

<b>Tab 2</b>	<b>SB 66</b> by <b>Brodeur (CO-INTRODUCERS) Hooper</b> ; (Identical to H 00089) Naloxone Awareness Day
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<b>Tab 3</b>	<b>SB 186</b> by <b>Brodeur (CO-INTRODUCERS) Pizzo, Wright, Boyd, Burgess, Rouson, Hutson, Davis, Ingoglia, Garcia</b> ; (Identical to H 00115) Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Workgroup
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357376 D S RCS HP, Brodeur Delete everything after 12/05 03:44 PM

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Burton, Chair**  
**Senator Brodeur, Vice Chair**

**MEETING DATE:** Tuesday, December 5, 2023  
**TIME:** 2:00—4:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Health Care Services Provided Under Florida’s Community Partnership Schools Program		Presented
2	<b>SB 66</b> Brodeur (Identical H 89)	Naloxone Awareness Day; Citing this act as “Victoria’s Law”; designating June 6 of each year as “Naloxone Awareness Day”; authorizing the Governor to issue an annual proclamation; encouraging the Department of Health to hold events to raise awareness of the dangers of opioid overdose and the availability and safe use of naloxone as an effective way to rapidly reverse the effects of opioid overdose, etc.  HP 12/05/2023 Favorable GO RC	Favorable Yeas 10 Nays 0
3	<b>SB 186</b> Brodeur (Identical H 115)	Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Workgroup; Citing this act as the “Justo R. Cortes Progressive Supranuclear Palsy Act”; requiring the Secretary of Health Care Administration, in conjunction with the State Surgeon General, to establish a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup, etc.  HP 12/05/2023 Fav/CS AHS FP	Fav/CS Yeas 10 Nays 0

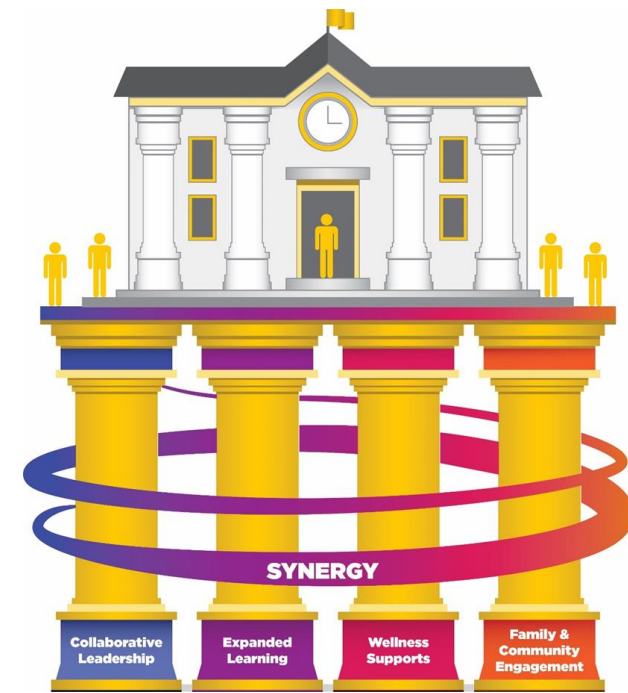
Other Related Meeting Documents

# Senate Health Policy Committee Wellness Presentation Community Partnership Schools



# What is a Community Partnership School? *History and what makes it so unique?*

- Comprehensive Support
- Integrated Learning & Community Resources
- Family & Community Engagement
- Collaborative Partnership & Long-term Sustainability



*Four Pillars of Community Schools*



# State of Wellness

## Mental Health

Florida is the 4th lowest state in the US that provides the needed mental health treatment for ages 3-17, with 55.6% of children not receiving the mental health services they need. (2022)

The average length of time to mental health services is between 60-90 days. (2022)

## Access to Care

Students per nurse in the state of Florida is 2,097 to 1, which is a critical value.

Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year (2022)

- Ages 0-5 1.8%
- Ages 6-11 6.7%
- Ages 12-17 3.4%



# Wellness Outcomes

20,784 ER visits for children aged 5-19 in St. Johns County, per 100,000 youth.

- *Average cost of a hospital interaction is \$2,023.*
- *35% (\$121,380) of individuals that were seen at the wellness kiosk identified that they would have gone to the ER if the kiosk was not available.*

Cost of Telemedicine visit: \$59/visit, total cost incurred: \$10,502.00

331 total Community Partnership School families referred since 2019

- *90% of those referrals have been successfully connected to a BH provider*

Wellness Referrals since 2019	
# of Referrals	900
# of Needs	982
Needs	% Fully met
Primary Care	93%
Housing	71%
MH Counseling	90%
Past due utility	100%
Rx assist	100%
Clothing	100%
Transportation	100%
Vision	100%
Food	100%
Dental	85%
Legal aid	100%
Telemedicine	98%
Insurance	77%
Job finding assistance	80%



# Local Impact: Parent Testimonial

During the pandemic my daughter was especially struggling with her mental health. Because of the referral from the school district for my son back in March, I was connected through BRAVE very quickly when my children needed it the most.

My oldest son is connected with CHS counseling through telehealth every Friday and my youngest son and daughter are connected to the SAYS CAT team. All three of my children have been receiving counseling for 3+ months.

As a result, they have been able to get medication management and their communication skills are improving. Ms. Jennifer was and helped us get connected quickly.

***I know I can call Ms. Jennifer any time I am struggling, It has been such a blessing to work with her.***

During the holidays Ms. Jennifer got us food during the school break. The volunteers delivering the food asked about what we were missing out on this holiday and I told them that we were unable to buy gingerbread houses this year. On Christmas Eve the volunteers brought us gingerbread houses. They helped to keep our holiday traditions alive when we were struggling.

*-- Parent of students attending a Community Partnership School*



COMMUNITY PARTNERSHIP SCHOOLS



UCF

Center for  
Community Schools

UNIVERSITY OF CENTRAL FLORIDA

EST. 2010

# Wellness Services Statewide

- A foundational element of the Community Partnership Schools™ model is Wellness Supports
- Students have easy, onsite access to a host of wellness supports right at the school
- This includes medical, dental, vision, mental health counseling, hygiene products and food assistance
- Healthcare delivery models include onsite services, linked services, telehealth and a combination of each



*Maddie had no idea she was fighting a potentially life-threatening ear infection when she was holding a water bottle against her ear during a test to soothe the pain. She was diagnosed with a severe ear infection that had gone untreated for weeks. She attempted to treat it on her own – but it was making the infection far worse.*

*Within days, Maddie was taken to the hospital and in surgery to treat her life-threatening infection. Not only has Maddie made a full recovery, she is also a proud graduate looking forward to her future.*





# Wellness Services Statewide

Statewide Community Partnership Schools Wellness Outputs

## WELLNESS SUPPORTS



**4,434** primary health visits provided to students



**2,655** dental health visits provided to students



**9,698** behavioral health sessions provided to students



**3,246** vision health visits provided to students



**Center for  
Community Schools**

UNIVERSITY OF CENTRAL FLORIDA

# Request for Legislative Support

- Policy challenges and solutions
- Removing barriers to access to wellness services
- Increase grant funding by \$10.6 Million for the Community Partnership Schools™ model (Section 1003.64, F.S.)
- The funding request of \$10.6 Million will support:
  - *Increased workload at the UCF Center for Community Schools through data evaluation and technical assistance*
  - *Expand model to 8 new planning sites and secure funding for current planning sites*
  - *Support workforce stability by increasing Community Partnership School coordinator salaries*
  - *Increase additional support for students by funding an additional coordinator at elementary and middle school sites*
  - *Ensure access to behavioral health services for students in every Community Partnership School*



# Q&A



# Thank You

**Alexius Ferguson, Assistant Director, UCF Center for Community Schools**  
**Curtesa Vanderpool, Children's Home Society of Florida Senior Director, Community Partnership Schools**  
**Paige Stanton, Executive Director, UF Health St. Johns Care Connect**



The Florida Senate

APPEARANCE RECORD

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

12.5.23

Meeting Date

Health Policy

Committee

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Alexis Ferguson

Phone

904 327 0252

Address

492 Ashley Condit Way

Street

Email

alexis.ferguson@ucf.edu

St. Augustine

City

FL

State

32086

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

APPEARANCE RECORD

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12-5-23 Meeting Date

Bill Number or Topic

Health Policy Committee

Amendment Barcode (if applicable)

Name Paige Stanton

Phone 419-348-3173

Address 2104 Wood Stork Ave. Street

Email paige.stanton@flaglerhealth.org

St. Augustine, FL 32084 City State Zip

Speaking: [ ] For [ ] Against [x] 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:

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

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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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Bill Number or Topic

Amendment Barcode (if applicable)

12/5/23

Meeting Date

Health Policy

Committee

Name Curtesa L Vanderpool

Phone 954.999.2110

Address 4206 Eastgate Drive, Apt. 1216

Email Curtesa.Vanderpool@chsfl.org

Orlando

City

FL

State

32839

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:

CHS

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.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 66

INTRODUCER: Senators Brodeur and Hooper

SUBJECT: Naloxone Awareness Day

DATE: November 21, 2023

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	<b>Favorable</b>
2.			GO	
3.			RC	

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**I. Summary:**

SB 66 creates “Victoria’s Law” and designates June 6 of each year as “Naloxone Awareness Day.” The bill allows the Governor to issue an annual proclamation for the designation and encourages the Department of Health (DOH) to hold events to raise awareness of the dangers of opioid overdose and the availability and safe use of Naloxone.

**II. Present Situation:**

According to the U.S. Centers for Disease Control and Prevention (CDC), in 2021 nearly 17,000 people in the United States died from overdosing on prescription opioids and nearly 71,000 from synthetic opioid overdoses.<sup>1</sup> In Florida, from January to June of 2022, nearly 4,000 people died from opioid overdoses with Fentanyl causing 2,744 deaths on its own. Additionally, nearly another 2,000 died with opioids in their system.<sup>2</sup>

**Naloxone**

An opioid antagonist, such as Naloxone, is a medicine that quickly reverses the effects of an opioid overdose. The antagonist works by attaching to opioid receptors to reverse and block the effect of opioids. In the case of an opioid overdose, an antagonist is capable of restoring normal breathing in someone whose breathing has slowed dramatically or even stopped because of the overdose.<sup>3</sup>

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<sup>1</sup> Centers for Disease Control and Prevention, Opioid Overdose, available at <https://www.cdc.gov/drugoverdose/deaths/opioid-overdose.html>, (last visited Nov. 29, 2023).

<sup>2</sup> *Drugs Identified in Deceased Persons by Florida Medical Examiners 2022 Interim Report*, Florida Department of Law Enforcement, p. 3, available at <https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2022-Interim-Drug-Report-FINAL.aspx>, (last visited Nov. 29, 2023).

<sup>3</sup> National Institute on Drug Abuse, *Naloxone Drug Facts* (Jan. 2022) <https://nida.nih.gov/publications/drugfacts/naloxone>, (Last visited Nov. 29, 2023).



Naloxone is a proven medicine and is deemed to be an essential tool in hospital emergency rooms and ambulance emergency kits. It reverses both heroin and opioid overdoses within minutes of its administration and can save a life if given in time.<sup>4</sup> Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities.<sup>5</sup>

On March 29, 2023, the U.S. Food and Drug Administration approved Narcan, a four milligram Naloxone hydrochloride nasal spray, for over-the-counter, nonprescription use, ensuring that the life-saving medication is widely available without the requirement of obtaining a prescription.<sup>6</sup>

### **Victoria's Voice Foundation**

Victoria's Voice Foundation was established in 2019 by Jackie and David Siegel after losing their 18-year-old daughter, Victoria, to an accidental drug overdose. Victoria's Voice is dedicated to providing drug prevention education and naloxone awareness, support and resources to those affected by substance use.<sup>7</sup>

As the result of advocacy by the Victoria's Voice Foundation, the U.S. Congress passed a joint resolution on June 6, 2023, recognizing June 6 as Naloxone Awareness Day. The resolution promotes awareness of the life-saving drug, Naloxone, which reverses opioid overdoses and prevents unnecessary deaths. It also aims to educate members of the public about the importance of recognizing the signs of overdose and equipping themselves with the life-saving antidote.<sup>8</sup>

### **III. Effect of Proposed Changes:**

SB 66 creates "Victoria's Law" which designates June 6 of each year as "Naloxone Awareness Day." The bill allows the Governor to issue an annual proclamation designating June 6 as "Naloxone Awareness Day" and encourages the DOH to hold events to raise awareness of the dangers of opioid overdose and the available and safe use of Naloxone as an effective way to rapidly reverse the effects of opioid overdose.

The provisions of the bill take effect upon becoming law.

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<sup>4</sup> John Strang et al., *Take-Home Naloxone for the Emergency Interim Management of Opioid Overdose: The Public Health Application of an Emergency Medicine*, 79(13) *Drugs* 1395-1418 (2019), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6728289/>, (Last visited Nov. 29, 2023)

<sup>5</sup> *Id.*

<sup>6</sup> *FDA Approves First Over-the-Counter Naloxone Nasal Spray*, the FDA, March 29, 2023, available at <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>, (last visited Nov. 29, 2023).

<sup>7</sup> *Victoria's Voice Foundation Launches First Ever National Naloxone Awareness Day on June 6 with Support from a Bipartisan Congressional Resolution*, WCAX3 News, Jun. 6, 2023, available at <https://www.wcax.com/prnewswire/2023/06/06/victorias-voice-foundation-launches-first-ever-national-naloxone-awareness-day-june-6-with-support-bipartisan-congressional-resolution/?outputType=amp>, (last visited Nov. 29, 2023).

<sup>8</sup> *Marky, Scott Lead Bipartisan, Bicameral Resolution Designating June 6<sup>th</sup> Naloxone Awareness Day*, June 6, 2023, available at <https://www.markey.senate.gov/news/press-releases/markey-scott-scott-lead-bipartisan-bicameral-resolution-designating-june-6th-naloxone-awareness-day>, (last visited Nov. 29, 2023).

**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:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 683.3342 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.

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

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By Senator Brodeur

10-00243-24

202466\_\_

1 A bill to be entitled  
 2 An act relating to Naloxone Awareness Day; providing a  
 3 short title; creating s. 683.3342, F.S.; designating  
 4 June 6 of each year as "Naloxone Awareness Day";  
 5 authorizing the Governor to issue an annual  
 6 proclamation; encouraging the Department of Health to  
 7 hold events to raise awareness of the dangers of  
 8 opioid overdose and the availability and safe use of  
 9 naloxone as an effective way to rapidly reverse the  
 10 effects of opioid overdose; providing an effective  
 11 date.  
 12  
 13 WHEREAS, the opioid epidemic continues to ravage American  
 14 families across the United States, and  
 15 WHEREAS, the Centers for Disease Control and Prevention  
 16 reported more than 100,000 overdose deaths in the United States  
 17 during the 12-month period that ended in February 2023, and  
 18 WHEREAS, most of these deaths were caused by illicit  
 19 synthetic drugs like clandestinely manufactured fentanyl, often  
 20 in combination with other drugs, and  
 21 WHEREAS, in 2021, nearly 71,000 drug overdose deaths  
 22 involving synthetic opioids occurred in the United States, which  
 23 was more deaths that year than from any other type of opioid,  
 24 and  
 25 WHEREAS, synthetic-opioid-involved death rates increased by  
 26 more than 22 percent from 2020 to 2021 and synthetic opioids  
 27 accounted for nearly 88 percent of all opioid-involved deaths in  
 28 2021, and  
 29 WHEREAS, by comparison, from 1999 to 2021, nearly 280,000

Page 1 of 3

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

10-00243-24

202466\_\_

30 people died in the United States from overdoses involving  
 31 prescription opioids, and  
 32 WHEREAS, the number of drug overdose deaths involving  
 33 prescription opioids in 2021 was nearly five times the number in  
 34 1999, and  
 35 WHEREAS, in 2021, an average of 45 people died each day  
 36 from a prescription opioid overdose, for a total of nearly  
 37 17,000 deaths, and  
 38 WHEREAS, in 2021, nearly 21 percent of all opioid overdose  
 39 deaths involved prescription opioids, and  
 40 WHEREAS, 60 percent of all opioid overdose deaths occur in  
 41 the home, and  
 42 WHEREAS, in 67 percent of opioid overdose deaths, another  
 43 person was present at the time and witnessed the death, and  
 44 WHEREAS, naloxone is a safe, powerful medication that can  
 45 reverse opioid-related overdoses and prevent overdose deaths,  
 46 and  
 47 WHEREAS, in 2023, in a historic action, the United States  
 48 Food and Drug Administration approved the first over-the-counter  
 49 naloxone nasal spray, and  
 50 WHEREAS, most Americans remain unaware of the safety,  
 51 availability, and efficacy of naloxone as a life-saving  
 52 treatment for opioid overdose, and  
 53 WHEREAS, the national advocacy efforts of David Siegel and  
 54 Jackie Siegel are recognized as they advocate for widespread  
 55 availability of naloxone through the Victoria's Voice  
 56 Foundation, named in honor of their daughter, who died from an  
 57 accidental overdose, NOW, THEREFORE,  
 58

Page 2 of 3

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

10-00243-24

202466\_\_

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

60

61 Section 1. This act may be cited as "Victoria's Law."

62 Section 2. Section 683.3342, Florida Statutes, is created

63 to read:

64 683.3342 Naloxone Awareness Day.-

65 (1) June 6 of each year is designated as "Naloxone  
66 Awareness Day."

67 (2) The Governor may issue an annual proclamation  
68 designating June 6 as "Naloxone Awareness Day."

69 (3) The Department of Health is encouraged to hold events  
70 to raise awareness of the dangers of opioid overdose and the  
71 availability and safe use of naloxone as an effective way to  
72 rapidly reverse the effects of opioid overdose.

73 Section 3. This act shall take effect upon becoming a law.

12-05-2023

Meeting Date

Health Policy

Committee

# The Florida Senate APPEARANCE RECORD

Deliver both copies of this form to  
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SB 66

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Lauren Jackson**

Phone **931-265-8999**

Address **205 S Adams St**

Email **Lauren@ericksconsultants.com**

Street

**Tallahassee**

**FL**

**32302**

City

State

Zip

**Reset Form**

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:

**Seminole County Sheriff's Office**

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 \(flsenate.gov\)](#)*

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S-001 (08/10/2021)

12-5-23  
Meeting Date

# The Florida Senate APPEARANCE RECORD

Naloxone Accessibility  
SR 966

Health Policy  
Committee

Deliver both copies of this form to  
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Bill Number or Topic

Name Dannie McMillon - FTPTA Phone 407-555-7604  
Amendment Barcode (if applicable)

Address 1747 Orlando Central Pkwy Email legislators@floridapta.org  
Street  
Orlando FL  
City State Zip

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

**PLEASE CHECK ONE OF THE FOLLOWING:**

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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.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: CS/SB 186

INTRODUCER: Senator Brodeur and others

SUBJECT: Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy  
Committee

DATE: December 6, 2023

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Morgan</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>FP</u>	_____

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Technical Changes

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**I. Summary:**

CS/SB 186 creates non-statutory sections of the Laws of Florida, requiring the State Surgeon General to establish a progressive supranuclear palsy and other neurodegenerative diseases policy committee (committee) to identify the impact of progressive supranuclear palsy and other neurodegenerative diseases on Floridians, while providing recommendations to improve health awareness, detection, and outcomes.

The bill provides administrative support to the committee, establishes the membership of the committee, and authorizes the committee chair to create subcommittees. The bill requires that members of the committee be appointed by September 1, 2024, and that the initial meeting be held by October 1, 2024. All meetings of the committee must take place via teleconference or other electronic means.

The bill requires the State Surgeon General to submit a progress report detailing committee activities, as well as findings and recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025. The bill requires the State Surgeon General to submit a final report to the Governor and the Legislature by January 4, 2026.

The bill provides that, once enacted, the act may be cited as the “Justo R. Cortes Progressive Supranuclear Palsy Act.”



The bill provides an effective date of July 1, 2024.

## II. Present Situation:

Neurodegenerative disease is an umbrella term used for a plethora of conditions that gradually damage and destroy parts of the nervous system, especially areas of the brain. The effects and symptoms of these diseases tend to appear later in life and usually develop slowly.<sup>1</sup>

Cases of such disorders are rare, with researchers estimating that neurodegenerative diseases affect more than 50 million people worldwide; however, most of these conditions are strongly attributed to age and are far more likely in persons over 65 years old.<sup>2</sup> According to the U.S. Census Bureau's 2020 population estimates, more than 55 million Americans are age 65 or older, one-fourth of whom live in California, Florida, and Texas.<sup>3</sup> Florida's older residents compose 21.3 percent of the population, or approximately 4,638,000 of the state's 21,733,000 estimated residents.<sup>4</sup>

Diagnosing a neurodegenerative disease varies based on the suspected condition:

- Neurologic exam by a healthcare provider to discuss symptoms and medical history.
- Laboratory testing, such as blood and genetic tests.
- Imaging scans, such as computed tomography and magnetic resonance imaging scans.
- Histopathology, or microscopic tissue analysis, after death. Some neurodegenerative diseases are suspected, but a confirmed diagnosis is only possible after examining brain samples post autopsy.

Other tests are possible and continue to be developed.<sup>5</sup>

Neurodegenerative diseases are incurable and irreversible, but some of them can be treated in order to manage, limit, or slow symptom advancement and the resulting complications. Other neurodegenerative diseases have no treatment, meaning a more reactionary approach is taken versus preventive, i.e. treat the symptoms to promote the best quality of life.<sup>6</sup>

### Progressive Supranuclear Palsy

Progressive supranuclear palsy (PSP)<sup>7</sup> is a rare, complex condition that affects the brain, resulting in muscle weakness that worsens over time, limiting the ability to walk, and causing

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<sup>1</sup> Cleveland Clinic, *Neurodegenerative Diseases*, available at <https://my.clevelandclinic.org/health/diseases/24976-neurodegenerative-diseases> (last visited Dec. 1, 2023).

<sup>2</sup> *Supra* note 1.

<sup>3</sup> Population Reference Bureau, *Which U.S. States Have the Oldest Populations?*, available at <https://www.prb.org/resources/which-us-states-are-the-oldest/> (last visited Dec. 1, 2023).

<sup>4</sup> *Id.*

<sup>5</sup> *Supra* note 1.

<sup>6</sup> *Id.*

<sup>7</sup> Johns Hopkins Medicine, *Progressive Supranuclear Palsy*, available at <https://www.hopkinsmedicine.org/health/conditions-and-diseases/progressive-supranuclear-palsy> (last visited Dec. 1, 2023).

visual impairment. It is known as an atypical form of parkinsonism<sup>8</sup>, as well as a motor neuron disease.<sup>9</sup>

### ***PSP Risk Factors***

PSP occurs when brain cells in an area of the brain stem become damaged, but how or why these cells are damaged remains unknown. Although anyone could develop PSP, it is more common in men and those of late middle age or older.<sup>10</sup>

### ***PSP Symptoms and Complications***

Early signs of PSP can be subtle, but disease progression increases symptom severity. Problems with balance and rigidity or discomfort while walking often tend to be the first indicators of PSP.<sup>11</sup>

Other symptoms include:<sup>12</sup>

- Increased forgetfulness and irritability.
- Unusual emotional outbursts, such as crying or laughing unexpectedly or at inappropriate times.
- Irrational anger.
- Hand tremors.
- Trouble controlling eye movement.
- Blurred vision.
- Slurred speech.
- Trouble swallowing.
- Dementia.
- Depression.
- Inability to control the eyelids, such as unwanted blinking or eye opening difficulty.

A careful evaluation of symptoms can help diagnose PSP, but signs often mirror those of Parkinson's disease, or even an inner ear infection, increasing the likelihood of misdiagnosis. However, key differences include:<sup>13</sup>

- Significant difficulty with speech and swallowing.
- Problems with eye movement, specifically when looking up or down.
- Leaning and falling backward versus forward.

While PSP is not fatal, symptoms will worsen and, like all neurodegenerative diseases, it cannot be cured. Nevertheless, complications, such as pneumonia from the inhalation of food particles while choking, can be life threatening.<sup>14</sup>

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<sup>8</sup> Cleveland Clinic, *Parkinsonism*, available at <https://my.clevelandclinic.org/health/diseases/22815-parkinsonism> (last visited Dec. 1, 2023).

<sup>9</sup> *Supra* note 1.

<sup>10</sup> *Supra* note 7.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

### ***PSP Treatment***

Although there is no medicine or procedure to completely control the symptoms of PSP, there are strategies and methods available to assist in the management of symptoms, such as medications for the treatment of Parkinson's disease to improve balance, flexibility of the muscles, and depression.<sup>15</sup>

Other treatment options include:<sup>16</sup>

- Special glasses with prisms to improve vision.
- A weighted tool or aid to assist in walking and prevent falling backwards.
- Physical therapy and exercise to improve flexibility and decrease muscle atrophy.
- A feeding tube for when swallowing becomes too difficult.

### **Other Neurodegenerative Diseases**

Other types of neurodegenerative diseases include:<sup>17</sup>

- Dementia-type diseases, which can cause progressive damage to various areas of the brain, resulting in neuron death and a wide range of symptoms. These include Alzheimer's disease, frontotemporal dementia, chronic traumatic encephalopathy, Lewy body dementia, and limbic predominant age-related TDP-43 encephalopathy.
- Demyelinating diseases, which involve myelin damage or loss and can affect the sending and relaying of nerve signals. These include conditions such as multiple sclerosis and neuromyelitis optica spectrum disorder.
- Parkinsonism-type diseases, which involve damage to specific neurons in the brain that help manage coordination and precise control of muscle movements. These include Parkinson's disease and other forms of parkinsonism.
- Motor neuron diseases, which involve the death of neurons that control movement. These include conditions such as amyotrophic lateral sclerosis and PSP.

### ***Risk Factors***

Although there are multiple causation factors attributed to most neurodegenerative diseases, a few have been identified as a stronger indicator than others.<sup>18</sup>

- Age: Older individuals are more likely to develop a neurodegenerative disease.
- Genetics: Spontaneous mutations can occur, specific mutations can be inherited, and a combination of genes can increase the risk of developing a neurodegenerative disease.
- Environment: Exposure to pollution, chemicals and toxins, certain types of infections, address, etc.
- Medical history: Specific medical events can catalyze or exacerbate some neurodegenerative conditions.
- Lifestyle: Habits, routine, and choices, such as food, fitness, smoking, etc.

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<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> *Supra* note 1.

<sup>18</sup> *Id.*

### *Symptoms and Complications*

The symptoms of neurodegenerative diseases can vary widely, even among people with the same condition, as each brain is unique, the causes of the disease can differ, and the symptoms are dependent on the part of the brain or nervous system that has been affected. However, a commonality in those diagnosed is the correlation between progression and independence, i.e., the further the disease advances, the less self-reliant an afflicted individual becomes.<sup>19</sup>

In general, the following symptoms and complications are associated with neurodegenerative diseases:<sup>20</sup>

- Dementia-type diseases: Confusion, memory loss, trouble thinking or concentrating, and behavior changes.
- Demyelinating diseases: Tingling or numbness, pain, muscle spasms, weakness and paralysis, coordination issues, and fatigue.
- Parkinsonism-type diseases: Slowed movements, shaking and tremors, balance problems, shuffling steps, and hunched posture, as well as decreased strength, flexibility, agility, and reflexes, increasing the risk of falls and fractures.
- Motor neuron diseases: Muscle weakness that progresses to paralysis, as well as increased risk of pneumonia and other respiratory conditions.

### **Executive Branch Structure**

Chapter 20, F.S., creates the organizational structure of the Executive Branch of state government, and s. 20.03, F.S., provides definitions for uniform nomenclature throughout the structure of the Executive Branch, including bodies created as adjuncts to Executive Branch departments, agencies, or offices. A “committee” or “task force” means an advisory body created without specific statutory enactment for a time not to exceed one year or created by specific statutory enactment for a time not to exceed three years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.

### **III. Effect of Proposed Changes:**

Section 1 provides that, once enacted, the act may be cited as the “Justo R. Cortes Progressive Supranuclear Palsy Act.”

Section 2 creates a non-statutory section of the Laws of Florida to require the State Surgeon General to establish a PSP and other neurodegenerative diseases policy committee, a committee as defined in s. 20.03, F.S. The bill requires the Department of Health (DOH) to provide staff and administrative support to the committee for the purposes of carrying out the following duties and responsibilities:

- Identifying the aggregate number of people diagnosed with PSP and other neurodegenerative diseases each year in this state.
- Identifying how data is collected regarding diagnoses of PSP and other neurodegenerative diseases and adverse health outcomes associated with such conditions.

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<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

- Identifying how PSP and other neurodegenerative diseases impact the lives of people in the state.
- Identifying the standard of care for the surveillance, detection, and treatment of PSP and other neurodegenerative diseases.
- Identifying emerging treatments, therapies, and research relating to PSP and other neurodegenerative diseases.
- Developing a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing PSP and other neurodegenerative diseases.
- Developing policy recommendations to help improve patient awareness of PSP and other neurodegenerative diseases.
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with PSP and other neurodegenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers.
- Developing policy recommendations relating to guidelines that affect the standard of care for patients with PSP and other neurodegenerative diseases.
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of being diagnosed with PSP and other neurodegenerative diseases.

The bill requires that the committee be composed of 20 members, including the State Surgeon General, health care providers, family members or caretakers of patients who have been diagnosed with PSP and other neurodegenerative diseases, advocates, and other interested parties and associations.

The bill requires the President of the Senate and the Speaker of the House of Representatives to each appoint two members, and the State Surgeon General to appoint the chair and all other members of the committee. Members of the committee must be appointed by September 1, 2024, under the bill and shall serve without compensation for the entirety of the committee's existence.

The bill authorizes the chair to create subcommittees to help with research, scheduling speakers on important subjects, and drafting a committee report and policy recommendations. Meetings of the committee must be held through teleconference or other electronic means. The committee must meet for its initial meeting by October 1, 2024. Thereafter, the committee must meet upon the call of the chair or the request of a majority of the members. Notices for any scheduled meetings of the committee must be published in advance on the DOH's website.

The bill requires the State Surgeon General to submit a progress report detailing committee activities, as well as findings and recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025. The bill also requires the State Surgeon General to submit a final report to the Governor and the Legislature by January 4, 2026. Both reports must be made available on the DOH's website.

The bill provides that the committee will sunset July 1, 2026, and this section of law will be repealed on that date.

Section 3 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:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The bill designates staff from the DOH to provide administrative support to assist with committee duties; therefore, the DOH will incur an insignificant operational impact to coordinate and manage the committee, as well as prepare the reports.

**VIII. Statutes Affected:**

This bill creates two non-statutory sections of the Laws of Florida.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Health Policy on December 5, 2023:**

The CS:

- Changes the workgroup to a committee, as defined in s. 20.03, F.S., and establishes the committee as the duty and responsibility of the State Surgeon General and the DOH in the Laws of Florida.
- Provides a September 1, 2024, deadline for committee appointments, and requires that members serve for the entirety of the committee's existence.
- Requires, rather than allows, meetings to be held via teleconference or other electronic means. The initial committee meeting must be held by October 1, 2024, and all meetings thereafter occur upon the call of the chair or the request of a majority of the members. Notices for scheduled meetings of the committee must be published in advance on the DOH's website.
- Requires both a progress and a final report that include details as to committee activities, in addition to findings and recommendations. These reports must be published on the DOH's website. A submission deadline for the progress report is established as January 4, 2025.
- Provides a sunset date of July 1, 2026, for the committee.

**B. Amendments:**

None.



357376

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/05/2023	.	
	.	
	.	
	.	

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The Committee on Health Policy (Brodeur) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. This act may be cited as the "Justo R. Cortes  
Progressive Supranuclear Palsy Act."

Section 2. Progressive supranuclear palsy and other  
neurodegenerative diseases policy committee.-

(1) The State Surgeon General shall establish a progressive  
supranuclear palsy and other neurodegenerative diseases policy





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11 committee, a committee as defined in s. 20.03. The Department of  
12 Health shall provide staff and administrative support to the  
13 committee for purposes of carrying out its duties and  
14 responsibilities.

15 (2) The committee shall do all of the following:

16 (a) Identify the aggregate number of people in the state  
17 diagnosed with progressive supranuclear palsy or other  
18 neurodegenerative diseases annually.

19 (b) Identify how data is collected regarding diagnoses of  
20 progressive supranuclear palsy or other neurodegenerative  
21 diseases and adverse health outcomes associated with such  
22 conditions.

23 (c) Identify how progressive supranuclear palsy and other  
24 neurodegenerative diseases impact the lives of people in the  
25 state.

26 (d) Identify the standard of care for the surveillance,  
27 detection, and treatment of progressive supranuclear palsy and  
28 other neurodegenerative diseases.

29 (e) Identify emerging treatments, therapies, and research  
30 relating to progressive supranuclear palsy and other  
31 neurodegenerative diseases.

32 (f) Develop a risk surveillance system to help health care  
33 providers identify patients who may be at a higher risk of  
34 developing progressive supranuclear palsy and other  
35 neurodegenerative diseases.

36 (g) Develop policy recommendations to help improve patient  
37 awareness of progressive supranuclear palsy and other  
38 neurodegenerative diseases.

39 (h) Develop policy recommendations to help improve



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40 surveillance and detection of patients who may be at a higher  
41 risk of being diagnosed with progressive supranuclear palsy and  
42 other neurodegenerative diseases in licensed health care  
43 facilities, including hospitals, nursing homes, assisted living  
44 facilities, residential treatment facilities, and ambulatory  
45 surgical centers.

46 (i) Develop policy recommendations relating to guidelines  
47 that affect the standard of care for patients with progressive  
48 supranuclear palsy or other neurodegenerative diseases.

49 (j) Develop policy recommendations relating to providing  
50 patients and their families with written notice of increased  
51 risks of being diagnosed with progressive supranuclear palsy and  
52 other neurodegenerative diseases.

53 (3) The committee shall be composed of 20 members,  
54 including the State Surgeon General. Members of the committee  
55 must be appointed by September 1, 2024.

56 (a) The State Surgeon General shall appoint health care  
57 providers, family members or caretakers of patients who have  
58 been diagnosed with progressive supranuclear palsy and other  
59 neurodegenerative diseases, advocates, and other interested  
60 parties and associations.

61 (b) The President of the Senate and the Speaker of the  
62 House of Representatives shall each appoint two members to the  
63 committee.

64 (c) Members of the committee shall serve without  
65 compensation and for the entirety of the committee's existence.

66 (d) The State Surgeon General shall appoint the chair of  
67 the committee.

68 (e) The chair of the committee may create subcommittees to



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69 help conduct research, schedule speakers on important subjects,  
70 and draft reports and policy recommendations.

71 (f) Meetings of the committee shall be held through  
72 teleconference or other electronic means. The committee shall  
73 meet for its initial meeting by October 1, 2024. Thereafter, the  
74 committee may meet upon the call of the chair or upon the  
75 request of a majority of its members. Notices for any scheduled  
76 meetings of the committee must be published in advance on the  
77 department's website.

78 (4) (a) The State Surgeon General shall submit a progress  
79 report detailing committee activities, as well as his or her  
80 findings and recommendations, to the Governor, the President of  
81 the Senate, and the Speaker of the House of Representatives by  
82 January 4, 2025. The report must be made available on the  
83 department's website.

84 (b) The State Surgeon General shall submit a final report  
85 detailing committee activities, as well as his or her findings  
86 and recommendations, to the Governor, the President of the  
87 Senate, and the Speaker of the House of Representatives by  
88 January 4, 2026. The report must be made available on the  
89 department's website.

90 (5) The committee shall sunset July 1, 2026, and this  
91 section is repealed on that date.

92 Section 3. This act shall take effect July 1, 2024.

93  
94 ===== T I T L E A M E N D M E N T =====

95 And the title is amended as follows:

96 Delete everything before the enacting clause  
97 and insert:



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98                                   A bill to be entitled  
99           An act relating to a progressive supranuclear palsy  
100          and other neurodegenerative diseases policy committee;  
101          providing a short title; requiring the State Surgeon  
102          General to establish a progressive supranuclear palsy  
103          and other neurodegenerative diseases policy committee;  
104          requiring the Department of Health to provide staff  
105          and administrative support to the committee; providing  
106          for duties, membership, and meetings of the committee;  
107          requiring the State Surgeon General to submit a  
108          progress report and a final report by a specified date  
109          to the Governor and the Legislature; requiring the  
110          reports to be made available on the department's  
111          website; providing for the expiration of the  
112          committee; providing an effective date.

By Senator Brodeur

10-00115A-24

2024186\_\_

A bill to be entitled

An act relating to a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup; providing a short title; creating s. 408.0622, F.S.; requiring the Secretary of Health Care Administration, in conjunction with the State Surgeon General, to establish a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup; providing for duties, membership, and meetings of the workgroup; requiring the secretary to submit annual reports and a final report by a specified date to the Governor and the Legislature; providing an effective date.

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

Section 1. This act may be cited as the "Justo R. Cortes Progressive Supranuclear Palsy Act."

Section 2. Section 408.0622, Florida Statutes, is created to read:

408.0622 Progressive supranuclear palsy and other neurodegenerative diseases policy workgroup.-

(1) The Secretary of Health Care Administration, in conjunction with the State Surgeon General, shall establish a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup.

(2) The workgroup shall:

(a) Identify the aggregate number of people in the state diagnosed with progressive supranuclear palsy and other neurodegenerative diseases annually.

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

10-00115A-24

2024186\_\_

(b) Identify how data is collected regarding diagnoses of progressive supranuclear palsy and other neurodegenerative diseases and adverse health outcomes associated with such conditions.

(c) Identify how progressive supranuclear palsy and other neurodegenerative diseases impact the lives of people in the state.

(d) Identify the standard of care for the surveillance, detection, and treatment of progressive supranuclear palsy and other neurodegenerative diseases.

(e) Identify emerging treatments, therapies, and research relating to progressive supranuclear palsy and other neurodegenerative diseases.

(f) Develop a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing progressive supranuclear palsy and other neurodegenerative diseases.

(g) Develop policy recommendations to help improve patient awareness of progressive supranuclear palsy and other neurodegenerative diseases.

(h) Develop policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with progressive supranuclear palsy and other neurodegenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers.

(i) Develop policy recommendations relating to guidelines that affect the standard of care for patients with progressive

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59 supranuclear palsy and other neurodegenerative diseases.  
 60 (j) Develop policy recommendations relating to providing  
 61 patients and their families with written notice of increased  
 62 risks of being diagnosed with progressive supranuclear palsy and  
 63 other neurodegenerative diseases.  
 64 (3) (a) The workgroup shall be composed of health care  
 65 providers, family members or caretakers of patients who have  
 66 been diagnosed with progressive supranuclear palsy and other  
 67 neurodegenerative diseases, advocates, and other interested  
 68 parties and associations.  
 69 (b) The President of the Senate and the Speaker of the  
 70 House of Representatives shall each appoint two members to the  
 71 workgroup.  
 72 (c) Members of the workgroup shall serve without  
 73 compensation.  
 74 (d) The State Surgeon General shall appoint the chair of  
 75 the workgroup.  
 76 (e) The chair of the workgroup may create subcommittees to  
 77 help conduct research, schedule speakers on important subjects,  
 78 and draft reports and policy recommendations.  
 79 (f) Meetings of the workgroup may be held through  
 80 teleconference or other electronic means.  
 81 (4) (a) The Secretary of Health Care Administration shall  
 82 submit an annual report detailing his or her findings and  
 83 providing recommendations to the Governor, the President of the  
 84 Senate, and the Speaker of the House of Representatives.  
 85 (b) The Secretary of Health Care Administration shall  
 86 submit a final report detailing his or her findings and  
 87 providing recommendations to the Governor, the President of the

Page 3 of 4

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

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88 Senate, and the Speaker of the House of Representatives by  
 89 January 4, 2026.  
 90 Section 3. This act shall take effect July 1, 2024.

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The Florida Senate

APPEARANCE RECORD

SB 186

12-5-23

Meeting Date

Bill Number or Topic

Health Policy

Committee

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

Amendment Barcode (if applicable)

Name Bob Cortes

Phone 407.463.8257

Address 1201 Bunnell Rd

Email bob@bobcortes.com

Street

Alt. Spg

FL

32714

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)

# CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Committee on Health Policy

Judge:

Started: 12/5/2023 2:02:25 PM

Ends: 12/5/2023 3:02:45 PM

Length: 01:00:21

2:02:25 PM Chair Burton calls meeting to order  
2:02:56 PM Roll call & quorum verification  
2:03:28 PM Tab 2, SB 66; Sen. Brodeur recognized to explain bill  
2:04:39 PM No questions on bill  
2:04:51 PM Lauren Jackson with the Seminole Co. Sheriff's Office, waives in support  
2:05:10 PM Sen. Brodeur waives close  
2:05:48 PM Roll call on SB 66. Action recorded  
2:05:58 PM Chair Burton takes up Tab 3, SB 186 by Sen. Brodeur  
2:06:22 PM Chair Burton recognize Sen. Brodeur to explain the underlying bill first  
2:08:02 PM Strike All amend. 357376 makes technical changes  
2:08:07 PM Chair Burton ask members for questions on the amend. 357376  
2:08:37 PM No questions on the amendment. Amendment 357376 adopted  
2:08:55 PM Bob Cortes is recognized to speak on the bill as amended  
2:13:41 PM Sen. Harrell recognized to debate  
2:14:53 PM Sen. Brodeur waives close  
2:15:02 PM Roll call on SB 186- action recorded and passed favorably as CS/SB 186  
2:15:36 PM Back to Tab 1, Wellness presentation  
2:16:35 PM Provided under Fla's Community Partnership Schools Program  
2:16:53 PM First is Alexius Ferguson, Asst. Dir., UCF Center for Community Schools  
2:20:58 PM Next is Ms. Paige Stanton, Exec. Dir. UF Health, St. Johns Care Connect  
2:27:20 PM Finally is Ms. Curtesa Vanderpool, Children's Home Society of Fla., Sr. Dir., Community Partnership Schools  
2:33:42 PM Sen. Book is recognized for a question  
2:34:28 PM Ms. Vanderpool responds  
2:35:30 PM Follow-up from Sen. Book  
2:36:08 PM Ms. Ferguson responds  
2:37:06 PM Sen. Book  
2:37:24 PM Ms. Stanton responds  
2:38:45 PM Chair Burton adds to answer  
2:39:49 PM Statement from Sen. Book  
2:40:19 PM Sen. Osgood recognized for a question  
2:40:32 PM Ms. Vanderpool responds  
2:40:54 PM Mr. Ferguson asked to add more detail  
2:41:34 PM Sen. Osgood has follow-up  
2:41:43 PM Mr. Ferguson responds  
2:41:57 PM Final question from Sen. Osgood  
2:42:35 PM Mr. Ferguson recognized  
2:43:06 PM Chair Burton clarifies there's a website  
2:43:28 PM Sen. Harrell recognized  
2:43:55 PM Ms. Stanton responds  
2:45:36 PM Ms. Vanderpool recognized to add information  
2:46:50 PM Sen. Harrell  
2:47:18 PM Ms. Vanderpool  
2:47:32 PM Follow-up from Sen. Harrell  
2:47:43 PM Ms. Vanderpool  
2:48:03 PM Sen. Harrell requests more information  
2:48:28 PM Sen. Harrell requests more information  
2:48:28 PM Sen. Harrell requests more information  
2:48:30 PM Sen. Calatayud recognized  
2:49:42 PM Sen. Davis  
2:50:04 PM Mr. Ferguson answers  
2:50:58 PM Follow-up from Sen. Davis



**2:52:03 PM** Mr. Ferguson responds  
**2:52:21 PM** Sen. Davis  
**2:52:44 PM** Ms. Vanderpool responds  
**2:53:13 PM** Sen. Davis  
**2:53:29 PM** Ms. Vanderpool  
**2:53:37 PM** Sen. Harrell for a follow-up  
**2:54:16 PM** Chair Burton helps to respond  
**2:54:25 PM** Ms. Stanton responds  
**2:54:45 PM** Ms. Vanderpool  
**2:55:18 PM** Sen. Osgood  
**2:57:15 PM** Chair Burton  
**2:57:29 PM** Mr. Ferguson  
**2:57:43 PM** Sen. Harrell  
**2:58:24 PM** Sen. Book  
**2:59:26 PM** Ms. Stanton responds to Sen. Book's question  
**3:00:44 PM** Sen. Book  
**3:01:34 PM** Mr. Ferguson  
**3:02:17 PM** No additional comments or questions  
**3:02:31 PM** Sen. Osgood moves to adjourn  
**3:02:31 PM**