Department of Veterans Affairs, Senate Bill CS/SB 1666 fiscal analysis summary (January 29, 2024) (on file with the Senate Appropriations Committee on Health and Human Services).

³⁶ Department of State, Senate Bill CS/SB 166 fiscal analysis (February 6, 2024) (on file with the Senate Appropriations Committee on Health and Human Services).

³⁷ Florida Fish and Wildlife Conservation Commission, Senate Bill CS/SB 166 fiscal analysis summary (February 6, 2024) (on file with the Senate Appropriations Committee on Health and Human Services).

45-minute lessons for middle and high school students in public schools on the history and importance of Veterans' Day and Memorial Day.

VI. Technical Deficiencies:

The bill increases the number of board members that must govern the Florida is for Veterans Corporation from nine members to eleven members; however, the total number of board members in s. 295.21, F.S., still states nine members.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 295.21, 295.22, 379.353, 381.78, 288.0001, and 1003.42.

This bill creates the following sections of the Florida Statutes: 265.8021 and 295.25.

This bill reenacts the following sections of the Florida Statutes: 379.3581 and 379.401.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Appropriations Committee on Health and Human Services on February 20, 2024:

The committee substitute:

- Creates the Florida Veterans' History Program (Program) within the Department of State's Division of Arts and Culture (Division). The Program will act to collect and preserve the stories and experiences of Florida's veterans and the State of Florida's military contributions throughout the nation's history. The Division may request assistance with the Program from the Department of Veterans' Affairs.
- Requires the Division's folklorists to identify those veterans who are willing to share their experiences. The veterans may submit written or electronic accounts of their experiences for inclusion in the Program. The bill allows the Division to adopt rules to implement the Program and to contract with a third-party vendor to fulfil these responsibilities.
- Appropriates \$91,207 in recurring General Revenue funds to the Division and one full-time equivalent position with an associated salary rate of 68,771 to implement and administer the Program.
- Appropriates \$528,514 in nonrecurring General Revenue funds to the University of Florida for the purpose of conducting a longitudinal study on the efficacy of ketamine in treating depression in the veteran population of this state.
- Increases the number of board members that govern the Florida is for Veterans Corporation from nine members to eleven. The President of the Senate and the

Speaker of the House of Representatives each appoint one additional member to the board from the body for which they preside to serve as ex officio, nonvoting member.

- Clarifies that Veterans Employment and Training Services Program outreach, information exchange, marketing, and referrals between agencies, entities, and Veterans Florida on programs and initiatives that may be conducted include the Veterans Employment and Training Services Program and the direct support organization as established in statute replacing the reference to Select Florida.

CS by Military and Veterans Affairs, Space, and Domestic Security on January 29, 2024:

The CS:

- For the Veterans Employment and Training Services Program, the definition of a servicemember is added and defined as a person serving as a member of the U.S. Armed Forces on active duty or state active duty and all members of the Florida National Guard and U.S. Reserve Forces; a spouse is redefined to include an unremarried surviving spouse of a veteran; and a veteran is defined as, irrespective of discharge status, a person who otherwise meets the definition of veteran in s. 1.01(14), F.S., or who is a servicemember.
- For a 50 percent or greater service-connected disabled veteran who is eligible for a no-cost hunting, freshwater fishing, and saltwater fishing license, the license expires after five years and must be reissued, upon request, every five years thereafter.
- For the advisory council on brain and spinal injuries, for each of the appointments that the Speaker of the House provides, the President of the Senate will have one appointment, so that each will have one appointment for each type of appointment, for a total of five appointments each.

B. Amendments:

None.



188848

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/22/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Before line 58

insert:

Section 1. Section 265.8021, Florida Statutes, is created
to read:

265.8021 Florida Veterans' History Program.—

(1) As used in this section, the term "veteran" has the
same meaning as in s. 1.01(14).

(2) There is created the Florida Veterans' History Program



11 within the Division of Arts and Culture of the Department of
12 State as a Florida Folklife Program to collect and preserve the
13 stories and experiences of Florida's veterans and the State of
14 Florida's military contributions throughout the nation's
15 history. The division may request assistance with the program
16 from the Department of Veterans' Affairs.

17 (3) In order to collect and preserve the stories and
18 experiences of Florida's veterans and the State of Florida's
19 military contributions throughout the nation's history, the
20 division's folklorists shall seek out and identify those
21 veterans who are willing to share their experiences. The
22 division or a folklorist may interview veterans or invite
23 veterans to submit written or electronic accounts of their
24 experiences for inclusion in the program.

25 (4) As provided in s. 265.802, the division may contract
26 with a third-party vendor to fulfill its responsibilities under
27 subsection (3).

28 (5) The division may adopt rules to implement the program.

29 Section 2. For the 2024-2025 fiscal year, the sum of
30 \$91,207 in recurring funds from the General Revenue Fund is
31 appropriated to the Division of Arts and Culture of the
32 Department of State, and one full-time equivalent position with
33 associated salary rate of 68,771 is authorized, to implement and
34 administer the Florida Veterans' History Program as created by
35 this act.

36
37 ===== T I T L E A M E N D M E N T =====

38 And the title is amended as follows:

39 Delete line 2



188848

40 and insert:

41 An act relating to veterans; creating s. 265.8021,
42 F.S.; defining the term "veteran"; creating the
43 Florida Veterans' History Program within the Division
44 of Arts and Culture of the Department of State as a
45 Florida Folklife Program; providing the program's
46 purpose; authorizing the division to request
47 assistance from the Department of Veterans' Affairs;
48 requiring the division's folklorists to seek out and
49 identify certain veterans; authorizing the division or
50 a folklorist to interview such veterans or invite them
51 to submit written or electronic accounts of their
52 experiences; authorizing the division to contract with
53 a third-party vendor for a specified purpose;
54 authorizing the division to adopt rules; providing an
55 appropriation and authorizing a position; amending s.
56 295.21, F.S.;



143362

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/22/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 101 - 104
and insert:
marketing, and information management. Additionally, the
President of the Senate and the Speaker of the House of
Representatives shall each appoint one member from the body over
which he or she presides to serve on the board as ex officio,
nonvoting members.



143362

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

12 And the title is amended as follows:

13 Delete lines 9 - 10

14 and insert:

15 of Representatives shall each appoint one member from
16 his or her chamber to serve ex officio, nonvoting on
17 the corporation's board of



550934

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/22/2024	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 350
and insert:
d. The direct support organization established in s.
288.012 (6) .



141464

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
02/22/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 609 and 610
insert:

Section 10. (1) For the 2024-2025 fiscal year, the sum of \$2,000,155 in recurring funds is appropriated from the General Revenue Fund to the Department of Veterans' Affairs for the purpose of implementing this act.

(2) For the 2024-2025 fiscal year, the sum of \$528,514 in nonrecurring funds is appropriated from the General Revenue Fund



141464

11 to the University of Florida for the purpose of conducting a
12 longitudinal study on the efficacy of ketamine in treating
13 depression in the veteran population of this state.

14
15 ===== T I T L E A M E N D M E N T =====

16 And the title is amended as follows:

17 Delete line 54

18 and insert:

19 references thereto; providing appropriations;
20 providing an effective date.



353192

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/22/2024	.	
	.	
	.	
	.	

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

1 **Senate Substitute for Amendment (141464) (with title**
2 **amendment)**

3
4 Between lines 609 and 610
5 insert:

6 Section 10. For the 2024-2025 fiscal year, the sum of
7 \$528,514 in nonrecurring funds is appropriated from the General
8 Revenue Fund to the University of Florida for the purpose of
9 conducting a longitudinal study on the efficacy of ketamine in
10 treating depression in the veteran population of this state.



353192

11
12
13
14
15
16
17

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

And the title is amended as follows:

Delete line 54

and insert:

references thereto; providing an appropriation;
providing an effective date.

By the Committee on Military and Veterans Affairs, Space, and Domestic Security; and Senator Collins

583-02616-24

20241666c1

1 A bill to be entitled
 2 An act relating to veterans; amending s. 295.21, F.S.;
 3 revising the purpose of Florida Is For Veterans, Inc.;
 4 revising the duties of the corporation to require that
 5 it conduct specified activities directed toward its
 6 target market; defining the term "target market";
 7 deleting obsolete language; providing that the
 8 President of the Senate and the Speaker of the House
 9 of Representatives may each appoint only one member
 10 from his or her chamber to the corporation's board of
 11 directors; making technical changes; amending s.
 12 295.22, F.S.; defining terms; revising the purpose of
 13 the Veterans Employment and Training Services Program;
 14 revising the functions that Florida Is For Veterans,
 15 Inc., must perform in administering a specified
 16 program; authorizing the program to prioritize grant
 17 funds; revising the uses of specified grant funds;
 18 authorizing a business to receive certain other grant
 19 funds in addition to specified grant funds;
 20 authorizing the use of grant funds to provide for a
 21 specified educational stipend; requiring the
 22 corporation and the University of Florida to enter
 23 into a grant agreement before certain funds are
 24 expended; requiring the corporation to determine the
 25 amount of the stipend; providing that specified
 26 training must occur for a specified duration;
 27 authorizing the corporation to provide certain
 28 assistance to state agencies and entities, to provide
 29 a website that has relevant hyperlinks, and to

Page 1 of 22

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

583-02616-24

20241666c1

30 collaborate with specified state agencies and other
 31 entities for specified purposes; conforming provisions
 32 to changes made by the act; making technical changes;
 33 creating s. 295.25, F.S.; prohibiting the Department
 34 of State from charging veterans who reside in this
 35 state fees for the filing of specified documents;
 36 amending s. 379.353, F.S.; providing free hunting,
 37 freshwater fishing, and saltwater fishing licenses to
 38 certain disabled veterans; providing that specified
 39 licenses issued to such veterans expire periodically
 40 and must be reissued upon request after such time
 41 period; amending s. 381.78, F.S.; revising the
 42 membership, appointment, and meetings of the advisory
 43 council on brain and spinal cord injuries; amending s.
 44 1003.42, F.S.; requiring instruction on the history
 45 and importance of Veterans' Day and Memorial Day;
 46 requiring that certain instruction consist of two 45-
 47 minute lessons that must occur within a certain
 48 timeframe; amending s. 288.0001, F.S.; conforming a
 49 cross-reference; reenacting ss. 379.3581(2)(b) and
 50 379.401(2)(b) and (3)(b), F.S., relating to special
 51 authorization hunting licenses and the suspension and
 52 forfeiture of licenses and permits, respectively, to
 53 incorporate the amendment made to s. 379.353, F.S., in
 54 references thereto; providing an effective date.

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

58 Section 1. Subsection (2), paragraph (a) of subsection (3),

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583-02616-24 20241666c1

59 and paragraph (a) of subsection (4) of section 295.21, Florida
60 Statutes, are amended to read:

61 295.21 Florida Is For Veterans, Inc.—

62 (2) PURPOSE.—The purpose of the corporation is to serve as
63 the state's initial point of military transition assistance
64 dedicated to promoting ~~promote~~ Florida as a veteran-friendly
65 state helping that seeks to provide veterans and their spouses
66 with employment opportunities and promoting that promotes the
67 hiring of veterans and their spouses by the business community.
68 The corporation shall encourage retired and recently separated
69 military personnel to remain in this ~~the~~ state or to make this
70 ~~the~~ state their permanent residence. The corporation shall
71 promote the value of military skill sets to businesses in this
72 ~~the~~ state, assist in tailoring the training of veterans and
73 their spouses to match the needs of the employment marketplace,
74 and enhance the entrepreneurial skills of veterans and their
75 spouses.

76 (3) DUTIES.—The corporation shall:

77 (a) Conduct marketing, awareness, and outreach activities
78 directed toward its target market. As used in this section, the
79 term "target market" means those members, and their spouses, of
80 the United States Armed Forces with 24 months or less until
81 discharge, veterans with 36 months or less since discharge, and
82 members of the Florida National Guard or reserves ~~research to~~
83 ~~identify the target market and the educational and employment~~
84 ~~needs of those in the target market. The corporation shall~~
85 ~~contract with at least one entity pursuant to the competitive~~
86 ~~bidding requirements in s. 287.057 and the provisions of s.~~
87 ~~295.187 to perform the research. Such entity must have~~

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88 ~~experience conducting market research on the veteran~~
89 ~~demographic. The corporation shall seek input from the Florida~~
90 ~~Tourism Industry Marketing Corporation on the scope, process,~~
91 ~~and focus of such research.~~

92 (4) GOVERNANCE.—

93 (a) The corporation shall be governed by a nine-member
94 board of directors. The Governor, the President of the Senate,
95 and the Speaker of the House of Representatives shall each
96 appoint three members to the board. In making appointments, the
97 Governor, the President of the Senate, and the Speaker of the
98 House of Representatives must consider representation by active
99 or retired military personnel and their spouses, representing a
100 range of ages and persons with expertise in business, education,
101 marketing, and information management. The President of the
102 Senate and the Speaker of the House of Representatives may each
103 appoint only one member from the body over which he or she
104 presides.

105 Section 2. Section 295.22, Florida Statutes, is amended to
106 read:

107 295.22 Veterans Employment and Training Services Program.—

108 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
109 that the state has a compelling interest in ensuring that each
110 veteran or his or her spouse who is a resident of this ~~the~~ state
111 finds employment that meets his or her professional goals and
112 receives the training or education necessary to meet those
113 goals. The Legislature also finds that connecting dedicated,
114 well-trained veterans with businesses that need a dedicated,
115 well-trained workforce is of paramount importance. The
116 Legislature recognizes that veterans or their spouses may not

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117 currently have the skills to meet the workforce needs of Florida
 118 employers and may require assistance in obtaining additional
 119 workforce training or in transitioning their skills to meet the
 120 demands of the marketplace. It is the intent of the Legislature
 121 that the Veterans Employment and Training Services Program
 122 coordinate and meet the needs of veterans and their spouses and
 123 the business community to enhance the economy of this state.

124 (2) DEFINITIONS.—For the purposes of this section, the
 125 term:

126 (a) “Secondary industry business” is a business that the
 127 state has an additional interest in supporting and for which
 128 veterans and their spouses may have directly transferrable
 129 skills. These businesses are in the fields of health care,
 130 agriculture, commercial construction, education, law
 131 enforcement, and public service.

132 (b) “Servicemember” has the same meaning as in 250.01.

133 (c) “Spouse” means a person who is married to a veteran, or
 134 an unremarried surviving spouse of a veteran.

135 (d) “Target industry business” is a business as defined in
 136 s. 288.005.

137 (e) “Target market” has the same meaning as in s.
 138 295.21(3)(a).

139 (f) “Veteran” means, irrespective of discharge status, a
 140 person who otherwise meets the definition of veteran in s.
 141 1.01(14) or who is a servicemember.

142 (3) CREATION.—The Veterans Employment and Training Services
 143 Program is created within the Department of Veterans’ Affairs to
 144 assist in connecting linking veterans or their spouses ~~in search~~
 145 ~~of employment~~ with businesses seeking to hire dedicated, well-

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146 trained workers and with opportunities for entrepreneurship
 147 education, training, and resources. The purpose of the program
 148 is to meet the workforce demands of businesses in ~~this the~~ state
 149 by facilitating access to training and education in high-demand
 150 fields for veterans or their spouses and to inspire the growth
 151 and development of veteran-owned small businesses.

152 ~~(4)(3)~~ ADMINISTRATION.—Florida Is For Veterans, Inc., shall
 153 administer the Veterans Employment and Training Services Program
 154 and perform all of the following functions:

155 (a) Conduct marketing and recruiting efforts directed at
 156 veterans or their spouses within the target market who reside in
 157 or ~~who~~ have an interest in relocating to this state and who are
 158 seeking employment. Marketing must include information related
 159 to how a veteran’s military experience can be valuable to a
 160 target industry or secondary industry business. Such efforts may
 161 include attending veteran job fairs and events, hosting events
 162 for veterans and their spouses or the business community, and
 163 using digital and social media and direct mail campaigns. The
 164 corporation shall also include such marketing as part of its
 165 main marketing campaign.

166 (b) Assist veterans or their spouses who reside in or
 167 relocate to this state and who are seeking employment with
 168 target industry or secondary industry businesses. The
 169 corporation shall offer skills assessments to veterans or their
 170 spouses and assist them in establishing employment goals and
 171 applying for and achieving gainful employment.

172 1. Assessment may include skill match information, skill
 173 gap analysis, résumé creation, translation of military skills
 174 into civilian workforce skills, and translation of military

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175 achievements and experience into generally understood civilian
176 workforce skills.

177 2. Assistance may include providing the veteran or his or
178 her spouse with information on current workforce demand by
179 industry or geographic region, creating employment goals, and
180 aiding or teaching general knowledge related to completing
181 applications. ~~The corporation may provide information related to~~
182 ~~industry certifications approved by the Department of Education~~
183 ~~under s. 1008.44 as well as information related to earning~~
184 ~~academic college credit at public postsecondary educational~~
185 ~~institutions for college-level training and education acquired~~
186 ~~in the military under s. 1004.096.~~

187 3. ~~The corporation shall encourage veterans or their~~
188 ~~spouses to register with the state's job bank system and may~~
189 ~~refer veterans to local one-stop career centers for further~~
190 ~~services. The corporation shall provide each veteran with~~
191 ~~information about state workforce programs and shall consolidate~~
192 ~~information about all available resources on one website that,~~
193 ~~if possible, includes a hyperlink to each resource's website and~~
194 ~~contact information, if available.~~

195 4. Assessment and assistance may be in person or by
196 electronic means, as determined by the corporation to be most
197 efficient and best meet the needs of veterans or their spouses.

198 (c) Assist Florida target industry and secondary industry
199 businesses in recruiting and hiring veterans and veterans'
200 spouses. The corporation shall provide services to Florida
201 businesses to meet their hiring needs by connecting businesses
202 with suitable veteran applicants for employment. Suitable
203 applicants include veterans or veterans' spouses who have

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204 appropriate job skills or may need additional training to meet
205 the specific needs of a business. The corporation shall also
206 provide information about the state and federal benefits of
207 hiring veterans.

208 (d) Create a grant program to provide funding to assist
209 veterans in meeting the workforce-skill needs of target industry
210 and secondary industry businesses seeking to hire, promote, or
211 generally improve specialized skills of veterans, establish
212 criteria for approval of requests for funding, and maximize the
213 use of funding for this program. Grant funds may be used only in
214 the absence of available veteran-specific federally funded
215 programs. Grants may fund specialized training specific to a
216 particular business.

217 1. The program may prioritize ~~If~~ grant funds to be ~~are~~ used
218 to provide a ~~technical~~ certificate, a license licensure, or
219 nondegree training from the Master Credentials List pursuant to
220 s. 445.004(4) (h); any federally created certifications or
221 licenses; and any skills-based industry certifications or
222 licenses deemed relevant or necessary by the corporation. ~~a~~
223 ~~degree,~~ Funds may be allocated only upon a review that includes,
224 but is not limited to, documentation of accreditation and
225 licensure. ~~Instruction funded through the program terminates~~
226 ~~when participants demonstrate competence at the level specified~~
227 ~~in the request but may not exceed 12 months. Preference shall be~~
228 ~~given to target industry businesses, as defined in s. 288.005,~~
229 ~~and to businesses in the defense supply, cloud virtualization,~~
230 ~~health care, or commercial aviation manufacturing industries.~~

231 2. Costs and expenditures are ~~shall be~~ limited to \$8,000
232 per veteran trainee. Qualified businesses must cover the entire

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233 cost for all of the training provided before receiving
 234 reimbursement from the corporation equal to 50 percent of the
 235 cost to train a veteran who is a permanent, full-time employee.
 236 Eligible costs and expenditures include, but are not limited to:
 237 a. Tuition and fees.
 238 b. Books and classroom materials.
 239 c. Rental fees for facilities.
 240 3. Before funds are allocated for a request pursuant to
 241 this section, the corporation shall prepare a grant agreement
 242 between the business requesting funds and the corporation. Such
 243 agreement must include, but need not be limited to:
 244 a. Identification of the personnel necessary to conduct the
 245 instructional program, instructional program description, and
 246 any vendors used to conduct the instructional program.
 247 b. Identification of the estimated duration of the
 248 instructional program.
 249 c. Identification of all direct, training-related costs.
 250 d. Identification of special program requirements that are
 251 not otherwise addressed in the agreement.
 252 e. Permission to access aggregate information specific to
 253 the wages and performance of participants upon the completion of
 254 instruction for evaluation purposes. The agreement must specify
 255 that any evaluation published subsequent to the instruction may
 256 not identify the employer or any individual participant.
 257 4. A business may receive a grant under any state program
 258 ~~the Quick-Response Training Program created under s. 288.047~~ and
 259 a grant under this section for the same veteran trainee.
 260 5. A portion of grant funds, as determined by the
 261 corporation, may be used for veterans who are not active members

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262 of the United States Armed Forces for educational stipends while
 263 training at any location of the University of Florida's
 264 Institute of Food and Agricultural Sciences within this state.
 265 The corporation and the University of Florida shall enter into a
 266 grant agreement before funds are expended. The corporation must
 267 determine the amount of the stipend. The training for any
 268 individual may not be less than 4 months and not more than 6
 269 months.
 270 (e) Contract with one or more entities to administer an
 271 entrepreneur initiative program for veterans in this state which
 272 connects business leaders in the state with veterans seeking to
 273 become entrepreneurs.
 274 1. The corporation shall award each contract in accordance
 275 with the competitive bidding requirements in s. 287.057 to one
 276 or more public or private entities that:
 277 a. Demonstrate the ability to implement the program and the
 278 commitment of resources, including financial resources, to such
 279 programs.
 280 b. Have a demonstrated experience working with veteran
 281 entrepreneurs.
 282 c. As determined by the corporation, have been recognized
 283 for their performance in assisting entrepreneurs to launch
 284 successful businesses in this ~~the~~ state.
 285 2. Each contract must include performance metrics,
 286 including a focus on employment and business creation. The
 287 entity may also work with a university or college offering
 288 related programs to refer veterans or to provide services. The
 289 entrepreneur initiative program may include activities and
 290 assistance such as peer-to-peer learning sessions, mentoring,

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291 technical assistance, business roundtables, networking
 292 opportunities, support of student organizations, speaker series,
 293 or other tools within a virtual environment.

294 (f) ~~Administer a~~ As the state's principal assistance
 295 ~~organization under the United States Department of Defense's~~
 296 SkillBridge initiative program for target industry and secondary
 297 industry qualified businesses in this state and for eligible
 298 veterans transitioning servicemembers who reside in, or who wish
 299 to reside in, this state. In administering the initiative, the
 300 corporation shall:

301 1. Establish and maintain, as applicable, its certification
 302 for the SkillBridge initiative program or any other similar
 303 workforce training and transition programs established by the
 304 United States Department of Defense;

305 2. Educate businesses, business associations, and eligible
 306 veterans transitioning servicemembers on the SkillBridge
 307 initiative program and its benefits, and educate military
 308 command and personnel within the state on the opportunities
 309 available to eligible veterans transitioning servicemembers
 310 through the SkillBridge program;

311 3. Assist businesses in obtaining approval for skilled
 312 workforce training curricula under the SkillBridge initiative
 313 program, including, but not limited to, apprenticeships,
 314 internships, or fellowships; and

315 4. Match eligible veterans transitioning servicemembers ~~who~~
 316 ~~are deemed eligible for SkillBridge participation by their~~
 317 ~~military command~~ with training opportunities offered by the
 318 corporation or participating businesses, with the intent of
 319 having them transitioning servicemembers achieve gainful

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320 employment in this state upon completion of their SkillBridge
 321 training.

322 ~~(g) Assist veterans and their spouses in accessing~~
 323 ~~training, education, and employment in health care professions.~~

324 ~~(h) Coordinate with the Office of Veteran Licensure~~
 325 ~~Services within the Department of Health to assist veterans and~~
 326 ~~their spouses in obtaining licensure pursuant to s. 456.024.~~

327 (5) COLLABORATION.—The corporation may assist state
 328 agencies and entities with recruiting veteran talent into their
 329 workforce. The corporation is encouraged to, and may collaborate
 330 with state agencies and other entities in efforts to, maximize
 331 access to and provide information on one website that, if
 332 possible, includes hyperlinks to the websites of and contact
 333 information, if available, for state agencies and other entities
 334 that maintain benefits, services, training, education, and other
 335 resources that are available to veterans and their spouses.

336 (a) Outreach, information exchange, marketing, and
 337 referrals between agencies, entities, and the corporation
 338 regarding programs and initiatives that may be conducted
 339 include, but are not limited to, the Veterans Employment and
 340 Training Services Program and those within any of the following:

341 1. The Department of Veterans' Affairs:

342 a. Access to benefits and assistance programs.

343 b. Hope Navigators Program.

344 2. The Department of Commerce:

345 a. The Disabled Veteran Outreach Program and Local Veteran
 346 Employment Representatives.

347 b. CareerSource Florida, Inc., and local workforce boards
 348 employment and recruitment services.

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349 c. The Quick-Response Training Program.
 350 d. Select Florida.
 351 3. The Department of Business and Professional Regulation,
 352 reciprocity and the availability of certain license and fee
 353 waivers.
 354 4. The Department of Education:
 355 a. CAPE industry certifications under s. 1008.44.
 356 b. Information related to earning postsecondary credit at
 357 public postsecondary educational institutions for college-level
 358 training and education acquired in the military under s.
 359 1004.096.
 360 5. The Department of Health:
 361 a. The Office of Veteran Licensure Services.
 362 b. The Florida Veterans Application for Licensure Online
 363 Response expedited licensing.
 364 (b) The corporation may coordinate and collaborate with the
 365 Office of Reimagining Education and Career Help, the State
 366 University System, the Florida College System, the Florida
 367 Defense Support Task Force, the Florida Small Business
 368 Development Center Network, and the Florida Talent Development
 369 Council, as necessary.
 370 Section 3. Section 295.25, Florida Statutes, is created to
 371 read:
 372 295.25 Veterans exempt from certain filing fees.—The
 373 Department of State may not charge veterans who reside in this
 374 state the applicable fees for filing articles of organization,
 375 articles of incorporation, a certificate of limited partnership,
 376 or a partnership registration statement, or for the designation
 377 of a registered agent, if applicable, as provided in s.

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378 605.0213, s. 607.0122, s. 617.0122, s. 620.1109, or s.
 379 620.81055.
 380 Section 4. Subsection (1) of section 379.353, Florida
 381 Statutes, is amended to read:
 382 379.353 Recreational licenses and permits; exemptions from
 383 fees and requirements.—
 384 (1) The commission shall issue without fee hunting,
 385 freshwater fishing, and saltwater fishing licenses and permits
 386 ~~shall be issued without fee~~ to any resident who is certified or
 387 determined to be:
 388 (a) ~~To be~~ Totally and permanently disabled for purposes of
 389 workers' compensation under chapter 440 as verified by an order
 390 of a judge of compensation claims or written confirmation by the
 391 carrier providing workers' compensation benefits, or to be
 392 totally and permanently disabled by the Railroad Retirement
 393 Board, by the United States Department of Veterans Affairs or
 394 its predecessor, or by any branch of the United States Armed
 395 Forces, or who holds a valid identification card issued under
 396 ~~the provisions of s. 295.17, upon proof of such certification or~~
 397 determination same. Any license issued under this paragraph
 398 after January 1, 1997, expires after 5 years and must be
 399 reissued, upon request, every 5 years thereafter.
 400 (b) ~~To be~~ Disabled by the United States Social Security
 401 Administration, upon proof of such certification or
 402 determination same. Any license issued under this paragraph
 403 after October 1, 1999, expires after 2 years and must be
 404 reissued, upon proof of certification of disability, every 2
 405 years thereafter.
 406 (c) A disabled veteran of the United States Armed Forces

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 407 who was honorably discharged upon separation from service and
 408 who is certified by the United States Department of Veterans
 409 Affairs or its predecessor or by any branch of the United States
 410 Armed Forces as having a service-connected disability percentage
 411 rating of 50 percent or greater, upon proof of such
 412 certification or determination. Any license issued under this
 413 paragraph after July 1, 2024, expires after 5 years and must be
 414 reissued, upon request, every 5 years thereafter.

415
 416 A disability license issued after July 1, 1997, and before July
 417 1, 2000, retains the rights vested thereunder until the license
 418 has expired.

419 Section 5. Subsections (1), (2), and (3) of section 381.78,
 420 Florida Statutes, are amended to read:

421 381.78 Advisory council on brain and spinal cord injuries.-

422 (1) There is created within the department a 16-member
 423 advisory council on brain and spinal cord injuries. The council
 424 shall be composed of a minimum of:

425 (a) Two ~~four~~ individuals who have brain injuries or are
 426 family members of individuals who have brain injuries, with one
 427 individual appointed by the President of the Senate and the
 428 other individual appointed by the Speaker of the House of
 429 Representatives, ~~and a minimum of four~~

430 (b) Two individuals who have spinal cord injuries or are
 431 family members of individuals who have spinal cord injuries,
 432 with one individual appointed by the President of the Senate and
 433 the other individual appointed by the Speaker of the House of
 434 Representatives, ~~and a minimum of~~

435 (c) Two individuals who represent the special needs of

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 436 children who have brain or spinal cord injuries, with one
 437 individual appointed by the President of the Senate and the
 438 other individual appointed by the Speaker of the House of
 439 Representatives.

440 (d) Two individuals who have, or who are family members of
 441 individuals who have or had, a traumatic brain injury, chronic
 442 traumatic encephalopathy, or subconcussive impacts due to
 443 sports, with one individual appointed the President of the
 444 Senate and the other individual appointed by the Speaker of the
 445 House of Representatives.

446 (e) Two veterans as defined in s. 1.01(14) who have or have
 447 had a traumatic brain injury, chronic traumatic encephalopathy,
 448 or subconcussive impacts due to military service, or family
 449 members of such veterans, with one veteran or family member
 450 appointed by the President of the Senate and the other veteran
 451 or family member appointed by the Speaker of the House of
 452 Representatives.

453 (f) Six individuals, appointed by the State Surgeon
 454 General, who are ~~The balance of the council members shall be~~
 455 physicians, other allied health professionals, administrators of
 456 brain and spinal cord injury programs, ~~or and~~ representatives
 457 from support groups ~~who that~~ have expertise in areas related to
 458 the rehabilitation of individuals who have brain or spinal cord
 459 injuries.

460 (2) ~~Members of the council shall be appointed to serve by~~
 461 ~~the State Surgeon General.~~ All members' terms shall be staggered
 462 ~~terms of for~~ 4 years. An individual may not serve more than two
 463 terms. Any council member who is unwilling or unable to properly
 464 fulfill the duties of the office shall be succeeded by an

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465 individual chosen by the State Surgeon General to serve out the
 466 unexpired balance of the replaced council member's term. If the
 467 unexpired balance of the replaced council member's term is less
 468 than 18 months, ~~then,~~ notwithstanding the provisions of this
 469 subsection, the succeeding council member may be reappointed by
 470 the State Surgeon General twice.

471 (3) The council shall meet at least quarterly and may
 472 adjourn a meeting only by unanimous consent ~~two times annually.~~

473 Section 6. Paragraph (u) of subsection (2) of section
 474 1003.42, Florida Statutes, is amended to read:

475 1003.42 Required instruction.—

476 (2) Members of the instructional staff of the public
 477 schools, subject to the rules of the State Board of Education
 478 and the district school board, shall teach efficiently and
 479 faithfully, using the books and materials required that meet the
 480 highest standards for professionalism and historical accuracy,
 481 following the prescribed courses of study, and employing
 482 approved methods of instruction, the following:

483 (u) 1. In order to encourage patriotism, the sacrifices that
 484 ~~veterans and~~ Medal of Honor recipients have made in serving our
 485 country and protecting democratic values worldwide. Such
 486 instruction must occur on or before Medal of Honor Day ~~7~~
 487 ~~Veterans' Day, and Memorial Day.~~ Members of the instructional
 488 staff are encouraged to use the assistance of local veterans and
 489 Medal of Honor recipients when practicable.

490 2. The history and importance of Veterans' Day and Memorial
 491 Day. Such instruction must include two 45-minute lessons that
 492 occur on or before the respective holidays.
 493

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494 The State Board of Education is encouraged to adopt standards
 495 and pursue assessment of the requirements of this subsection.
 496 Instructional programming that incorporates the values of the
 497 recipients of the Congressional Medal of Honor and that is
 498 offered as part of a social studies, English Language Arts, or
 499 other schoolwide character building and veteran awareness
 500 initiative meets the requirements of paragraph (u).

501 Section 7. Paragraph (c) of subsection (2) of section
 502 288.0001, Florida Statutes, is amended to read:

503 288.0001 Economic Development Programs Evaluation.—The
 504 Office of Economic and Demographic Research and the Office of
 505 Program Policy Analysis and Government Accountability (OPPAGA)
 506 shall develop and present to the Governor, the President of the
 507 Senate, the Speaker of the House of Representatives, and the
 508 chairs of the legislative appropriations committees the Economic
 509 Development Programs Evaluation.

510 (2) The Office of Economic and Demographic Research and
 511 OPPAGA shall provide a detailed analysis of economic development
 512 programs as provided in the following schedule:

513 (c) By January 1, 2016, and every 3 years thereafter, an
 514 analysis of the following:

- 515 1. The tax exemption for semiconductor, defense, or space
 516 technology sales established under s. 212.08(5)(j).
- 517 2. The Military Base Protection Program established under
 518 s. 288.980.
- 519 3. The Quick Response Training Program established under s.
 520 288.047.
- 521 4. The Incumbent Worker Training Program established under
 522 s. 445.003.

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523 5. The direct-support organization and international trade
524 and business development programs established or funded under s.
525 288.012 or s. 288.826.

526 6. The program established under s. 295.22(3) ~~s. 295.22(2)~~.

527 Section 8. For the purpose of incorporating the amendment
528 made by this act to section 379.353, Florida Statutes, in a
529 reference thereto, paragraph (b) of subsection (2) of section
530 379.3581, Florida Statutes, is reenacted to read:

531 379.3581 Hunter safety course; requirements; penalty.—

532 (2)

533 (b) A person born on or after June 1, 1975, who has not
534 successfully completed a hunter safety course may apply to the
535 commission for a special authorization to hunt under
536 supervision. The special authorization for supervised hunting
537 shall be designated on any license or permit required under this
538 chapter for a person to take game or fur-bearing animals. A
539 person issued a license with a special authorization to hunt
540 under supervision must hunt under the supervision of, and in the
541 presence of, a person 21 years of age or older who is licensed
542 to hunt pursuant to s. 379.354 or who is exempt from licensing
543 requirements or eligible for a free license pursuant to s.
544 379.353.

545 Section 9. For the purpose of incorporating the amendment
546 made by this act to section 379.353, Florida Statutes, in
547 references thereto, paragraph (b) of subsection (2) and
548 paragraph (b) of subsection (3) of section 379.401, Florida
549 Statutes, are reenacted to read:

550 379.401 Penalties and violations; civil penalties for
551 noncriminal infractions; criminal penalties; suspension and

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552 forfeiture of licenses and permits.—

553 (2) LEVEL TWO VIOLATIONS.—

554 (b)1. A person who commits a Level Two violation but who
555 has not been convicted of a Level Two or higher violation within
556 the past 3 years commits a misdemeanor of the second degree,
557 punishable as provided in s. 775.082 or s. 775.083.

558 2. Unless the stricter penalties in subparagraph 3. or
559 subparagraph 4. apply, a person who commits a Level Two
560 violation within 3 years after a previous conviction for a Level
561 Two or higher violation commits a misdemeanor of the first
562 degree, punishable as provided in s. 775.082 or s. 775.083, with
563 a minimum mandatory fine of \$250.

564 3. Unless the stricter penalties in subparagraph 4. apply,
565 a person who commits a Level Two violation within 5 years after
566 two previous convictions for a Level Two or higher violation,
567 commits a misdemeanor of the first degree, punishable as
568 provided in s. 775.082 or s. 775.083, with a minimum mandatory
569 fine of \$500 and a suspension of any recreational license or
570 permit issued under s. 379.354 for 1 year. Such suspension shall
571 include the suspension of the privilege to obtain such license
572 or permit and the suspension of the ability to exercise any
573 privilege granted under any exemption in s. 379.353.

574 4. A person who commits a Level Two violation within 10
575 years after three previous convictions for a Level Two or higher
576 violation commits a misdemeanor of the first degree, punishable
577 as provided in s. 775.082 or s. 775.083, with a minimum
578 mandatory fine of \$750 and a suspension of any recreational
579 license or permit issued under s. 379.354 for 3 years. Such
580 suspension shall include the suspension of the privilege to

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581 obtain such license or permit and the suspension of the ability
582 to exercise any privilege granted under s. 379.353. If the
583 recreational license or permit being suspended was an annual
584 license or permit, any privileges under ss. 379.353 and 379.354
585 may not be acquired for a 3-year period following the date of
586 the violation.

587 (3) LEVEL THREE VIOLATIONS.—

588 (b)1. A person who commits a Level Three violation but who
589 has not been convicted of a Level Three or higher violation
590 within the past 10 years commits a misdemeanor of the first
591 degree, punishable as provided in s. 775.082 or s. 775.083.

592 2. A person who commits a Level Three violation within 10
593 years after a previous conviction for a Level Three or higher
594 violation commits a misdemeanor of the first degree, punishable
595 as provided in s. 775.082 or s. 775.083, with a minimum
596 mandatory fine of \$750 and a suspension of any recreational
597 license or permit issued under s. 379.354 for the remainder of
598 the period for which the license or permit was issued up to 3
599 years. Such suspension shall include the suspension of the
600 privilege to obtain such license or permit and the ability to
601 exercise any privilege granted under s. 379.353. If the
602 recreational license or permit being suspended was an annual
603 license or permit, any privileges under ss. 379.353 and 379.354
604 may not be acquired for a 3-year period following the date of
605 the violation.

606 3. A person who commits a violation of s. 379.354(17) shall
607 receive a mandatory fine of \$1,000. Any privileges under ss.
608 379.353 and 379.354 may not be acquired for a 5-year period
609 following the date of the violation.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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610 Section 10. This act shall take effect July 1, 2024.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

Howard, Jay

From: Clark, Roy <Roy.Clark@FDVA.FL.GOV>
Sent: Monday, January 29, 2024 1:49 PM
To: Howard, Jay
Cc: Asztalos, Bob; Edmonston, Brandon
Subject: SB 1666

Jay,
At the present time, there would be no fiscal impact on the agency. This language is more a cleanup and modernization of the duties for Veterans Florida. SkillBridge has come into being by DoD which was not available when they were created. Their mission now includes spouses and expands their role to help veterans to include Agriculture services. They have more of a role in their advertising and marketing than before which will require additional dollars.

I am sure as the bill takes effect Veterans Florida will ask for additional dollars in its VETS program, now \$2 million as you know., to take care of the additional services.

Thank you.
Very respectfully,
Roy

Roy L. Clark III

Legislative and Cabinet Affairs Director
Florida Department of Veterans' Affairs
2601 S. Blair Stone Rd., Suite C300
Tallahassee, FL 32399
Office: (850).782.4304
Mobile: (850).728.2349

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.



2024 AGENCY LEGISLATIVE BILL ANALYSIS

Department of State

BILL INFORMATION

BILL NUMBER:	SB 1666
BILL TITLE:	Veterans
BILL SPONSOR:	Senator Collins
EFFECTIVE DATE:	July 1, 2024

COMMITTEES OF REFERENCE

1) Military & Veteran Affairs, Space, & domestic Security
2) Appropriations on Health & Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE

--

SIMILAR BILLS

BILL NUMBER:	HB 1329
SPONSOR:	Representative Redondo

PREVIOUS LEGISLATION

BILL NUMBER:	N/A
SPONSOR:	
YEAR:	
LAST ACTION:	

IDENTICAL BILLS

BILL NUMBER:	N/A
SPONSOR:	

Is this bill part of an agency package?

No

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	02/06/2024
LEAD AGENCY ANALYST:	Katherine Woodby
ADDITIONAL ANALYST(S):	Sean Toner/ Lee Yarbrough
LEGAL ANALYST:	Jon Morris
FISCAL ANALYST:	Antonio Murphy

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Veterans; Revising the purpose of Florida Is For Veterans, Inc.; revising the duties of the corporation to require that it conduct specified activities directed toward its target market; revising the purpose of the Veterans Employment and Training Services Program; authorizing the use of grant funds to provide for a specified educational stipend; prohibiting the Department of State from charging veterans who reside in this state fees for the filing of specified documents, etc. Effective Date: 7/1/2024

2. SUBSTANTIVE BILL ANALYSIS

PRESENT SITUATION:

Currently we do not track business filings submitted by veterans or their spouses.

EFFECT OF THE BILL:

295.25, F.S. – Veterans exempt from certain filing fees. The Department of State may not charge veterans who reside in this state the applicable fees for filing articles of organization, articles of incorporation, a certificate of limited partnership, or a partnership registration statement, or for the designation of registered agent, if applicable, as provided in s. 605.0213, s. 607.0122, s.617.0122, s.620.1109, or s. 629.81055.

1. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?

If yes, explain:	
What is the expected impact to the agency's core mission?	
Rule(s) impacted (provide references to F.A.C., etc.):	

2. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

List any known proponents and opponents:	
Provide a summary of the proponents' and opponents' positions:	

3. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?

If yes, provide a description:	No
Date Due:	
Bill Section Number(s):	

4. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC. REQUIRED BY THIS BILL?

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. WHAT IS THE FISCAL IMPACT TO LOCAL GOVERNMENT?

Revenues:	
Expenditures:	
Does the legislation increase local taxes or fees?	
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	

2. WHAT IS THE FISCAL IMPACT TO STATE GOVERNMENT?

Revenues:	<p>Currently we do not track entities that are veteran owned. It would be difficult to determine the fiscal impact on formation filings. Florida Department of Veteran Affairs reports Florida has the third largest population of veterans in the nation after California and Texas with more than 1.4 million veterans – 12 percent of the Sunshine State’s population 18 and over.</p> <p>Referencing our 2023 statistics for the following filing types, Profit/Non-Profit Corporation, Limited Liability Company, Limited Partnership, General Partnership, Designation of Agent and if 12% of those filings were at no cost to the submitter, the cost to the state could be \$9,311,675.00.</p>
Expenditures:	
Does the legislation contain a State Government appropriation?	
If yes, was this appropriated last year?	

3. WHAT IS THE FISCAL IMPACT TO THE PRIVATE SECTOR?

Revenues:	No
Expenditures:	
Other:	

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?

Does the bill increase taxes, fees or fines?	No
Does the bill decrease taxes, fees or fines?	Yes
What is the impact of the increase or decrease?	Currently do not track veteran filed entities.
Bill Section Number:	

TECHNOLOGY IMPACT

Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)?	No
If yes, describe the anticipated impact to the agency including any fiscal impact.	

FEDERAL IMPACT

Does the legislation have a federal impact (i.e. federal compliance, federal funding, federal agency involvement, etc.)?	No
If yes, describe the anticipated impact including any fiscal impact.	

ADDITIONAL COMMENTS

The Department would like the statute to clarify the following:

- In what context does "filing" mean?
 - Submitting a filing for personal use
 - Submitting a filing for another person
- What proof is required to prove eligible veteran
 - DD 214
 - Certification from VA
- What proof of residency is required
 - Drivers license

Does collected documentation become public record?

Given current system filings would need to be submitted by paper, the on-line application requires a fee to process.

Should fictitious name registrations be included, s. 865.09,

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments and recommended action:	
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FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y X N

Table with 2 columns: Question, Answer. Rows include Revenues, Expenditures, and tax/fee increase questions.

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y X N

Table with 2 columns: Question, Answer. Rows include Revenues, Expenditures, and State Government appropriation questions.

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y X N

Table with 2 columns: Question, Answer. Rows include Revenues for subagents and vendor fees.

	\$6.25 per transaction depending on the license or permit type. The vendor also may receive a 2.95% surcharge per transaction on certain license and permit types. There may be an indeterminate negative fiscal impact on revenues for the vendor who will not collect fees on transactions exempted in the bill.
Expenditures:	None.
Other:	Click or tap here to enter text.

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y N

If yes, explain impact.	The bill authorizes a fee exemption for recreational hunting and fishing licenses and permits to a Florida resident honorably discharged as a disabled veteran with a service-connected disability rating of 50 percent or greater, upon proof of such certification or determination.
-------------------------	--

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y N

If yes, describe the anticipated impact including any fiscal impact.	Florida receives federal funds from the Wildlife and Sport Fish Restoration (WSFR) Program. Funding is apportioned to states based on an approved formula which incorporates the amount of land and water area in the state and the number of paid hunting and fishing license holders. The bill would reduce the number of paid hunting and fishing license holders in the state of Florida, thereby reducing the proportional share of federal WSFR funds FWC would receive each year.
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The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Appropriations Committee on Health and Human Services

Subject: Committee Agenda Request

Date: January 29, 2024

I respectfully request that **Senate Bill # 1666**, relating to Veterans, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink, appearing to read "Jay Collins", written over a horizontal line.

Senator Jay Collins
Florida Senate, District 14

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

2/20/24

Meeting Date

1664

Bill Number or Topic

Health Approps

Committee

Amendment Barcode (if applicable)

Name

Joe Marino

Phone

850 322 2093

Address

930 Thompsville Rd #100

Email

marino@veteransoflorida.org

Street

Tall

FL

32309

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

FIFV

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: SB 7070

INTRODUCER: Appropriations Committee on Health and Human Services

SUBJECT: Sickle Cell Disease

DATE: February 19, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Morgan	McKnight		AHS Submitted as Comm. Bill/Fav

I. Summary:

SB 7070 creates s. 381.814, F.S., establishing the Sickle Cell Disease Research and Treatment Grant Program (Program) with the Florida Department of Health (DOH) to fund projects that improve the quality and accessibility of health care available for persons living with sickle cell disease (SCD) in the state, as well as advance the collection and analysis of comprehensive data to support research of SCD.

The bill defines terms, identifies long-term goals of the Program, and establishes how funds appropriated to the Program may be used for projects specific to SCD. The DOH's Office of Minority Health and Health Equity is responsible for awarding grants to community-based SCD medical treatment and research centers in Florida.

The bill limits the percentage of grant funding used for administrative expenses and authorizes certain appropriated funds to be carried over for a specified timeframe.

The bill lists the duties of the DOH under the Program, requires an annual report with specific information be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives, and allows the DOH to adopt rules for Program implementation.

The bill amends s. 383.147, F.S., revising SCD and sickle cell trait screening requirements to require that screening providers notify a newborn's parent or guardian, rather than the newborn's primary care physician, of certain information. The bill also authorizes individuals, other than newborns, that have been identified as having SCD or carrying the sickle cell trait, to volunteer for inclusion on the DOH's sickle cell registry.

The bill creates s. 456.0311, F.S., requiring the applicable health care practitioner regulatory boards for specified health care professions to mandate a two-hour continuing education (CE) course on SCD care management as part of every second biennial licensure or certification

renewal. The bill specifies requirements for the course and the procedure for licensees and certificate holders to submit course completion confirmation.

The bill authorizes applicable boards to approve additional equivalent courses that may be used to satisfy the CE course requirement and to include the course hours in the total hours of CE required for the applicable profession, with an exception. The bill also authorizes health care practitioners holding two or more licenses or certificates subject to the course requirement to show proof of completion of one course to satisfy the requirement for all such licenses or certificates.

The bill provides for disciplinary action and authorizes applicable boards to adopt rules.

The bill may have an indeterminate fiscal impact to the DOH to establish the Program. *See* Section V., Fiscal Impact Statement.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Florida Department of Health

The Florida Department of Health (DOH) is responsible for the state's public health system, which is designed to promote, protect, and improve the health of all people in the state.¹

Rare Diseases

The federal Orphan Drug Act defines a rare disease as any condition that nationally affects fewer than 200,000 people. Over 7,000 rare diseases affect more than 30 million people in the U.S. Many rare conditions are life-threatening and most do not have treatments. Drug, biologic, and device development in rare diseases is challenging for many reasons, including the complex biology and the lack of understanding of the natural history of many rare diseases. The inherently small population of patients with a rare disease can also make conducting clinical trials difficult.²

Since the Orphan Drug Act was signed into law in 1983, the federal Food and Drug Administration (FDA) has approved hundreds of drugs for rare diseases, but most rare diseases do not have FDA-approved treatments. The FDA works with many people and groups, such as patients, caregivers, and drug and device manufacturers, to support rare disease product development. So, while the individual diseases may be rare, the total number of people impacted by a rare disease is larger.³

Rare diseases include genetic disorders, infectious diseases, cancers, and various other pediatric and adult conditions. A rare disease can affect anyone at any point in their life, and can be acute

¹ Section 381.001, F.S.

² United States Food and Drug Administration, *Rare Diseases at FDA*, available at <https://www.fda.gov/patients/rare-diseases-fda> (last visited Feb. 16, 2024).

³ *Id.*

or chronic. It is estimated that 80 percent or more of rare diseases are genetic. For genetic rare diseases, genetic testing is often the only way to make a definitive diagnosis.⁴

Rare diseases present a fundamentally different array of challenges compared to those of more common diseases. Often patients are sent on a “diagnostic odyssey,” in order to determine the cause of symptoms, seeking treatment in health care settings unfamiliar with such a rare condition.⁵

Newborn Metabolic Screening Program

The Legislature created the Florida Newborn Screening Program (NBS Program) in 1965 within the DOH to promote the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect.⁶ The NBS Program also promotes the identification and screening of all newborns in the state and their families for environmental risk factors (i.e., low-income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity) to provide early intervention, remediation, and prevention services.⁷

The NBS Program attempts to screen all newborns for hearing impairment and to identify, diagnose, and manage newborns at risk for select disorders that, without detection and treatment, can lead to permanent developmental and physical damage or death.⁸ The NBS Program is intended to screen all prenatal women and newborns, however, parents and guardians may choose to decline the screening.⁹

Health care providers perform non-laboratory NBS Program screening, such as hearing and risk factor analysis, and report the results to the Office of Vital Statistics. If necessary, health care providers refer patients to the appropriate health, education, and social services.¹⁰

Health care providers in hospitals and birthing centers perform specimen collection for laboratory analysis for the NBS Program screening by collecting a few drops of blood from the newborn’s heel on a standardized specimen collection card.¹¹ The specimen card is then sent to the state laboratory for testing and the results are released to the newborn’s health care provider.

⁴ Florida Department of Health, *Rare Disease Advisory Council: Legislative Report – Fiscal Year 2022/2023 (2023)*, available at https://www.floridahealth.gov/provider-and-partner-resources/rdac/_documents/Rare-Disease-Advisory-Council-Legislative-Report_2023.pdf (last visited Feb. 16, 2024).

⁵ Florida Department of Health, *Rare Disease Advisory Council: Legislative Report – Fiscal Year 2022/2023 (2023)*, available at https://www.floridahealth.gov/provider-and-partner-resources/rdac/_documents/Rare-Disease-Advisory-Council-Legislative-Report_2023.pdf (last visited Feb. 16, 2024).

⁶ Section 383.14(1), F.S.

⁷ *Id.*

⁸ Florida Department of Health, *Florida Newborn Screening Guidelines*, available at <https://floridanewbornscreening.com/wp-content/uploads/NBS-Protocols-2022-FINAL.pdf> (last visited Feb. 16, 2024).

⁹ Section 383.14(4), F.S.; Fla. Admin. Code R. 64C-7.008, (2023). The health care provider must attempt to get a written statement of objection to be placed in the medical record.

¹⁰ *Id.*

¹¹ Florida Newborn Screening, *What is Newborn Screening?*, available at <https://floridanewbornscreening.com/parents/whatis-newborn-screening/> (last visited Feb. 16, 2024). *See also*, Florida

In the event that a newborn screen has an abnormal result, the newborn’s health care practitioner,¹² or a nurse or specialist from the NBS Program’s “Follow-up Program,” provides follow-up services and referrals for the child and his or her family.¹³

The newborn screening report includes the screening results for all 58 conditions currently screened. Newborn screening is part of the standard of care for all infants. Florida law allows for a parent to opt-out of newborn screening prior to collection. This opt-out is documented in the medical record maintained by the collection facility. The NBS Program maintains the results of the newborn screenings, in addition to diagnostic results for newborns identified with a condition on the screening panel. Data is available from January 2006 forward. The DOH’s retention schedule requires newborn screening records to be permanently maintained.¹⁴

Office of Minority Health and Health Equity

The DOH’s Office of Minority Health and Health Equity (Office) was established by the Florida Legislature¹⁵ to administer the Closing the Gap grant program. The Office evaluates and awards grants, determines best practices, and maximizes the benefits of grants.¹⁶

Closing the Gap Grant Program

The state-funded program, Reducing Racial and Ethnic Health Disparities “Closing the Gap” (CTG) grant¹⁷, supports communities, faith-based entities, and other organizations to eliminate health disparities. CTG grants fund communities to work with partners to improve the health of racial and ethnic populations, eliminate barriers, and achieve optimal health in Florida.

Current priority areas for this grant program include:¹⁸

- Adult and child immunizations;
- Alzheimer’s disease and related dementia;
- Cancer;
- Cardiovascular disease;
- Diabetes;
- HIV/AIDS;

Newborn Screening, *Specimen Collection Card*, available at <http://floridanewbornscreening.com/wp-content/uploads/Order-Form.png> (last visited Feb. 16, 2024).

¹² Current law allows for the screening results to be released to specified health care practitioners including: allopathic and osteopathic physicians and physician assistants licensed under chs. 458 and 459, F.S., advanced practice registered nurses, registered nurses, and licensed practical nurses licensed under ch. 464, F.S., a midwife licensed under ch. 467, F.S., a speech-language pathologist or audiologist licensed under part I of ch. 468, F.S., or a dietician or nutritionist licensed under part X of ch. 468, F.S.

¹³ *Id.*

¹⁴ Department of Health, *2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023)* (on file with the Senate Committee on Health Policy).

¹⁵ Section 20.43, F.S.

¹⁶ Florida Department of Health, *Office of Minority Health*, available at <https://www.floridahealth.gov/programs-and-services/minority-health/index.html> (last visited Feb. 19, 2024).

¹⁷ Section 381.7356, F.S.

¹⁸ Florida Department of Health, *Closing the Gap Grant*, available at <https://www.floridahealth.gov/%5C/programs-and-services/minority-health/GrantFundingResources/closing-the-gap.html> (last visited Feb. 19, 2024).

- Lupus;
- Maternal and infant mortality;
- Oral healthcare;
- SCD;
- Social determinants of health; and
- Severe maternal morbidity.

Sickle Cell Disease

SCD affects approximately 100,000 Americans and is the most prevalent inherited blood disorder in the U.S.¹⁹ SCD affects mostly, but not exclusively, persons of African ancestry. SCD is a group of inherited disorders in which abnormal hemoglobin cause red blood cells to buckle into a sickle shape. The deformed red blood cells damage blood vessels and over time contribute to a cascade of negative health effects beginning in infancy, such as intense vaso-occlusive pain episodes, strokes, organ failure, and recurrent infections.^{20,21} The severity of complications generally worsens with age, but treatment and prevention strategies can mitigate complications and lengthen the lives of those suffering from SCD.²²

A person who carries a single gene for SCD has the sickle cell trait. Individuals with the sickle cell trait do not have SCD, and under normal conditions they are generally asymptomatic. However, they are carriers of SCD and have an increased likelihood of having a child with SCD. It is estimated that eight to ten percent of African Americans carry the sickle cell trait.²³

While SCD is the most common inherited blood disorder in the U.S., and is often diagnosed at birth through newborn screening programs,²⁴ patients with SCD experience many of the other trials associated with treating a rare disease. Until recently there was very little research development in the areas of managing, treating, or curing SCD.^{25,26}

¹⁹ National Institutes of Health, National Heart, Lung, and Blood Institute, *What is Sickle Cell Disease?*, available at <https://www.nhlbi.nih.gov/health/sickle-cell-disease> (last visited Feb. 16, 2024).

²⁰ Centers for Disease Control and Prevention, *What is Sickle Cell Disease?* available at <https://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited Feb. 16, 2024).

²¹ Florida Agency for Health Care Administration, *Florida Medicaid Study of Enrollees with Sickle Cell Disease (2023)*, available at https://ahca.myflorida.com/content/download/20771/file/Florida_Medicaid_Study_of_Enrollees_with_Sickle_Cell_Disease.pdf (last visited Feb. 16, 2024).

²² Centers for Disease Control and Prevention, *Complications of Sickle Cell Disease*, available at <https://www.cdc.gov/ncbddd/sicklecell/complications.html> (last visited Feb. 16, 2024).

²³ American Society of Hematology, *ASH Position on Sickle Cell Trait (2021)*, available at <https://www.hematology.org/advocacy/policy-news-statements-testimony-and-correspondence/policy-statements/2021/ashposition-on-sickle-cell-trait> (last visited Feb. 16, 2024).

²⁴ Centers for Disease Control and Prevention, *Newborn Screening (NBS) Data (2023)*, available at [https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-state-data/newbornscreening/index.html#:~:text=Newborn%20screening%20\(NBS\)%20for%20sickle,SCD%20living%20in%20a%20state.](https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-state-data/newbornscreening/index.html#:~:text=Newborn%20screening%20(NBS)%20for%20sickle,SCD%20living%20in%20a%20state.) (last visited Feb. 16, 2024).

²⁵ American Society of Hematology, *ASH Sickle Cell Disease Initiative*. available at <https://www.hematology.org/advocacy/sickle-cell-disease-initiative> (last visited Feb. 17, 2024).

²⁶ Department of Health, *2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023)* (on file with the Senate Committee on Health Policy).

The NBS Program has included screening for SCD since 1988.²⁷

Sickle Cell Disease Registry

In 2023, the DOH was required under s. 383.147, F.S., to contract with a community-based SCD medical treatment and research center to establish and maintain a registry for newborns and infants identified as carrying a sickle cell hemoglobin variant. If a screening provider detects that a newborn or an infant is carrying a sickle cell hemoglobin variant, it must notify the child's primary care physician and submit the results to the DOH for inclusion in the sickle cell registry. The registry must track SCD outcome measures. A parent or guardian of a newborn or an infant in the registry may request to have his or her child removed from the registry by submitting a form prescribed by the DOH in rule.^{28,29}

Based on a review of the 2022 provisional data, the DOH identified 137 newborns with SCD and 5,800 with the sickle cell trait. For every newborn identified with the sickle cell trait, notification letters were sent to both the family and the physician on file for each newborn. NBS Program results were returned to the submitting provider. It is the responsibility of the submitting entity to forward the results to the newborn's primary care provider.^{30,31}

III. Effect of Proposed Changes:

Section 1 creates s. 381.814, F.S., to establish the Sickle Cell Disease Research and Treatment Grant Program (Program) within the Florida Department of Health (DOH), and to define the following terms:

- Center of Excellence – a health care facility dedicated to the treatment of patients with sickle cell disease (SCD), which provides evidence-based, comprehensive, patient-centered coordinated care consistent with criteria established by the DOH.
- Department – the DOH.
- Health care practitioner – the same meaning as provided in s. 456.001(4), F.S.
- Program – the Sickle Cell Disease Research and Treatment Grant Program.
- Sickle cell disease – the group of hereditary blood disorders caused by an abnormal type of hemoglobin resulting in malformed red blood cells with impaired function, including both symptomatic manifestations of SCD and the asymptomatic sickle cell trait.

The bill provides the purpose of the Program, which is to fund projects that improve the quality and accessibility of health care available for persons living with SCD in Florida, as well as to advance the collection and analysis of comprehensive data to support research of SCD. Long-term goals of the Program are as follows:

- Improve the health outcomes and quality of life for Floridians with SCD.
- Expand access to high-quality, specialized care for SCD.

²⁷ *Id.*

²⁸ American Society of Hematology, *ASH Sickle Cell Disease Initiative*. available at <https://www.hematology.org/advocacy/sickle-cell-disease-initiative> (last visited Feb. 17, 2024).

²⁹ Department of Health, *2024 Agency Legislative Bill Analysis, SB 1582 (Sept. 18, 2023)* (on file with the Senate Committee on Health Policy).

³⁰ *Supra* note 28.

³¹ *Supra* note 29.

- Improve awareness and understanding among health care practitioners of current best practices for the treatment and management of SCD.

Using funds appropriated for the Program, the bill establishes that the DOH's Office of Minority Health and Health Equity shall award grants to community-based SCD medical treatment and research centers in Florida to fund projects specific to SCD in the following project areas:

- SCD workforce development and education – such projects include, but are not limited to, facility-based education programs, continuing education curriculum development, and outreach and education activities with the local health care practitioner community; workforce development and education projects must be based on current evidence-based clinical practice guidelines for SCD.
- SCD treatment centers of excellence – such projects include, but are not limited to, operational support for existing centers of excellence, facility enhancement of existing centers of excellence, and the establishment of new centers of excellence.
- Surveillance and evaluation – such projects include, but are not limited to, the maintenance of and improvements to an existing SCD and sickle cell trait registry.

The bill provides that a recipient of a grant awarded under the Program may not use more than five percent of grant funds for administrative expenses. Notwithstanding s. 216.301, F.S., and pursuant to s. 216.351, F.S., the bill also allows appropriated Program funds from the General Revenue Fund to be carried forward for up to five years after the effective date of the original appropriation if not disbursed but obligated pursuant to contract or committed to be expended by June 30, of the fiscal year in which the funds are appropriated.

Under the bill, duties of the DOH are as follows:

- Publicize the availability of funds under the Program and establish the application process for submitting a grant proposal.
- Develop uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes.
- Develop a monitoring process to evaluate progress toward meeting grant objectives.

The bill requires an annual report be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, of each year. At a minimum, the report must include the status and progress for each project supported by the Program during the previous calendar year, any recommendations for improving the Program, and all of the following components for each supported project:

- A summary of the project and the project outcomes or expected project outcomes.
- The status of the project, including whether it has concluded or the estimated date of completion.
- The amount of the grant awarded and the estimated or actual cost of the project.
- The source and amount of any federal, state, or local government grants or donations or private grants or donations funding the project.
- A list of all entities involved in the project.

The bill provides that the DOH may adopt rules to implement the Program.

Section 2 amends s. 383.147, F.S., to revise SCD and sickle cell trait screening requirements, establishing that a newborn, as defined in s. 383.145(2), F.S., identified as having SCD, or the sickle cell trait, through the NBS Program, as described in s. 383.14, F.S., must:

- Notify the parent or guardian of the newborn and provide information regarding the availability and benefits of genetic counseling; and
- Submit the results of such screening for inclusion in the sickle cell registry, unless the parent or guardian of the newborn provides an opt-out form obtained from the DOH, or otherwise indicates in writing to the DOH his or her objection to having the newborn included in the registry. The DOH must notify such parent or guardian of his or her ability to opt-out.

The bill makes conforming changes to existing statute that provides clarity as to what is meant by hemoglobin variant, striking this language throughout and replacing with SCD or the sickle cell trait. Under this bill, other individuals living in Florida that are identified as having SCD or the sickle cell trait may choose to be included in the sickle cell registry by providing the DOH with notification as prescribed by rule.

Section 3 creates s. 456.0311, F.S., to require the applicable board of each individual licensed or certified under ch. 458, 459, or part I of 464, F.S., to complete a two-hour continuing education (CE) course, approved by the board, on SCD care management as part of every second biennial licensure or certification renewal. The course shall consist of education specific to SCD and the sickle cell trait, including, but not limited to, evidence-based treatment guidelines for patients of all ages, continuing patient and family education, periodic comprehensive evaluations and other disease-specific health maintenance services, psychosocial care, genetic counseling, and pain management.

The bill requires that each licensee or certificate holder submit confirmation of having completed the CE course on a form provided by the applicable board when submitting fees for each second biennial renewal. The applicable board may approve additional equivalent CE courses, and the hours required for completion of the CE course may be included in the total hours of CE required by law for such profession unless the CE requirements consist of fewer than 30 hours biennially.

The bill allows any individual holding two or more licenses, subject to this section, to show proof of having taken one-board approved course to satisfy requirements for purposes of licensure or recertification for additional licenses. Failure to comply with the CE requirements constitutes grounds for disciplinary action under each respective practice act and s. 456.072(1)(k), F.S.

The bill establishes that each applicable board may adopt rules to implement this section.

Section 4 provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The bill may have an indeterminate fiscal impact on individuals licensed or certified under ch. 458, 459, or part I of 464, F.S., associated with the cost of the sickle cell disease continuous education course required under the bill.

C. Government Sector Impact:

The bill may have an indeterminate fiscal impact to the Florida Department of Health to establish the Sickle Cell Disease Research and Treatment Grant Program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 383.147 of the Florida Statutes.

This bill creates sections 381.814 and 456.0311 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

FOR CONSIDERATION By the Appropriations Committee on Health and Human Services

603-03386A-24

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1 A bill to be entitled
 2 An act relating to sickle cell disease research and
 3 treatment education; creating s. 381.814, F.S.;
 4 creating the Sickle Cell Disease Research and
 5 Treatment Grant Program within the Department of
 6 Health; defining terms; providing purposes of the
 7 program and its long-term goals; requiring the Office
 8 of Minority Health and Health Equity within the
 9 department to use funds appropriated to the program to
 10 award grants to community-based sickle cell disease
 11 medical treatment and research centers operating in
 12 this state; specifying the types of projects that may
 13 be funded under the program; limiting the percentage
 14 of grant funding which may be used for administrative
 15 expenses; authorizing certain appropriated funds to be
 16 carried over for a specified timeframe; specifying
 17 duties of the department; requiring the department to
 18 submit an annual report to the Governor and the
 19 Legislature; specifying requirements for the report;
 20 authorizing the department to adopt rules; amending s.
 21 383.147, F.S.; revising sickle cell disease and sickle
 22 cell trait screening requirements; requiring screening
 23 providers to notify a newborn's parent or guardian,
 24 rather than the newborn's primary care physician, of
 25 certain information; providing for the ability of the
 26 parent or guardian of a newborn to opt out of the
 27 newborn's inclusion in the sickle cell registry;
 28 specifying the manner in which a parent or guardian
 29 may opt out; requiring the department to notify the

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30 parent or guardian of the ability to opt out before
 31 including the newborn in the registry; authorizing
 32 certain persons other than newborns who have been
 33 identified as having sickle cell disease or carrying
 34 the sickle cell trait to choose to be included in the
 35 department's sickle cell registry; creating s.
 36 456.0311, F.S.; requiring the applicable licensing
 37 boards for specified health care professions to
 38 require a 2-hour continuing education course on sickle
 39 cell disease care management as part of every second
 40 biennial licensure or certification renewal;
 41 specifying requirements for the course; specifying the
 42 procedure for licensees and certificateholders to
 43 submit confirmation of completing the course;
 44 authorizing the applicable boards to approve
 45 additional equivalent courses to satisfy the
 46 requirement; authorizing the applicable boards to
 47 include the course hours in the total hours of
 48 continuing education required for the applicable
 49 profession, with an exception; authorizing health care
 50 practitioners holding two or more licenses or
 51 certificates subject to the course requirement to show
 52 proof of completion of one course to satisfy the
 53 requirement for all such licenses or certificates;
 54 providing for disciplinary action; authorizing the
 55 applicable boards to adopt rules; providing an
 56 effective date.

57
 58 Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 381.814, Florida Statutes, is created to read:

381.814 Sickle Cell Disease Research and Treatment Grant Program.—The Sickle Cell Disease Research and Treatment Grant Program is created within the Department of Health.

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

(a) "Center of excellence" means a health care facility dedicated to the treatment of patients with sickle cell disease which provides evidence-based, comprehensive, patient-centered coordinated care consistent with criteria established by the department.

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

(c) "Health care practitioner" has the same meaning as provided in s. 456.001(4).

(d) "Program" means the Sickle Cell Disease Research and Treatment Grant Program.

(e) "Sickle cell disease" means the group of hereditary blood disorders caused by an abnormal type of hemoglobin resulting in malformed red blood cells with impaired function. The term includes both symptomatic manifestations of sickle cell disease and the asymptomatic sickle cell trait.

(2) PURPOSE.—The purpose of the program is to fund projects that improve the quality and accessibility of health care available for persons living with sickle cell disease in this state, as well as to advance the collection and analysis of comprehensive data to support research of sickle cell disease. The long-term goals of the program are to:

(a) Improve the health outcomes and quality of life for

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Floridians with sickle cell disease.

(b) Expand access to high-quality, specialized care for sickle cell disease.

(c) Improve awareness and understanding among health care practitioners of current best practices for the treatment and management of sickle cell disease.

(3) GRANTS.—Using funds appropriated for the program, the Office of Minority Health and Health Equity within the department shall award grants to community-based sickle cell disease medical treatment and research centers operating in this state to fund projects specific to sickle cell disease in the following project areas:

(a) Sickle cell disease workforce development and education.—Such projects include, but are not limited to, facility-based education programs, continuing education curriculum development, and outreach and education activities with the local health care practitioner community. Workforce development and education projects must be based on current evidence-based clinical practice guidelines for sickle cell disease.

(b) Sickle cell disease treatment centers of excellence.—Such projects include, but are not limited to, operational support for existing centers of excellence, facility enhancement of existing centers of excellence, and the establishment of new centers of excellence.

(c) Surveillance and evaluation.—Such projects include, but are not limited to, the maintenance of and improvements to an existing sickle cell disease and sickle cell trait registry.

(4) USE OF GRANT FUNDS.—The recipient of a grant awarded

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117 under the program may not use more than 5 percent of grant funds
 118 for administrative expenses. Notwithstanding s. 216.301 and
 119 pursuant to s. 216.351, the balance of any appropriation from
 120 the General Revenue Fund for the program which is not disbursed
 121 but is obligated pursuant to contract or committed to be
 122 expended by June 30 of the fiscal year in which the funds are
 123 appropriated may be carried forward for up to 5 years after the
 124 effective date of the original appropriation.

125 (5) DEPARTMENT DUTIES.—The department shall do all of the
 126 following:

127 (a) Publicize the availability of funds under the program
 128 and establish an application process for submitting a grant
 129 proposal.

130 (b) Develop uniform data reporting requirements for the
 131 purpose of evaluating the performance of the grant recipients
 132 and demonstrating improved health outcomes.

133 (c) Develop a monitoring process to evaluate progress
 134 toward meeting grant objectives.

135 (6) ANNUAL REPORT.—By March 1 of each year, the department
 136 shall submit a report to the Governor, the President of the
 137 Senate, and the Speaker of the House of Representatives. The
 138 report must include, at a minimum, the status and progress for
 139 each project supported by the program during the previous
 140 calendar year, any recommendations for improving the program,
 141 and all of the following components for each supported project:

142 (a) A summary of the project and the project outcomes or
 143 expected project outcomes.

144 (b) The status of the project, including whether it has
 145 concluded or the estimated date of completion.

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146 (c) The amount of the grant awarded and the estimated or
 147 actual cost of the project.

148 (d) The source and amount of any federal, state, or local
 149 government grants or donations or private grants or donations
 150 funding the project.

151 (e) A list of all entities involved in the project.

152 (7) RULES.—The department may adopt rules to implement this
 153 section.

154 Section 2. Section 383.147, Florida Statutes, is amended to
 155 read:

156 ~~383.147 Newborn and infant screenings for Sickle cell~~
 157 ~~disease and sickle cell trait hemoglobin variants;~~ registry.—

158 (1) If a screening provider detects that a newborn or an
 159 infant, as those terms are defined in s. 383.145(2), is
 160 identified as having sickle cell disease or the sickle cell
 161 trait through the newborn screening program as described in s.
 162 383.14, the department carrying a sickle cell hemoglobin
 163 variant, it must:

164 (a) Notify the parent or guardian of the newborn and
 165 provide information regarding the availability and benefits of
 166 genetic counseling; primary care physician of the newborn or
 167 infant and

168 (b) Submit the results of such screening to the Department
 169 of Health for inclusion in the sickle cell registry established
 170 under paragraph (2)(a), unless the parent or guardian of the
 171 newborn provides an opt-out form obtained from the department,
 172 or otherwise indicates in writing to the department his or her
 173 objection to having the newborn included in the registry. The
 174 department must notify the parent or guardian of the ability to

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175 ~~opt out before including the newborn in the registry. The~~
 176 ~~primary care physician must provide to the parent or guardian of~~
 177 ~~the newborn or infant information regarding the availability and~~
 178 ~~benefits of genetic counseling.~~

179 (2) (a) The Department of Health shall contract with a
 180 community-based sickle cell disease medical treatment and
 181 research center to establish and maintain a registry for
 182 individuals newborns and infants who are identified as carrying
 183 a sickle cell disease or the sickle cell trait hemoglobin
 184 variant. The sickle cell registry must track sickle cell disease
 185 outcome measures, except as provided in paragraph (1) (b). A
 186 parent or guardian of a newborn or an infant in the registry may
 187 request to have his or her child removed from the registry by
 188 submitting a form prescribed by the department by rule.

189 (b) In addition to newborns identified and included in the
 190 registry under subsection (1), other persons living in this
 191 state who have been identified as having sickle cell disease or
 192 the sickle cell trait may choose to be included in the registry
 193 by providing the department with notification as prescribed by
 194 rule.

195 (c) The Department of Health shall also establish a system
 196 to ensure that the community-based sickle cell disease medical
 197 treatment and research center notifies the parent or guardian of
 198 a child who has been included in the registry that a follow-up
 199 consultation with a physician is recommended. Such notice must
 200 be provided to the parent or guardian of such child at least
 201 once during early adolescence and once during late adolescence.
 202 The department shall make every reasonable effort to notify
 203 persons included in the registry who are 18 years of age that

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204 they may request to be removed from the registry by submitting a
 205 form prescribed by the department by rule. The department shall
 206 also provide to such persons information regarding available
 207 educational services, genetic counseling, and other beneficial
 208 resources.

209 (3) The Department of Health shall adopt rules to implement
 210 this section.

211 Section 3. Section 456.0311, Florida Statutes, is created
 212 to read:

213 456.0311 Requirement for instruction on sickle cell
 214 disease.-

215 (1) (a) The applicable board shall require each person
 216 licensed or certified under chapter 458, chapter 459, or part I
 217 of chapter 464 to complete a 2-hour continuing education course,
 218 approved by the board, on sickle cell disease care management as
 219 part of every second biennial licensure or certification
 220 renewal. The course shall consist of education specific to
 221 sickle cell disease and the sickle cell trait, including, but
 222 not limited to, evidence-based treatment guidelines for patients
 223 of all ages, continuing patient and family education, periodic
 224 comprehensive evaluations and other disease-specific health
 225 maintenance services, psychosocial care, genetic counseling, and
 226 pain management.

227 (b) Each licensee or certificateholder shall submit
 228 confirmation of having completed such course on a form provided
 229 by the applicable board when submitting fees for each second
 230 biennial renewal.

231 (c) The board may approve additional equivalent courses
 232 that may be used to satisfy the requirements of paragraph (a).

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233 Each licensing board that requires a licensee to complete an
234 educational course pursuant to this section may include the hour
235 required for completion of the course in the total hours of
236 continuing education required by law for such profession unless
237 the continuing education requirements for such profession
238 consist of fewer than 30 hours biennially.

239 (d) Any person holding two or more licenses subject to this
240 section may show proof of having taken one board-approved course
241 to satisfy the requirements of paragraph (a) for purposes of
242 relicensure or recertification for additional licenses.

243 (e) Failure to comply with the requirements of this section
244 constitutes grounds for disciplinary action under each
245 respective practice act and under s. 456.072(1)(k).

246 (2) Each applicable board may adopt rules to implement this
247 section.

248 Section 4. This act shall take effect July 1, 2024.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: SB 7072

INTRODUCER: Appropriations Committee on Health and Human Services

SUBJECT: Cancer Funding

DATE: February 19, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Gerbrandt	McKnight		AHS Submitted as Comm. Bill/Fav

I. Summary:

SB 7072 bill revises s. 381.915, F.S., relating to the Casey DeSantis Cancer Research Program (Casey DeSantis Program).

The bill provides that the Casey DeSantis Program is established, in addition to current law's existing provisions for the program's establishment, to promote the provision of high-quality, innovative health care for persons undergoing cancer treatment in Florida.

The bill requires the Florida Department of Health (DOH) to make cancer innovation grant funding available through the Cancer Connect Collaborative (Collaborative) to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research.

The bill codifies the Cancer Connect Collaborative in statute by providing that the Collaborative is created within the DOH to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The Collaborative is authorized under the bill to make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

The bill requires the Collaborative to develop a long-range comprehensive plan for the Casey DeSantis Program. The Collaborative must solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers.

The Collaborative is charged under the bill with spearheading the Cancer Innovation Fund and to, during any fiscal year for which funds are appropriated, recommend to the DOH the awarding of grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The Collaborative is directed to give priority to applications seeking to

expand the reach of innovative cancer treatment models into underserved areas of the state. The Collaborative must review all grant applications and make grant funding recommendations to the DOH, and the DOH is directed under the bill to make final grant allocation awards.

Beginning July 1, 2024, the bill requires each allocation agreement issued by the DOH relating to cancer center payments made under current law to cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation, must include specified requirements.

The bill may have an indeterminate fiscal impact to the DOH. *See* Section V., Fiscal Impact Statement.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Florida Cancer Research Programs

The Legislature funds cancer research in Florida through four main programs: William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley program), the Casey DeSantis Cancer Research Program, Live Like Bella Initiative - Pediatric Cancer Research Program, and the Cancer Innovation Fund. Currently, \$160.5 million is appropriated annually for these research programs as follows:¹

- Bankhead-Coley Program - \$10 million Biomedical Trust Fund
- Casey DeSantis Cancer Research Program - \$127.5 million (\$111.1 General Revenue; \$16.4 Trust Fund)
- Live Like Bella Initiative - Pediatric Cancer Research - \$3 million Biomedical Trust Fund
- Florida Cancer Innovation Fund - \$20 million General Revenue

William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program

In 2006, the Legislature created the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) to advance progress toward cures for cancer through grants awarded through a peer-reviewed, competitive process.²

The program provides grants for cancer research to further the search for cures for cancer, by pursuing the following goals:³

- Significantly expand cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric and adult participation in clinical trials networks.
- Reduce the impact of cancer on disproportionately impacted individuals.

¹ Chapter 2023-239, Laws of Fla., see specific appropriations 462, 464, 467, and 465 respectively.

² Section 381.922(1), F.S.

³ Section 381.922(2), F.S.

Currently, the Bankhead-Coley Program is funded at \$10 million annually.⁴

The Casey DeSantis Cancer Research Program

In 2014, the Legislature created the Florida Consortium of National Cancer Institute Centers Program, which was renamed as the Casey DeSantis Cancer Research Program (Casey DeSantis Program) in 2022. The Casey DeSantis Program was established to:⁵

- Enhance the quality and competitiveness of cancer care in Florida;
- Further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens; and
- Capitalize on potential educational opportunities available to students.

The Florida Department of Health (DOH) is required to make payments to cancer centers recognized by the NCI as NCI-designated comprehensive cancer centers, cancer centers, and cancer centers working toward achieving NCI designation.⁶

The NCI designates institutions as:⁷

- Comprehensive Cancer Centers – focused on substantial transdisciplinary research that bridges all cancer-related research areas;
- Cancer Centers – focused on one research area such as clinical, prevention, cancer control or population science research; or
- Basic Laboratory Cancer Centers – focused on laboratory research and work collaboratively with other institutions.

A participating center's annual allocation of funds is determined by a statutory tier-weighted formula that factors in a cancer center's reportable cancer cases; peer-review costs; and biomedical education and training.⁸ The tier designations are weighted based on the participating cancer center's NCI-designation status. The program's three-tier designations are:⁹

- Tier 1: NCI-designated comprehensive cancer centers;
- Tier 2: NCI-designated cancer centers; and
- Tier 3: Cancer centers seeking NCI designation and meeting additional criteria related to their research and biomedical education.

Currently, there are two NCI-designed comprehensive cancer centers and two NCI-designated cancer centers in Florida:¹⁰

- H. Lee Moffitt Cancer Center – Comprehensive Cancer Center
- Mayo Clinic Cancer Center – Comprehensive Cancer Center
- The University of Florida (UF) Health Shands Cancer Hospital – Cancer Center

⁴ Chapter 2023-239, Laws of Fla., see specific appropriation 462.

⁵ Section 381.915(2), F.S.

⁶ *Id.*

⁷ National Cancer Institute, NCI-Designated Cancer Centers, available at: <https://www.cancer.gov/research/infrastructure/cancer-centers> (last visited Feb. 16, 2024).

⁸ Section 381.915(3), F.S.

⁹ Section 381.915(4), F.S.

¹⁰ National Cancer Institute, NCI-Designated Cancer Centers, "Find a Cancer Centers" directory, available at: <https://www.cancer.gov/research/infrastructure/cancer-centers/find> (last visited Feb. 16, 2024).

- University of Miami (UM) Sylvester Cancer Center – Cancer Center

See chart below for the funding history of the Casey DeSantis Program:¹¹

	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
H. Lee Moffitt	\$ 25,300,898	\$ 24,911,553	\$ 23,313,325	\$ 39,368,392	\$ 38,060,795
Mayo Clinic	N/A	N/A	N/A	N/A	\$ 23,314,286
UF Health Shands Cancer Hospital	\$ 19,551,236	\$ 20,722,858	\$ 22,321,087	\$ 30,721,560	\$ 37,135,352
UM Sylvester Cancer Center	\$ 17,376,609	\$ 16,594,331	\$ 16,595,331	\$ 29,910,047	\$ 28,989,567
Total	\$ 62,228,743	\$ 62,228,742	\$ 62,229,743	\$ 99,999,999	\$ 127,500,000

Every three years, the DOH, in conjunction with participating cancer centers, must provide a report to the Cancer Control and Research Advisory Council (CCRAB) by July 1. The report must include the following:¹²

- An analysis of trending age-adjusted cancer mortality rates in the state by age group, geographic region, and type of cancer.
- Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.
- A list and narrative description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalog of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

Live Like Bella Initiative – Pediatric Cancer Research

The Live Like Bella Pediatric Cancer Research Initiative was established to advance progress toward curing pediatric cancer through grants awarded through a peer-reviewed, competitive process.¹³ The Initiative will provide grants for research to further the search for cures for pediatric cancer, by pursuing the following goals to:¹⁴

- Significantly expand pediatric cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric enrollment in clinical trial networks.
- Reduce the impact of pediatric cancer on disproportionately impacted individuals.

¹¹ Email from Ty Gentle, DOH Budget Director (Dec. 8, 2023), Final NCI Cancer Allocation Spreadsheet, (on file with the Appropriations Committee on Health and Human Services).

¹² Section 381.915(8), FS.

¹³ Section 381.922(2), F.S.

¹⁴ Department of Health, Biomedical Research Program Funding Announcement, Fiscal Year 2023-24, available at: <https://www.floridahealth.gov/provider-and-partner-resources/research/funding-opportunity-announcements/BRACFOAApprovedFINAL.pdf> (last visited Feb. 16, 2024).

Currently, the Live Like Bella Initiative is funded with \$3 million annually.¹⁵

Florida Cancer Innovation Fund

The Florida Cancer Innovation Fund was established in Fiscal Year 2023-24 to fund projects focused on innovative research in cancer care and treatment. The funding aims to provide opportunities to break down longstanding silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment through innovative approaches to data infrastructure and best practices.¹⁶ Funding is limited to Florida-based institutions.

The projects funded through grant awards are required to focus on at least one of three goal areas below:¹⁷

- Data – to identify the reasons data is slow to move or hard to access and ways to dismantle those barriers.
- Best Practices – to streamline, encourage, and incentivize the sharing of treatment best practices among public and private entities.
- Innovation – to make advancements in cutting-edge technology and clinical treatments.

Currently, the Florida Cancer Innovation Fund is funded with \$20 million annually.¹⁸

Florida Cancer Control and Research Advisory Council (CCRAB)

The Florida Cancer Control Research Advisory Council was established by the Legislature as an advisory body appointed to function on a continuing basis for the study of cancer and to make recommendations on solutions and policy alternatives to the Board of Governors and the State Surgeon General.¹⁹ The CCRAB closely monitors Florida's cancer burden and recommends changes in policies, systems, and environments that lead to improved prevention, early detection, high-quality treatment, and increased cancer survival rates.²⁰

The Council consists of 15 members:²¹

- The State Surgeon General or his or her designee within the DOH;
- A representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;
- A representative of the Sylvester Comprehensive Cancer Center of the University of Miami;
- A representative of the University of Florida Shands Cancer Center;
- A representative of the American Cancer Society;
- A representative of the Association of Community Cancer Centers;
- A member of the Florida Hospital Association who specializes in the field of oncology;

¹⁵ Chapter 2023-239, Laws of Fla., see specific appropriations 467.

¹⁶ Department of Health, Funding Opportunity Announcement, The Florida Cancer Innovation Fund, available at <https://www.floridahealth.gov/provider-and-partner-resources/research/florida-cancer-innovation-fund/index.html> (last visited Feb. 16, 2024).

¹⁷ *Id.*

¹⁸ Chapter 2023-239, Laws of Fla., see specific appropriation 465.

¹⁹ Section 1004.435, F.S.

²⁰ Florida Cancer Control and Research Advisory Council, CCRAB Annual Report 2024, The State of Cancer in Florida, available at: <https://www.ccrab.org/cache/files/c/3/c388cd5a-94e1-4342-b946-d21f872724cc/72B5F6981BBF2571E5C3B73AF0DC1169.2024ccrab-annualreport-final.pdf> (last visited Feb. 19, 2024).

²¹ Section 1004.435(4), F.S.

- A member of the Florida Medical Association who specializes in the field of oncology;
- A representative of the Florida Nurses Association who specializes in the field of oncology;
- A representative of the Florida Osteopathic Medical Association who specializes in the field of oncology;
- A specialist in pediatric oncology research or clinical care appointed by the Governor;
- A specialist in oncology clinical care or research appointed by the President of the Senate;
- A current or former cancer patient or a current or former caregiver to a cancer patient appointed by the Speaker of the House of Representatives;
- A member of the House of Representatives appointed by the Speaker of the House of Representatives; and
- A member of the Senate appointed by the President of the Senate.

CCRAB members serve four year terms.²²

Florida Cancer Connect Collaborative

Established in 2023, the Florida Cancer Connect Collaborative²³ (Collaborative) is an initiative created by First Lady Casey DeSantis in partnership with the DOH and the Agency for Health Care Administration. The Collaborative is a team made up of medical professionals and government officials who analyze Florida's approach to combatting cancer. The goal of the Collaborative is to break down long-standing silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment. According to the Governor and First Lady, the Collaborative has five main objectives:²⁴

- Data – The Collaborative will seek to identify the reasons data is slow to move or hard to access and dismantle those barriers.
- Best practices – The Collaborative will seek to streamline, encourage and incentivize the sharing of treatment best practices among public and private entities so that everyone is treated with the most effective treatment possible.
- Innovation – The Collaborative will identify the reasons that technology gets held up — whether it be special interests, over-litigiousness or bureaucratic red tape — and recommend ways to eliminate these barriers.
- Funding – The Collaborative will provide recommendations for the implementation of the Governor's proposed \$170 million in funding to improve the pace of cancer research and novel technologies.
- Honesty – The Collaborative will be tasked with identifying the ways to ensure cancer causes, treatment, prevention, and diagnosis information is available and easy to access.

²² Section 1004.435(4), F.S.

²³ The Cancer Connect Collaborative is an expansion of Cancer Connect, an initiative launched by First Lady Casey DeSantis in August 2022 to provide cancer information and survivor stories.

²⁴ Florida Governor Ron DeSantis, First Lady Casey DeSantis Announces the Cancer Connect Collaborative to Explore Innovative Strategies for Cancer Treatment and Care, available at: <https://www.flgov.com/2023/02/23/first-lady-casey-deSantis-announces-the-cancer-connect-collaborative-to-explore-innovative-strategies-for-cancer-treatment-and-care/> (last visited Feb. 16, 2024).

III. Effect of Proposed Changes:

Section 1 revises s. 381.915, F.S., relating to the Casey DeSantis Cancer Research Program (Casey DeSantis Program).

The bill provides that the Casey DeSantis Program is established, in addition to current law's existing provisions for the program's establishment, to promote the provision of high-quality, innovative health care for persons undergoing cancer treatment in Florida.

The bill requires the Florida Department of Health (DOH) to make cancer innovation grant funding available through the Cancer Connect Collaborative (Collaborative) to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research.

The bill codifies the Collaborative in statute by providing that the Collaborative is a council²⁵ as defined in s. 20.03, F.S., created within the DOH to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The Collaborative is authorized under the bill to make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

The bill provides for membership of the Collaborative, to be chaired by the State Surgeon General who will serve as an ex officio, non-voting member. The remaining membership of the Collaborative will be composed as follows, all of whom are to be voting members, with appointments to be made by September 1, 2024:

- Two members appointed by the Governor, one member appointed by the President of the Senate, and one member appointed by the Speaker of the House of Representatives, prioritizing their appointments on members who have the following experience or expertise:
 - The practice of a health care profession specializing in oncology clinical care or research;
 - The development of preventive and therapeutic treatments to control cancer;
 - The development of innovative research into the causes of cancer, the development of effective treatments for persons with cancer, or cures for cancer; or
 - Management-level experience with a cancer center licensed under ch. 395, F.S.
- A Florida resident who can represent the interests of cancer patients in this state, appointed by the Governor.

The bill provides for members to have staggered terms and for vacancies to be filled. The bill provides that members will serve without compensation but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061, F.S.

Under the bill, the Collaborative shall meet as necessary, but at least quarterly, at the call of the chair. A majority of the members of the Collaborative constitute a quorum, and a meeting may

²⁵ Section 20.03, F.S., defines a "council" or an "advisory council" as an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

not be held with less than a quorum present. To establish a quorum, the Collaborative may conduct its meetings through teleconference or other electronic means.

The bill requires the Collaborative to develop a long-range comprehensive plan for the Casey DeSantis Program. The Collaborative must solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers. The plan must be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Executive Office of the Governor no later than December 1, 2024. The plan must include, but need not be limited to, the following components:

- Expansion of grant funding opportunities to include a broader pool of Florida-based cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers to receive funding through the Cancer Innovation Fund.
- An evaluation to determine metrics that focus on patient outcomes, quality of care, and efficacy of treatment.
- A compilation of best practices relating to cancer research or treatment.

The Collaborative is charged under the bill with spearheading the Cancer Innovation Fund and to, during any fiscal year for which funds are appropriated, recommend to the DOH the awarding of grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The Collaborative is directed to give priority to applications seeking to expand the reach of innovative cancer treatment models into underserved areas of the state. The Collaborative must review all grant applications and make grant funding recommendations to the DOH, and the DOH is directed under the bill to make final grant allocation awards.

The bill revises the requirements under current law for the DOH to issue a report every three years to the Florida Cancer Control & Research Advisory Council (CCRAB). Under the bill, beginning July 1, 2025, the report must be issued every year to the CCRAB and the Collaborative and requires the DOH to submit the report to the Governor and Legislative leadership no later than September 15 each year.

Beginning July 1, 2024, the bill requires each allocation agreement issued by the DOH relating to cancer center payments made under current law to cancer centers recognized by the NCI at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation, must include the following:

- A line-item budget narrative documenting the annual allocation of funds to a cancer center;
- A cap on the annual award of 15 percent for administrative expenses;
- A requirement for the cancer center to submit quarterly reports of all expenditures made by the cancer center with funds received through the Casey DeSantis Program;
- A provision to allow the DOH and other state of Florida auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement; and
- A provision requiring the annual reporting of outcome data and protocols utilized in achieving those outcomes.

Section 2 provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Florida Department of Health (DOH) may experience operational and fiscal impacts from carrying out its duties under the bill. Such impacts are indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.915 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

FOR CONSIDERATION By the Appropriations Committee on Health and Human Services

603-03387B-24

20247072pb

1 A bill to be entitled
 2 An act relating to cancer funding; amending s.
 3 381.915, F.S.; revising the purpose of the Casey
 4 DeSantis Cancer Research Program; revising duties of
 5 the Department of Health under the program; creating
 6 the Cancer Connect Collaborative, a council, within
 7 the department for a specified purpose; authorizing
 8 the collaborative to make certain recommendations on
 9 state policy relating to cancer research or treatment;
 10 providing for membership and meetings of the
 11 collaborative; requiring the collaborative to develop
 12 a long-range comprehensive plan for the program;
 13 requiring the collaborative to solicit input from
 14 certain stakeholders in the development of the plan;
 15 requiring the collaborative to submit the plan to the
 16 Governor and the Legislature by a specified date;
 17 specifying required components of the plan; requiring
 18 the department to provide administrative support and
 19 staff to the collaborative; requiring the
 20 collaborative to administer the Cancer Innovation
 21 Fund; requiring the collaborative to review grant
 22 applications and make recommendations to the
 23 department for awarding grants upon the appropriation
 24 of funds to the fund; requiring the department to make
 25 the final grant allocation award; requiring the
 26 collaborative to prioritize certain applications for
 27 grant funding; revising the frequency with which the
 28 department, in conjunction with participating cancer
 29 centers, must submit a specified report to the Cancer

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30 Control and Research Advisory Council and the
 31 collaborative; requiring the department to submit the
 32 report, and any equivalent independent reports, to the
 33 Governor and the Legislature by a specified date each
 34 year; revising requirements of such reports; beginning
 35 on a specified date, requiring that each allocation
 36 agreement issued by the department relating to certain
 37 cancer center payments include specified elements;
 38 providing an effective date.

39
 40 Be It Enacted by the Legislature of the State of Florida:

41
 42 Section 1. Present subsections (8), (9), and (10) of
 43 section 381.915, Florida Statutes, are redesignated as
 44 subsections (10), (12), and (13), new subsections (8) and (9)
 45 and subsection (11) are added to that section, and subsection
 46 (2) of that section is amended, to read:

47 381.915 Casey DeSantis Cancer Research Program.—

48 (2) The Casey DeSantis Cancer Research Program is
 49 established to enhance the quality and competitiveness of cancer
 50 care in this state, further a statewide biomedical research
 51 strategy directly responsive to the health needs of Florida's
 52 citizens, ~~and~~ capitalize on the potential educational
 53 opportunities available to its students, and promote the
 54 provision of high-quality, innovative health care for persons
 55 undergoing cancer treatment in this state. The department shall:

56 (a) Make payments to cancer centers recognized by the
 57 National Cancer Institute (NCI) at the National Institutes of
 58 Health as NCI-designated cancer centers or NCI-designated

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59 comprehensive cancer centers, and cancer centers working toward
60 achieving NCI designation. The department shall distribute funds
61 to participating cancer centers on a quarterly basis during each
62 fiscal year for which an appropriation is made.

63 (b) Make cancer innovation grant funding available through
64 the Cancer Innovation Fund administered by the Cancer Connect
65 Collaborative under subsection (9) to health care providers and
66 facilities that demonstrate excellence in patient-centered
67 cancer treatment or research.

68 (8) The Cancer Connect Collaborative, a council as defined
69 in s. 20.03, is created within the department to advise the
70 department and the Legislature on developing a holistic approach
71 to the state's efforts to fund cancer research, cancer
72 facilities, and treatments for cancer patients. The
73 collaborative may make recommendations on proposed legislation,
74 proposed rules, best practices, data collection and reporting,
75 issuance of grant funds, and other proposals for state policy
76 relating to cancer research or treatment.

77 (a) The Surgeon General shall serve as an ex officio,
78 nonvoting member and shall serve as the chair.

79 (b) The collaborative shall be composed of the following
80 voting members, to be appointed by September 1, 2024:

81 1. Two members appointed by the Governor, one member
82 appointed by the President of the Senate, and one member
83 appointed by the Speaker of the House of Representatives, based
84 on the criteria of this subparagraph. The appointing officers
85 shall make their appointments prioritizing members who have the
86 following experience or expertise:

87 a. The practice of a health care profession specializing in

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88 oncology clinical care or research;

89 b. The development of preventive and therapeutic treatments
90 to control cancer;

91 c. The development of innovative research into the causes
92 of cancer, the development of effective treatments for persons
93 with cancer, or cures for cancer; or

94 d. Management-level experience with a cancer center
95 licensed under chapter 395.

96 2. One member who is a resident of this state who can
97 represent the interests of cancer patients in this state,
98 appointed by the Governor.

99 (c) The terms of appointees under paragraph (b) shall be
100 for 2 years unless otherwise specified. However, to achieve
101 staggered terms, the initial appointees under that paragraph
102 shall serve 3 years for their first term. These appointees may
103 be reappointed for no more than four consecutive terms.

104 (d) Any vacancy occurring on the collaborative must be
105 filled in the same manner as the original appointment. Any
106 member who is appointed to fill a vacancy occurring because of
107 death, resignation, or ineligibility for membership shall serve
108 only for the unexpired term of the member's predecessor.

109 (e) Members whose terms have expired may continue to serve
110 until replaced or reappointed, but for no more than 6 months
111 after the expiration of their terms.

112 (f) Members shall serve without compensation but are
113 entitled to reimbursement for per diem and travel expenses
114 pursuant to s. 112.061.

115 (g) The collaborative shall meet as necessary, but at least
116 quarterly, at the call of the chair. A majority of the members

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117 of the collaborative constitutes a quorum, and a meeting may not
 118 be held with less than a quorum present. In order to establish a
 119 quorum, the collaborative may conduct its meetings through
 120 teleconference or other electronic means. The affirmative vote
 121 of a majority of the members of the collaborative present is
 122 necessary for any official action by the collaborative.

123 (h) The collaborative shall develop a long-range
 124 comprehensive plan for the Casey DeSantis Cancer Research
 125 Program. In the development of the plan, the collaborative must
 126 solicit input from cancer centers, research institutions,
 127 biomedical education institutions, hospitals, and medical
 128 providers. The collaborative shall submit the plan to the
 129 Governor, the President of the Senate, and the Speaker of the
 130 House of Representatives no later than December 1, 2024. The
 131 plan must include, but need not be limited to, all of the
 132 following components:

133 1. Expansion of grant fund opportunities to include a
 134 broader pool of Florida-based cancer centers, research
 135 institutions, biomedical education institutions, hospitals, and
 136 medical providers to receive funding through the Cancer
 137 Innovation Fund.

138 2. An evaluation to determine metrics that focus on patient
 139 outcomes, quality of care, and efficacy of treatment.

140 3. A compilation of best practices relating to cancer
 141 research or treatment.

142 (i) The department shall provide reasonable and necessary
 143 support staff and materials to assist the collaborative in the
 144 performance of its duties.

145 (9) The collaborative shall administer the Cancer

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146 Innovation Fund. During any fiscal year for which funds are
 147 appropriated to the fund, the collaborative shall review all
 148 submitted grant applications and make recommendations to the
 149 department for awarding grants to support innovative cancer
 150 research and treatment models, including emerging research and
 151 treatment trends and promising treatments that may serve as
 152 catalysts for further research and treatments. The department
 153 shall make the final grant allocation awards. The collaborative
 154 shall give priority to applications seeking to expand the reach
 155 of innovative cancer treatment models into underserved areas of
 156 this state.

157 (10) Beginning July 1, 2025 ~~2017~~, and each year ~~every 3~~
 158 years thereafter, the department, in conjunction with
 159 participating cancer centers, shall submit a report to the
 160 Cancer Control and Research Advisory Council and the
 161 collaborative on specific metrics relating to cancer mortality
 162 and external funding for cancer-related research in ~~this the~~
 163 state. If a cancer center does not endorse this report or
 164 produce an equivalent independent report, the cancer center ~~is~~
 165 ineligible to receive ~~shall be suspended from the~~ program
 166 funding for 1 year. The department must submit this annual
 167 report, and any equivalent independent reports, to the Governor,
 168 the President of the Senate, and the Speaker of the House of
 169 Representatives no later than September 15 of each year the
 170 report or reports are submitted by the department. The report
 171 must include:

172 (a) An analysis of trending age-adjusted cancer mortality
 173 rates in the state, which must include, at a minimum, overall
 174 age-adjusted mortality rates for cancer statewide and age-

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175 adjusted mortality rates by age group, geographic region, and
 176 type of cancer, which must include, at a minimum:

- 177 1. Lung cancer.
- 178 2. Pancreatic cancer.
- 179 3. Sarcoma.
- 180 4. Melanoma.
- 181 5. Leukemia and myelodysplastic syndromes.
- 182 6. Brain cancer.
- 183 7. Breast cancer.

184 (b) Identification of trends in overall federal funding,
 185 broken down by institutional source, for cancer-related research
 186 in the state.

187 (c) A list and narrative description of ~~e~~collaborative
 188 ~~grants and~~ interinstitutional collaboration among participating
 189 cancer centers, which may include grants received by
 190 participating cancer centers in collaboration, a comparison of
 191 such ~~e~~collaborative grants in proportion to the grant totals for
 192 each cancer center, a catalog of retreats and progress seed
 193 grants using state funds, and targets for collaboration in the
 194 future and reports on progress regarding such targets where
 195 appropriate.

196 (11) Beginning July 1, 2024, each allocation agreement
 197 issued by the department relating to cancer center payments
 198 under subsection (2) must include all of the following:

- 199 (a) A line-item budget narrative documenting the annual
 200 allocation of funds to a cancer center.
- 201 (b) A cap on the annual award of 15 percent for
 202 administrative expenses.
- 203 (c) A requirement for the cancer center to submit quarterly

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204 reports of all expenditures made by the cancer center with funds
 205 received through the Casey DeSantis Cancer Research Program.

206 (d) A provision to allow the department and other state
 207 auditing bodies to audit all financial records, supporting
 208 documents, statistical records, and any other documents
 209 pertinent to the allocation agreement.

210 (e) A provision requiring the annual reporting of outcome
 211 data and protocols used in achieving those outcomes.

212 (12)(9) This section is subject to annual appropriation by
 213 the Legislature.

214 (13)(10) The department may adopt rules to administer this
 215 section.

216 Section 2. This act shall take effect July 1, 2024.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Agriculture
Appropriations
Appropriations Committee on Criminal
and Civil Justice
Appropriations Committee on Health
and Human Services
Children, Families, and Elder Affairs
Community Affairs
Military & Veterans Affairs, Space and
Domestic
Security
Rules

SENATOR DENNIS BAXLEY

President Pro Tempore
13th District

February 19, 2024

The Honorable Chair Gayle Harrell
411 Senate Office Building
Tallahassee, FL 32399

Dear Chair Harrell,

This is a letter requesting to be excused from Appropriations Committee on Health and Human Services meeting tomorrow.

My wife, Ginette, had a fall and broke her hip, thus her having to have hip replacement surgery. I will be out this week.

Onward & Upward,



Senator Dennis Baxley
Senate District 13

DKB/dd

REPLY TO:

- 206 South Hwy 27/441, Lady Lake, Florida 32159 (352) 750-3133
- 404 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5013

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Ethics and Elections, *Chair*
Education Pre-K -12, *Vice Chair*
Appropriations
Appropriations Committee on Criminal and
Civil Justice
Appropriations Committee on Health and
Human Services
Banking and Insurance
Health Policy
Rules

JOINT COMMITTEE:
Joint Committee on Public Counsel Oversight

SENATOR DANNY BURGESS

23rd District

February 20, 2024

The Honorable Gayle Harrell
Chair
Appropriations Committee on Health & Human Services
404 South Monroe Street
Tallahassee, FL 32399-1100

Madame Chair,

I respectfully request an excused absence from the February 20th meeting of the Appropriations Committee on Health & Human Services.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Danny", written in a cursive style.

cc: Brooke McKnight, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 38507 Fifth Avenue, Zephyrhills, FL 33542 (813) 779-7059
- 412 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5023

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 2/20/2024 1:30:56 PM

Ends: 2/20/2024 2:35:49 PM

Length: 01:04:54

1:30:57 PM Sen. Harrell
1:32:24 PM S 1380
1:32:49 PM Sen. Hutson
1:33:29 PM Sen. Harrell
1:33:41 PM Am. 116182
1:33:46 PM Sen. Hutson
1:33:54 PM Sen. Harrell
1:34:10 PM S 1380 (cont.)
1:34:27 PM Lisa Bacot, Lobbyist, Florida Public Transportation Association
1:35:37 PM Sen. Harrell
1:35:40 PM Margaret S. Hooper, Lobbyist, Florida Developmental Disabilities Council (waives in support)
1:35:51 PM Damaris Allen, Florida Parent Teacher Association (waives in support)
1:36:21 PM Sen. Hutson
1:36:35 PM Sen. Harrell
1:37:10 PM S 7070
1:38:00 PM Sen. Rouson
1:41:10 PM Sen. Harrell
1:41:58 PM Sen. Rouson
1:42:24 PM Sen. Harrell
1:43:16 PM S 958
1:43:22 PM Sen. Martin
1:44:06 PM Sen. Harrell
1:44:17 PM David Sikes, Lobbyist, Florida Association of District School Superintendents (waives in support)
1:44:28 PM Chris Doolin, Lobbyist, Small School District Council Consortium (waives in support)
1:44:38 PM Drew Meiner, Lobbyist, Florida Tax Collector's Association (waives in support)
1:44:46 PM David Jordan, Lake County Tax Collector (waives in support)
1:45:17 PM Sen. Martin
1:45:23 PM Sen. Harrell
1:45:56 PM S 1666
1:46:19 PM Sen. Collins
1:47:23 PM Sen. Harrell
1:47:37 PM Am. 188848
1:48:00 PM Sen. Avila
1:48:24 PM Sen. Harrell
1:49:02 PM Am. 353192
1:49:27 PM Sen. Collins
1:50:02 PM Sen. Harrell
1:50:11 PM Sen. Book
1:50:58 PM Sen. Harrell
1:51:28 PM Sen. Collins
1:51:31 PM Sen. Harrell
1:51:54 PM Am. 143362
1:51:57 PM Sen. Collins
1:52:22 PM Sen. Harrell
1:52:37 PM Am. 550934
1:52:57 PM Sen. Collins
1:53:04 PM Sen. Harrell
1:53:18 PM S 1666 (cont.)
1:53:44 PM Joe Marino, Lobbyist, Florida Is For Veterans (waives in support)
1:54:01 PM Sen. Collins
1:55:03 PM Sen. Harrell
1:55:42 PM S 1486

1:55:55 PM Sen. Collins
1:56:00 PM Sen. Harrell
1:56:06 PM Am. 262966
1:56:23 PM Sen. Collins
1:56:55 PM Sen. Harrell
1:57:19 PM Am. 849148
1:57:27 PM Sen. Collins
1:58:54 PM Sen. Harrell
1:59:14 PM Sam Kerce, Lobbyist, Department of Children and Families (waives in support)
1:59:42 PM Sen. Book
2:00:33 PM Sen. Harrell
2:00:37 PM Sen. Rouson
2:00:41 PM Sen. Harrell
2:01:10 PM Sen. Collins
2:01:12 PM Sen. Harrell
2:01:23 PM S 1486 (cont.)
2:01:28 PM Sen. Rouson
2:01:29 PM Sen. Harrell
2:01:30 PM Sen. Rouson
2:01:58 PM Sen. Collins
2:02:19 PM Sen. Rouson
2:02:50 PM Sen. Collins
2:03:21 PM Sen. Harrell
2:03:48 PM Anna Higgins
2:07:35 PM Sen. Garcia
2:08:22 PM Sen. Harrell
2:08:27 PM A. Higgins
2:09:56 PM Sen. Book
2:10:33 PM A. Higgins
2:10:56 PM Sen. Book
2:11:09 PM A. Higgins
2:11:36 PM Sen. Book
2:12:07 PM Sen. Harrell
2:12:20 PM Sam Kerce, Lobbyist, Department of Children and Families (waives in support)
2:12:31 PM Sen. Rouson
2:13:19 PM Sen. Davis
2:14:09 PM Sen. Harrell
2:14:50 PM Sen. Collins
2:16:36 PM Sen. Harrell
2:17:15 PM S 1582
2:17:32 PM Sen. Rodriguez
2:17:58 PM Sen. Harrell
2:18:05 PM Sen. Davis
2:18:41 PM Sen. Harrell
2:19:02 PM Am. 254526
2:19:11 PM Sen. Rodriguez
2:19:23 PM Sen. Harrell
2:19:43 PM Am. 737162
2:20:04 PM Sen. Rouson
2:23:05 PM Sen. Davis
2:25:28 PM Sen. Harrell
2:25:53 PM S 1585 (cont.)
2:26:03 PM Damaris Allen, Florida Parent Teacher Association (waives in support)
2:26:26 PM Sen. Rodriguez
2:26:40 PM Sen. Harrell
2:27:25 PM S 7072
2:27:31 PM Sen. Garcia (Chair)
2:27:45 PM Sen. Harrell
2:32:36 PM Sen. Garcia
2:33:28 PM Sen. Harrell (Chair)
2:33:33 PM Sen. Rouson
2:33:57 PM Sen. Gruters

2:34:02 PM

Sen. Harrell

2:35:50 PM

Meeting adjourned