The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Young, Chair
Senator Passidomo, Vice Chair

MEETING DATE: Tuesday, November 7, 2017
TIME: 10:00 a.m.—12:00 noon
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Benacquisto, Book, Hukill, Hutson, Montford, and Powell

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	**SB 144** Grimsley (Identical H 119, Compare S 622)	Adult Cardiovascular Services; Establishing criteria that must be included by the Agency for Health Care Administration in rules relating to the licensure of certain hospitals performing percutaneous coronary intervention procedures, etc. HP 11/07/2017 Favorable AHS AP RC	Favorable Yeas 7 Nays 0
2	**SB 434** Passidomo (Similar H 407)	Neonatal Abstinence Syndrome Pilot Project; Requiring the Agency for Health Care Administration, in consultation with the Department of Children and Families, to establish a pilot project to license one or more facilities in Medicaid Region 8 to treat infants who suffer from neonatal abstinence syndrome in certain circumstances; authorizing the agency to charge an initial licensure fee and a biennial renewal fee; prohibiting a facility licensed under this section from treating an infant for longer than 6 months; requiring the Department of Health to contract with a state university to study certain components of the pilot project and establish certain baseline data for studies on the neurodevelopmental outcomes of infants with neonatal abstinence syndrome, etc. HP 11/07/2017 Favorable AHS AP	Favorable Yeas 8 Nays 0
3	**SB 440** Garcia (Identical H 403)	Florida Veterans Care Program; Creating the program within the Agency for Health Care Administration; specifying the purpose of the program; authorizing the agency, in consultation with the Department of Veterans' Affairs, to negotiate with federal agencies in order to seek federal funding for the program; prohibiting the use of state funds to support the program; providing that the act does not affect a person's eligibility for the state Medicaid program, etc. HP 11/07/2017 Favorable MS AP	Favorable Yeas 8 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**SB 444** Bean (Similar H 41)	Pregnancy Support Services; Requiring the Department of Health to contract with a not-for-profit statewide alliance of organizations to provide pregnancy support services through subcontractors; requiring the contractor to spend a specified percentage of funds on direct client services; specifying the entities eligible for a subcontract, etc. HP 11/07/2017 Fav/CS AHS AP	Fav/CS Yeas 5 Nays 3
5	**SB 510** Young	Health Care Practitioners; Requiring a health care practitioner to report certain adverse incidents to the Department of Health within a certain period; requiring the department to adopt rules establishing guidelines for reporting specified adverse incidents, etc. HP 11/07/2017 Fav/CS GO RC	Fav/CS Yeas 8 Nays 0
	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 Committee on Health Policy

BILL:	SB 144
INTRODUCER:	Senator Grimsley
SUBJECT:	Adult Cardiovascular Services
DATE:	November 6, 2017
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	**Favorable**
2.			AHS	
3.			AP	
4.			RC	

I. Summary:

SB 144 requires the Agency for Health Care Administration (AHCA) to include in its rules for hospitals providing adult cardiovascular services that nursing and technical staff have demonstrated experience in handling acutely ill patients requiring intervention in dedicated cardiovascular interventional laboratories or surgical centers. Current AHCA rules require the experience to be acquired in a hospital providing percutaneous coronary intervention (PCI) with onsite cardiac surgery (licensure Level II). The bill allows the experience also to be acquired in a Level I hospital (providing PCI without onsite cardiac surgery) if, at the time the experience was acquired, the Level I dedicated cardiovascular interventional laboratory met specified minimum standards for volume, performance, and types of procedures performed.

The bill takes effect on July 1, 2018.

II. Present Situation:

Percutaneous coronary intervention (PCI), also commonly known as coronary angioplasty or angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease, including unstable angina, acute myocardial infarction, and multi-vessel coronary artery disease.[1]

PCI uses a catheter to insert a small structure called a stent to reopen blood vessels in the heart that have been narrowed by plaque build-up, a condition known as atherosclerosis. Using a special type of X-ray called fluoroscopy, the catheter is threaded through blood vessels into the heart where the coronary artery is narrowed. When the tip is in place, a balloon tip covered with a stent is inflated. The balloon tip compresses the plaque and expands the stent. Once the plaque

[1] Medscape: Percutaneous cardiac intervention, *available at* http://emedicine.medscape.com/article/161446-overview, (last visited Oct. 30, 2017).

is compressed and the stent is in place, the balloon is deflated and withdrawn. The stent stays in the artery, holding it open.[2]

Hospital and Adult Cardiovascular Services Licensure and Regulation

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II of ch. 408, F.S. Hospitals are subject to the certificate of need (CON) provisions in part I of ch. 408, F.S. A CON is a written statement issued by the AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service.[3]

Adult cardiovascular services (ACS), including PCI, were previously regulated through the CON program.[4] However, in 2004, the Legislature established a licensure process for adult interventional cardiology services (the predecessor terminology for ACS), dependent upon rulemaking, in lieu of the CON procedure.[5] Among other things, that law required the rules to establish two hospital program licensure levels: a Level I program authorizing the performance of adult primary PCI for emergency patients without onsite cardiac surgery, and a Level II program authorizing the performance of PCI with onsite cardiac surgery.[6] Additionally the rules must require compliance with the most recent guidelines of the American College of Cardiology and American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient-selection criteria to ensure quality and safety.[7]

The AHCA adopted rules for Level I ACS[8] and Level II ACS.[9] Staffing rules for both levels require the nursing and technical catheterization laboratory staff to meet the following:

- Be experienced in handling acutely ill patients requiring intervention or balloon pump;
- Have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II ACS program;[10]
- Be skilled in all aspects of interventional cardiology equipment; and
- Participate in a 24-hour-per-day, 365 day-per-year call schedule;

One of the authoritative sources referenced in the AHCA's rulemaking is The American College of Cardiology/American Heart Association Task Force on Practice Guidelines' report:

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[2] Heart and Stroke Foundation, *available at* https://www.heartandstroke.ca/heart/treatments/surgery-and-other-procedures/percutaneous-coronary-intervention, (last visited Oct. 30, 2017).
[3] Section 408.032(3), F.S.
[4] *See* s. 408.036(3)(m) and (n), F.S., allowing for an exemption from the full review process for certain adult open-heart services and PCI services.
[5] Ch. 2004-383, s. 7, Laws of Fla.
[6] Level I and Level II ACS programs may also perform adult diagnostic cardiac catheterization in accordance with Rule 59A-3.2085(13), F.A.C. Adult diagnostic cardiac catheterization involves the insertion of a catheter into one or more heart chambers for the purpose of diagnosing cardiovascular diseases.
[7] *See* s. 408.0361(3), F.S.
[8] Fla. Admin. Code R. 59A-3.2085(16)
[9] Fla. Admin. Code R. 59A-3.2085(17)
[10] The standard in the CON exemption in s. 408.036(3)(n), F.S., for providing PCI in a hospital without an approved adult open-heart-surgery program required previous experience in dedicated interventional laboratories or surgical centers.

ACC/AHA/SCAI 2005 Guideline Update for PCI.[11] Table 15 in that report provides criteria for the performance of primary PCI at hospitals without onsite cardiac surgery. It states:

> The nursing and technical catheterization laboratory staff must be experienced in handling acutely ill patients and must be comfortable with interventional equipment. They must have acquired experience in dedicated interventional laboratories at a surgical center.

In 2014, the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, Inc., issued the SCAI/ACC/AHA Expert Consensus Document: 2014 Update on PCI Without On-Site Surgical Backup.[12] That report acknowledged advances and best practices in PCI performed in hospitals without onsite surgery. Table IV in that report addresses personnel requirements for PCI programs without onsite surgery. It recommends the program have experienced nursing and technical laboratory staff with training in interventional laboratories. The report does not reference a requirement that the training or experience should occur in a dedicated interventional laboratory at a surgical center.

As of October 31, 2017, there are 56 Florida hospitals providing Level I ACS services and 79 Florida hospitals providing Level II ACS services.[13]

III. Effect of Proposed Changes:

The bill expands the locations where nursing and technical staff may acquire experience handling acutely ill patients who require PCI.

The bill requires AHCA licensure rules for hospitals providing ACS to include, at a minimum, a requirement that all nursing and technical staff have demonstrated experience in handling acutely ill patients requiring PCI in dedicated cardiac interventional laboratories or surgical centers. Currently, pursuant to AHCA rules, the experience must have been acquired in a hospital with a surgical center. The bill states that, if a staff member's previous experience was in a dedicated cardiac interventional laboratory at a hospital that did not have an approved adult open-heart-surgery program, the laboratory must meet the following criteria in order for the staff member's experience to qualify. The laboratory must have:

- Had an annual volume of 500 or more PCI procedures;

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[11] Smith SC Jr, Feldman TE, Hirshfeld JW Jr, Jacobs AK, Kern MJ, King SB III, Morrison DA, O'Neill WW, Schaff HV, Whitlow PL, Williams DO. ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention). the Society for Cardiovascular Angiography and Interventions Web Site, *available at* http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwizrYy2zubKAhUBfSYKHafZCiAQFggvMAI&url=http%3A%2F%2Fwww.scai.org%2Fasset.axd%3Fid%3Da1d96b40-b6c7-42e7-9b71-1090e581b58c%26t%3D634128854999430000&usg=AFQjCNF0t0334L9yMm_XLA5rl0pXoCvPDw (last visited Oct. 30, 2017).

[12] Gregory J. Dehmer, et.al, *available at* http://circ.ahajournals.org/content/129/24/2610.full.pdf+html (last visited Oct. 30, 2017).

[13] *See* The AHCA FloridaHealthFinder.gov *available at* http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx, (last visited Oct. 31, 2017).

- Achieved a demonstrated success rate of 95 percent or higher for PCI;
- Experienced a complication rate of less than 5 percent for PCI; and
- Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

The bill also makes technical changes replacing the term "percutaneous cardiac intervention" with "percutaneous coronary intervention."

The bill takes effect July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 144 may have a positive fiscal impact on hospitals providing Level I ACS by expanding the number of programs where their nursing and technical staff may be trained as well as potentially allowing such hospitals to provide the required training at their own facilities.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill's mandate to establish rules to require nursing and technical staff in hospitals performing adult cardiovascular services to have specified experience appears to apply to both hospitals providing Level I and Level II services, however, this is placed within a statutory paragraph only relating to a hospital seeking a Level I program license. As such, it is unclear whether the staff training requirement applies to both hospitals providing Level I and Level II services or only to hospitals providing Level I services. The bill may need to be amended to clearly indicate to which hospitals the requirement applies.

VIII. Statutes Affected:

This bill substantially amends section 408.0361 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.

The Florida Senate

Committee Agenda Request

To: Senator Dana D. Young, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: October 12, 2017

I respectfully request that **Senate Bill #144**, relating to Adult Cardiovascular Services, be placed on the:

☐ committee agenda at your earliest possible convenience.

☒ next committee agenda.

Senator Denise Grimsley
Florida Senate, District 26

cc: Sandra Stovall, Staff Director
Celia Georgiades, Committee Administrative Assistant

File signed original with committee office

S-020 (03/2004)

By Senator Grimsley

26-00116-18 2018144__

A bill to be entitled

An act relating to adult cardiovascular services; amending s. 408.0361, F.S.; establishing criteria that must be included by the Agency for Health Care Administration in rules relating to the licensure of certain hospitals performing percutaneous coronary intervention procedures; providing an effective date.

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

Section 1. Paragraphs (a) and (b) of subsection (3) of section 408.0361, Florida Statutes, are amended to read:

408.0361 Cardiovascular services and burn unit licensure.—

(3) In establishing rules for adult cardiovascular services, the agency shall include provisions that allow for:

(a) Establishment of two hospital program licensure levels: a Level I program authorizing the performance of adult percutaneous coronary ~~cardiac~~ intervention without onsite cardiac surgery and a Level II program authorizing the performance of percutaneous coronary ~~cardiac~~ intervention with onsite cardiac surgery.

(b) For a hospital seeking a Level I program, demonstration that, for the most recent 12-month period as reported to the agency, it has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease and that it has a formalized, written transfer agreement with a hospital that has a Level II program, including written

transport protocols to ensure safe and efficient transfer of a patient within 60 minutes. However, a hospital located more than 100 road miles from the closest Level II adult cardiovascular services program does not need to meet the 60-minute transfer time protocol if the hospital demonstrates that it has a formalized, written transfer agreement with a hospital that has a Level II program. The agreement must include written transport protocols to ensure the safe and efficient transfer of a patient, taking into consideration the patient's clinical and physical characteristics, road and weather conditions, and viability of ground and air ambulance service to transfer the patient. At a minimum, the rules for adult cardiovascular services must require nursing and technical staff to have demonstrated experience in handling acutely ill patients requiring intervention based on the staff members' previous experience in dedicated cardiovascular interventional laboratories or surgical centers. If a staff member's previous experience is in a dedicated cardiovascular interventional laboratory at a hospital that does not have an approved adult open-heart surgery program, the staff member's previous experience qualifies only if, at the time the staff member acquired his or her experience, the dedicated cardiovascular interventional laboratory:

1. Had an annual volume of 500 or more percutaneous coronary intervention procedures;

2. Achieved a demonstrated success rate of 95 percent or greater for percutaneous coronary intervention procedures;

3. Experienced a complication rate of less than 5 percent for percutaneous coronary intervention procedures; and

4. Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

Section 2. This act shall take effect July 1, 2018.

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 Committee on Health Policy

BILL:	SB 434
INTRODUCER:	Senators Passidomo and Book
SUBJECT:	Neonatal Abstinence Syndrome Pilot Project
DATE:	November 6, 2017 REVISED: 11/7/2017

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	**Favorable**
2.			AHS	
3.			AP	

I. Summary:

SB 434 establishes a pilot project to license facilities specifically to treat neonatal abstinence syndrome (NAS) that, subject to specific appropriation, will begin on July 1, 2018, and expire on June 30, 2020. The bill requires the Agency for Health Care Administration (AHCA), in consultation with the Department of Children and Families (DCF), to establish a licensure program in AHCA region 8[1] for a community based care option to treat infants with NAS after they have been stabilized in a hospital. The bill also establishes minimum standards that a facility must meet in order to obtain a license and requires the Department of Health (DOH) to contract with a state university to study the risks, benefits, cost differentials, and transition to social services for infants treated at facilities licensed under the pilot project as well as the establishment of baseline data for long term studies on the neurodevelopmental outcomes for infants with NAS.

The bill's provisions take effect upon becoming law.

II. Present Situation:

Neonatal Abstinence Syndrome

NAS occurs in a newborn who was exposed to addictive opiate drugs while in the mother's womb. The most common opiate drugs that are associated with NAS are heroin, codeine, oxycodone (oxycontin), methadone and buprenorphine.[2] When a pregnant mother uses opiate drugs the fetus can become addicted to the drug in-utero. When the baby is born, since it is no longer receiving the opiate drug from its mother it may go into opiate withdrawal and show symptoms including: blotchy skin coloring (mottling), diarrhea, excessive crying or high-pitched

[1] AHCA region 8 includes Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Monroe and Sarasota counties.

[2] DOH *Neonatal Abstinence Syndrome*, available at http://www.floridahealth.gov/diseases-and-conditions/neonatal-abstinence-syndrome/index.html, (last visited Oct. 31, 2017).

crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, jitteriness, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling (tremors), and vomiting.[3] Most symptoms begin within 72 hours of birth, but some can appear right after birth or up to several weeks after birth. Symptoms can last between one week and 6 months.[4] Additional complications from NAS can include low birthweight, jaundice, requiring treatment in a neonatal intensive care unit (NICU), and needing treatment with medicine.[5]

In correlation with the general increase in the rate of opioid addiction, the rate of NAS is Florida has increased between 1998 and 2013 from approximately 66.7 to 69.2 infants per 10,000 live births. However, between 2013 and 2014 the rate increased significantly to 76.6 infants per 10,000 live births which is an increase of approximately 10 percent. The rate of NAS is substantially higher among non-Hispanic white infants (156.2) when compared to non-Hispanic black infants (26.6) and Hispanic infants (20.2).[6]

Non-hospital Based Treatment of Infants with NAS

Infants with NAS are at increased risk for admission to the neonatal intensive care unit, birth complications, the need for pharmacologic treatment, and a prolonged hospital stay, all of which are outcomes that separate the mother and her infant at a critical time for infant development and bonding. The average length of a hospital stay for infants with NAS is 17 days overall and 23 days for those requiring treatment. Prolonged hospitalization results in the use of a greater portion of health care resources for the care of infants with the NAS than for those without the syndrome.[7]

West Virginia has had success in reducing the length of hospital stays for newborns and infants with NAS through the use of a neonatal abstinence center called "Lily's Place." Lily's Place is a facility that provides a safe recovery environment for the infant, and offers parental education and makes referrals to addiction-recovery programs for caregivers when appropriate. The 7,500 square foot facility, previously a physician's office building, was donated and renovated by community volunteers and grant funded staff to serve as an outpatient neonatal abstinence center.[8]

After creation of Lily's Place, all inpatient newborns were admitted at birth to newborn nursery or NICU if comorbidities existed. When it was determined that medication was required for treatment of NAS, infants were moved to the neonatal therapeutic unit (NTU) or secondarily to NICU when beds were unavailable. After initial assessment and stabilization, neonates could be

[3] Supra n. 2
[4] The March of Dimes, *Neonatal Abstinence Syndrome (NAS)* (June 2017), *available at* https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx, (last visited Oct. 31, 2017).
[5] Id.
[6] Department of Health, *Senate Bill 434 Analysis* (on file with the Senate Committee on Health Policy).
[7] Karen McQueen, R.N., Ph.D., and Jodie Murphy-Oikonen, M.S.W., Ph.D., *Neonatal Abstinence Syndrome* (December 22, 2016), the New England Journal of Medicine, *available at* http://www.nejm.org/doi/full/10.1056/NEJMra1600879#t=article, (last visited Nov. 1, 2017).
[8] S. Loudin, et. al., *A management strategy that reduces NICU admissions and decreases charges from the front line of the neonatal abstinence syndrome epidemic* (July 6, 2017) Journal of Perinatology, *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5633652/, (last visited Nov. 1, 2017).

sent to Lily's Place when beds were available. Babies were preferentially transferred to Lily's Place who were considered to potentially benefit from private rooms with less external stimulation. The protocol for medication management of NAS was the same for the NICU, NTU and Lily's Place.[9]

A study from Cabell Huntington Hospital of the effectiveness Lily's Place found that it contributed to an overall decrease in the number of infants admitted to the NICU. This decrease relieved the strain of an increasing NAS population crowding the hospital's NICU and the study concluded that without [Lily's Place and the opening of the NTU] the NICU would be in a critical state of gridlock and diversion. Additionally, the study found that Lily's Place provided care to NAS infants at a significantly lower cost, charging only $17,688 on average versus $90,601 for an NAS infant in the NICU.[10]

Mandatory Reporting and DCF Investigations of Child Abuse

Section 39.201, F.S., requires any person who knows, or has reasonable cause to suspect, that a child is abused to report such knowledge or suspicion to the DCF. For the purposes of such reporting, "abuse" means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm[11] and the definition of "harm" includes exposing a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

- A test, administered at birth, which indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
- Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.[12]

Once reported, the DCF must commence an investigation immediately, if it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant, or within 24 hours after receiving the report. If the investigation warrants, a child may be taken into custody by an authorized agent of the DCF if the agent has probable cause to support a finding that the child has been abused. After taking the child into custody the DCF must review the facts of the case and determine whether to file a shelter petition within 24 hours of taking custody.[13]

Authority of Health Care Workers to Detain a Child

Section 39.395, F.S., authorizes any person in charge of a hospital or similar institution, or any physician or licensed health care professional treating a child to detain that child without the consent of the parents, caregiver, or legal custodian, whether or not additional medical treatment is required, if the circumstances are such, or if the condition of the child is such that returning the

[9] Supra note 8
[10] Id.
[11] s. 39.01(2), F.S.
[12] s. 39.01(30)(g), F.S.
[13] s. 39.401, F.S.

child to the care or custody of the parents, caregiver, or legal custodian presents an imminent danger to the child's life or physical or mental health. After doing so, any such person detaining a child shall immediately notify the DCF, whereupon the DCF shall immediately begin a child protective investigation in accordance with the provisions of this chapter and shall make every reasonable effort to immediately notify the parents or legal custodian that such child has been detained. If the department determines, according to the criteria set forth in this chapter, that the child should be detained longer than 24 hours, it shall petition the court through the attorney representing the DCF as quickly as possible and not to exceed 24 hours, for an order authorizing such custody in the same manner as if the child were placed in a shelter.

III. Effect of Proposed Changes:

SB 434 creates s. 409.9134, F.S. to establish a pilot project to license facilities specifically to treat NAS that, subject to specific appropriation, will begin on July 1, 2018, and expire on June 30, 2020.

The bill defines the terms:

- "Infant" to include both the terms "newborn" and "infant" as defined in s. 383.145, F.S. As defined in that section "newborn" means an age range from birth to 29 days old and "infant" means an age range from 30 days to 12 months; and
- "Neonatal abstinence syndrome" to mean the postnatal opioid withdrawal experienced by an infant who is exposed in utero to opioids or agents used to treat maternal opioid addiction.

The bill requires the AHCA, in consultation with the DCF, to establish a pilot project in AHCA region 8[14] to license one or more facilities to treat infants who suffer from NAS by providing a community-based care option, rather than hospitalization, after an infant has been stabilized. The bill authorizes the AHCA to charge an initial licensure fee and biennial renewal fee of up to $1,000; applies the licensure standards of part II of ch. 408, F.S.;[15] exempts facilities licensed under this program from the requirement to obtain a certificate of need; and requires the AHCA, in consultation with the DCF, to adopt rules for minimum licensure standards including:

- Requirements for physical plant and maintenance of facilities;
- Compliance with local building and fire codes;
- The number, training, and qualifications of essential personnel employed by and working under contract with the facility;
- Staffing requirements intended to ensure adequate staffing to protect the safety of infants being treated in the facility;
- Sanitation requirements for the facility;
- Requirements for programs, basic services, and care provided to infants treated by the facility and their parents;
- Requirements for the maintenance of medical records, data, and other relevant information related to infants treated by the facility; and
- Requirements for application for initial licensure and licensure renewal.

[14] Supra note 1.
[15] Part II of ch. 408, F.S., contains the general provisions for health care facility licensing.

The bill also establishes minimum requirements that, in order to obtain a license and participate in the pilot project, each facility must:

- Be a private, not-for-profit Florida corporation;
- Be a Medicaid provider;[16]
- Have an on-call medical director;
- Demonstrate an ability to provide 24-hour nursing and nurturing care to infants with neonatal abstinence syndrome;
- Demonstrate an ability to provide for the medical needs of an infant being treated within the facility, including, but not limited to, pharmacotherapy and nutrition management;
- Maintain a transfer agreement with a nearby hospital that is not more than a 30-minute drive from the licensed facility;
- Demonstrate an ability to provide comfortable residential-type accommodations for an eligible mother to breastfeed her infant or to reside within the facility while her infant is being treated at that facility, if not contraindicated and if funding is available for residential services. The facility may request at any time that the mother's breast milk be tested for contaminants or that the mother submit to a drug test. The mother shall vacate the facility if she refuses to allow her breast milk to be tested or to consent to a drug test or if the facility determines that the mother poses a risk to her infant;
- Be able to provide or make available parenting education, breastfeeding education, counseling, and other resources to the parents of infants being treated at the facility including, if necessary, a referral for addiction treatment services;
- Contract and coordinate with Medicaid managed medical assistance plans as appropriate to ensure that services for both the infant and the parent or the infant's representative are timely and unduplicated;
- Identify, and refer parents to, social service providers, such as Healthy Start,[17] Early Steps,[18] and Head Start[19] programs, prior to discharge, if appropriate; and
- Adhere to all applicable standards established by the AHCA.

[16] The Medicaid program covered 63 percent of all births in Florida for SFY 2015-16.

[17] The Healthy Start program is available statewide for eligible Medicaid recipients and provides prenatal services, post-natal, and other child-birth related assistance to low income women and children up to 185 percent of the federal poverty level and to other pregnant women who are identified to be at risk for poor birth outcomes, poor health, and poor developmental outcomes. Substance using pregnant women and exposed newborns are priority populations for automatic inclusion in the Healthy Start program, and most medical providers and hospitals automatically refer them for Healthy Start services.

[18] Early Steps is Florida's early intervention program which offers services to eligible infants and toddlers (birth to age 36 months) who are identified with significant delays or conditions that are likely to result in a developmental delay. Most services are covered by insurance or Medicaid, if eligible, and are provided by local Early Steps offices. Currently, Early Steps policy does not consider NAS to be an established condition. This means that children with NAS may only be made eligible for Early Steps based on meeting a certain level of developmental delay. However, as of January 1, 2018 when new policies become effective, there will be an at-risk category of eligibility. NAS will be considered one of the at-risk conditions for Early Steps, meaning that a child with NAS will be eligible for Early Steps because NAS is known to create a risk of developmental delay. Written confirmation from a licensed physician is required to establish at-risk eligibility and must be in the child's Early Steps record. Services for such at-risk children will include: individualized family support planning, service coordination, developmental surveillance, and family support. (*See* DOH Senate Bill 434 Analysis) (on file with the Senate Committee on Health Policy).

[19] Head Start is a national school readiness program for low income families that provides comprehensive education, health, nutrition, and parent involvement services. The federal government awards grants to local public agencies, private and public not-for-profit organizations, school systems, and Indian Tribes to operate the programs in local communities.

Additionally, the bill mandates that the AHCA require level 2 background screening for facility personnel.[20]

Facilities licensed under this program may not accept an infant with a serious or life-threatening condition other than NAS and may not treat an infant for longer than 6 months.

The bill directs the DOH to contract with a state university to study the risks, benefits, cost differentials, and the transition of infants to social services providers for the treatment of infants with NAS in hospital settings and in facilities licensed under the pilot project. The DOH must report the study results and recommendations for the continuation or expansion of the pilot project to the Legislature by December 21, 2019. The contract with the state university must also require the establishment of baseline data for longitudinal studies on the neurodevelopmental outcomes of infants with NAS and the contract may require the evaluation of outcomes and length of stay in facilities for nonpharmacologic and pharmacologic treatment of NAS. Facilities licensed under the pilot project, hospitals that provide services to infants with NAS, and Medicaid medical assistance plans must provide data to the contracted university for its research and studies in compliance with the Health Insurance Portability and Accountability Act of 1996.

The bill's provisions take effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 434 may have a positive fiscal impact on families with infants with NAS who are able to use a facility licensed under the bill's provisions since a stay at such a facility may be less costly than an extended stay in a NICU.

[20] Pursuant to s. 408.809, F.S., and ch. 435, F.S.

C. Government Sector Impact:

The bill requires the DOH to contract with a state university to conduct research and a specified study. The DOH estimates the cost of such a contract at $210,000 over the course of the pilot project.

The pilot project established by the bill is subject to a specific appropriation. The amount of such appropriation is unknown at this time.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill creates a new license type and requires a Medicaid provider number in order to be licensed. However, typically, to obtain a Medicaid provider number a provider must submit a state license or authorization as part of provider enrollment and processing may take several months for a provider number to be issued. This "catch 22" is under discussion with the state Medicaid program for resolution.

VIII. Statutes Affected:

This bill creates section 409.9134 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.

The Florida Senate

Committee Agenda Request

To: Senator Dana Young, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: October 25, 2017

I respectfully request that **Senate Bill #434**, relating to Neonatal Abstinence Syndrome, be placed on the:

☐ committee agenda at your earliest possible convenience.

☒ next committee agenda.

Senator Kathleen Passidomo
Florida Senate, District 28

File signed original with committee office

S-020 (03/2004)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

434
Bill Number (if applicable)

Topic Neonatal A.S.P.P

Amendment Barcode (if applicable)

Name Victoria Zepp

Job Title Chief Policy & Research Officer

Address 411 E. College Ave
Street

Tallahassee FL 32301
City *State* *Zip*

Phone 850.561.1102

Email victoria@flchildren.org

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

434

Meeting Date | *Bill Number (if applicable)*

Topic Neonatal Abstinence Syndrome | *Amendment Barcode (if applicable)*

Name Beth Labaske

Job Title Consultant

Address 1401 College Sq Blvd | Phone 8503227338

Street

Tallahassee 32312 | Email bethabaske@gmail.com

City *State* *Zip*

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against

(The Chair will read this information into the record.)

Representing Informed Families of FL.

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-7-17
Meeting Date

434
Bill Number (if applicable)

Topic Neonatal Abstinence Syndrome Pilot

Amendment Barcode (if applicable)

Name Jill Grar

Job Title Policy Drector

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Tallahassee FL 32308
City *State* *Zip*

Email jill@myfbha.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florda Behavioral Health Assaciatun

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/2017
Meeting Date

SB 434
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic SB 434

Name Katharine Smith

Job Title

Address 110 E Jefferson St
Street

Tallahassee FL 32301
City *State* *Zip*

Phone 850-313-3856

Email katie@themayernickgroup.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing March of Dimes

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

By Senator Passidomo

28-00496B-18 2018434__

A bill to be entitled

An act relating to a neonatal abstinence syndrome pilot project; creating s. 409.9134, F.S.; defining terms; requiring the Agency for Health Care Administration, in consultation with the Department of Children and Families, to establish a pilot project to license one or more facilities in Medicaid Region 8 to treat infants who suffer from neonatal abstinence syndrome in certain circumstances; providing a start and end date for the pilot project, subject to appropriation; requiring the agency, in consultation with the department, to adopt by rule minimum licensure standards for facilities providing care under this section; requiring certain criteria to be included in licensure standards; authorizing the agency to charge an initial licensure fee and a biennial renewal fee; establishing minimum requirements for a facility to obtain licensure and participate in the pilot project; prohibiting a facility licensed under this section from treating an infant for longer than 6 months; requiring background screening of certain facility personnel; subjecting facilities licensed under this section to specific licensing requirements; providing that facilities licensed under this section are not required to obtain a certificate of need; requiring the Department of Health to contract with a state university to study certain components of the pilot project and establish certain baseline data for studies on the

neurodevelopmental outcomes of infants with neonatal abstinence syndrome; requiring the Department of Health to report results of the study to specified legislative officials by a certain date; requiring facilities licensed under this section, hospitals meeting certain criteria, and Medicaid managed medical assistance plans to provide financial and medical data to the university under certain conditions; providing an effective date.

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

Section 1. Section 409.9134, Florida Statutes, is created to read:

409.9134 Pilot project for the treatment of infants with neonatal abstinence syndrome.—

(1) For purposes of this section, the term:

(a) "Infant" includes both a newborn and an infant, as those terms are defined in s. 383.145.

(b) "Neonatal abstinence syndrome" means the postnatal opioid withdrawal experienced by an infant who is exposed in utero to opioids or agents used to treat maternal opioid addiction.

(2) The Agency for Health Care Administration, in consultation with the department, shall establish a pilot project to license one or more facilities in Medicaid Region 8 to treat infants who suffer from neonatal abstinence syndrome, providing a community-based care option, rather than hospitalization, after an infant has been stabilized. Subject to

specific appropriation, the pilot project shall begin on July 1, 2018 and expire on June 30, 2020.

(3) The agency, in consultation with the department, shall adopt by rule minimum licensure standards for facilities licensed to provide care under this section.

(a) Licensure standards adopted by the agency must include, at a minimum:

1. Requirements for the physical plant and maintenance of facilities;

2. Compliance with local building and fire safety codes;

3. The number, training, and qualifications of essential personnel employed by and working under contract with the facility;

4. Staffing requirements intended to ensure adequate staffing to protect the safety of infants being treated in the facility;

5. Sanitation requirements for the facility;

6. Requirements for programs, basic services, and care provided to infants treated by the facility and their parents;

7. Requirements for the maintenance of medical records, data, and other relevant information related to infants treated by the facility; and

8. Requirements for application for initial licensure and licensure renewal.

(b) The agency may charge an initial licensure fee and a biennial renewal fee, each not to exceed $1,000.

(4) In order to obtain a license and participate in the pilot project a facility must, at a minimum:

(a) Be a private, not-for-profit Florida corporation;

(b) Be a Medicaid provider;

(c) Have an on-call medical director;

(d) Demonstrate an ability to provide 24-hour nursing and nurturing care to infants with neonatal abstinence syndrome;

(e) Demonstrate an ability to provide for the medical needs of an infant being treated within the facility, including, but not limited to, pharmacotherapy and nutrition management;

(f) Maintain a transfer agreement with a nearby hospital that is not more than a 30-minute drive from the licensed facility;

(g) Demonstrate an ability to provide comfortable residential-type accommodations for an eligible mother to breastfeed her infant or to reside within the facility while her infant is being treated at that facility, if not contraindicated and if funding is available for residential services. The facility may request at any time that the mother's breast milk be tested for contaminants or that the mother submit to a drug test. The mother shall vacate the facility if she refuses to allow her breast milk to be tested or to consent to a drug test or if the facility determines that the mother poses a risk to her infant;

(h) Be able to provide or make available parenting education, breastfeeding education, counseling, and other resources to the parents of infants being treated at the facility including, if necessary, a referral for addiction treatment services;

(i) Contract and coordinate with Medicaid managed medical assistance plans as appropriate to ensure that services for both the infant and the parent or the infant's representative are

timely and unduplicated;

(j) Identify, and refer parents to, social service providers, such as Healthy Start, Early Steps, and Head Start programs, prior to discharge, if appropriate; and

(k) Adhere to all applicable standards established by the agency by rule pursuant to subsection (3).

(5) A facility licensed under this section may not accept an infant for treatment if the infant has a serious or life-threatening condition other than neonatal abstinence syndrome.

(6) A facility licensed under this section may not treat an infant for longer than 6 months.

(7) The agency shall require level 2 background screening for facility personnel as required in s. 408.809(1)(e) pursuant to chapter 435 and s. 408.809.

(8) Facilities licensed under this section are subject to the requirements of part II of chapter 408.

(9) Facilities licensed under this section are not required to obtain a certificate of need.

(10)(a) The Department of Health shall contract with a state university to study the risks, benefits, cost differentials, and the transition of infants to the social service providers identified in paragraph (4)(j) for the treatment of infants with neonatal abstinence syndrome in hospital settings and facilities licensed under the pilot project. By December 21, 2019, the Department of Health shall report to the President of the Senate and the Speaker of the House of Representatives the study results and recommendations for the continuation or expansion of the pilot project.

(b) The contract must also require the establishment of

baseline data for longitudinal studies on the neurodevelopmental outcomes of infants with neonatal abstinence syndrome, and may require the evaluation of outcomes and length of stay in facilities for nonpharmacologic and pharmacologic treatment of neonatal abstinence syndrome.

(c) Facilities licensed under this section, licensed hospitals providing services for infants born with neonatal abstinence syndrome, and Medicaid medical assistance plans shall provide relevant financial and medical data consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related regulations to the contracted university for research and studies authorized pursuant to this subsection.

Section 2. This act shall take effect upon becoming a law.

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 Committee on Health Policy

BILL:	SB 440
INTRODUCER:	Senator Garcia and others
SUBJECT:	Florida Veterans Care Program
DATE:	November 6, 2017 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Favorable**
2.			MS	
3.			AP	

I. Summary:

SB 440 creates the Florida Veterans Care program (program) in statute, within the Agency for Health Care Administration (AHCA) to provide Florida veterans and their families an alternative for health care that is operated similar to or through the Medicaid managed care program. The bill authorizes AHCA to seek and negotiate a federal waiver, state plan amendment, or other federal authorization necessary to implement the program.

Participation by Florida veterans and their families is voluntary. Benefits and services provided through the program shall meet or exceed those provided in the Medicaid long-term care or managed care program as provided under part IV of chapter 409 and will be provided by plans competitively procured by AHCA.

No state funds may be used to provide services or administer the program. The AHCA may incur some administrative costs to negotiate final approval for the program. The AHCA is not permitted to implement the program without final legislative approval.

The effective date of the bill is July 1, 2018.

II. Present Situation:

Veterans' Health Care Services

Veterans of the United States Armed Forces may be eligible for a range of benefits which are codified in Title 38 of the United States Code. Certain former members of the Reserves or

National Guard who were called to active duty may also be eligible for benefits.[1] Benefits may include:

- Medical care;
- Disability compensation;
- Special monthly compensation;
- Housing grants for disabled veterans;
- Vocational rehabilitation and employment;
- Pension;
- Education and training;
- Home loan guaranty;
- Life insurance; and
- Dependents and survivors benefits.[2]

If a person served in the active military service and was separated under any condition other than dishonorable, that individual may be eligible for health care and other benefits under the federal Veterans Health Administration (VHA) through the United States Department of Veterans Affairs (VA). Most veterans who enlisted after September 7, 1980 or entered active duty after October 16, 1981, must have served at least 24 continuous months; however, this time standard may not apply to those veterans who were discharged due to a disability incurred or aggravated in the line of duty or under other exceptions.[3]

Veterans must register or apply for health care benefits through the VHA. Certain categories of veterans are provided enhanced enrollment. These veterans are those who:

- Are former Prisoners of War;
- Are Purple Heart Recipients;
- Are Medal of Honor Recipients;
- Receive compensable VA awarded service-connected disability[4] of 10 percent or more;
- Receive a VA pension;
- Were discharged from the military because of a disability (not pre-existing), early out, or hardship;
- Served in a Theater of Operations for 5 years post discharge;
- Served in the Republic of Vietnam from January 9, 1962 to May 7, 1975;
- Served in the Persian Gulf from August 2, 1990 to November 11, 1998;
- Were stationed or resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987;

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[1] U.S. Department of Veterans Affairs, *Health Benefits*, https://www.va.gov/HEALTHBENEFITS/apply/veterans.asp (last visited Oct. 31, 2017).
[2] U.S. Department of Veterans Affairs, *Federal Benefits for Veterans, Dependents and Survivors* (2016 Edition), https://www.va.gov/opa/publications/benefits_book/2016_Federal_Benefits_for_Veterans.pdf (last visited Nov. 2, 2017).
[3] *Supra* note 1.
[4] A service-connected disability is an injury or illness that was incurred or aggravated during active military service. Compensation may also be paid for post-service disabilities that are considered related or secondary to disabilities occurring in service or presumed to be related to circumstances of military services, even if they arise after military service. To be eligible for compensation, the veteran must have been separated or discharged under conditions other than dishonorable. *See* https://www.benefits.va.gov/compensation/ (last visited Oct 31, 2017).

- Were found catastrophically disabled by the VA; or
- Have a household income that is below the VA's National Income or Geographical – Adjusted Thresholds.[5]

Only certain veterans are required to provide income information to the VA as part of the application process. Veterans who do not have a VA-service connected disability, do not receive a VA pension, or have a special eligibility are required to participate in the financial assessment. The gross household income amounts that are used to determine priority groups or eligibility for cost-free care are adjusted annually. These amounts can also vary by geographic based assessments. Unreimbursed medical expenses are deductible from the veteran's gross income, including medical-travel related expenses, health insurance premiums, and prescriptions. For 2016, the VA National Income Threshold for a veteran with two dependents for cost-free health care was $40,694 or less.[6]

When a veteran enrolls, the individual is assigned to one of eight priority groups which the VA uses to balance the demand for services with available resources. Priority groupings are based on need for services, level of disability, discharge status, and income.[7] The highest priority group are those veterans with service-related injuries with at least a 50 percent service-connected disability and/or the veteran has been determined unemployable.[8] Group 8 is the lowest priority group and includes those veterans whose gross household incomes are above the VA national income threshold and who agree to pay copayments.

Florida Veterans

The federal VA system serves more than 1.5 million Floridians which is the third highest population of veterans in the country behind California and Texas.[9] Over half of the state's veterans are aged 65 and older with the majority of those veterans having served during the Vietnam Era with the Gulf Wars second as noted in the chart below.

Florida's Veteran Population by Period of Service[10]	
Period of Service	**Number of Veterans 9/30/2015**
WWII	91,799
Korea	168,208

[5] *Supra* note 1.
[6] U.S. Department of Veterans Affairs, *Annual Income Limits – Health Benefits, 2017 VA National and Priority Group 8 Relaxation Income Thresholds, Income Thresholds for Cost-Free Health Care, Medications and/Beneficiary Travel Eligibility, Based on Income Year 2016,* (last updated December 8, 2016) *available at* http://nationalincomelimits.vaftl.us/LegacyVAThresholds/Index?FiscalYear=2017 (last visited Oct. 31, 2017).
[7] *Supra* note 2.
[8] Id.
[9] U.S. Department of Veterans Affairs, *State Summaries – Florida* (2016), *available at* https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Florida.pdf , p. 2, (last visited Oct. 31, 2017).
[10] Id.

Vietnam	544,921
Gulf War	487,422

In Florida, 725,000 individuals were enrolled in the VHA and over 500,000 unique enrollees received treatment in Fiscal Year 2016. The VHA operates 8 VA inpatient facilities, 71 outpatient facilities, and 24 Vet Centers in the state.[11] For 2016, the VHA reported expending $5,053,073 for medical care in Florida.[12]

Besides health care benefits, over 300,000 Florida veterans also receive disability compensation payments.[13] For Fiscal Year 2016, the average number of service-connected disabilities per veteran nationally is reported as 4.91.[14]

Uninsured Florida Veterans

The most recent projections indicate that approximately 49,000 Florida veterans are uninsured or 7.4 percent of the state's veteran population which is a 5.2 percent reduction over the state's 2013 uninsured rate of 12.5 percent.[15] Census figures released earlier this year showed that most veterans either had TRICARE[16] or VHA coverage alone or paired it with private coverage (716,228 enrollees) compared with a coupling with public coverage such as Medicare or Medicaid (610,462 enrollees).[17]

Nationally, uninsured rates among nonelderly veterans also fell from 9.6 percent in 2013 to 5.9 percent in 2015, a nearly 40 percent drop.[18] Similarly, there were also corresponding drops in the uninsured among veterans' spouses and dependent children. Florida had the second highest rate of decline among all states, for both those that did and did not expand Medicaid, and the largest drop in the number of uninsured among those states that did not expand Medicaid.[19]

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[11] Id at 1.
[12] Id.
[13] Id.
[14] U.S. Department of Veterans Affairs, Veterans Benefits Administration, *Annual Benefits Report Fiscal Year 2016-Compensation Section,* (Updated February 2017), https://www.benefits.va.gov/REPORTS/abr/ABR-Compensation-FY16-0613017.pdf (last visited Nov. 2, 2017).
[15] Jennifer Haley, et al, *Veterans Saw Broad Coverage Gains Between 2013 and 2015,* Robert Wood Johnson Foundation and Urban Institute, p. 5, https://www.urban.org/sites/default/files/publication/89756/2001230-veterans-saw-broad-coverage-gains-between-2013-and-2015.pdf (last visited Nov. 1, 2017).
[16] TRICARE is a military healthcare program for active duty personnel, military retirees, and their dependents which is managed by the Defense Health Agency under the federal Department of Defense (DOD). TRICARE, formerly known as CHAMPUS, provides comprehensive health care services through military hospitals and clinics with civilian health care networks. The CHAMPVA is managed by DVA which shares the cost of covered health care services with eligible beneficiaries. *See https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/index.asp* (last visited Nov. 3, 2017).
[17] U.S. Census Bureau, *American Fact Finder, Private and Public Health Insurance Coverage by Type – 2016 American Community Survey 1-Year Estimates* (chart created Nov. 2, 2017) (on file with the Senate Committee on Health Policy).
[18] *Supra* note 15, at 3.
[19] Id at 5.

In a study by the RAND Corporation, it found that most care provided to non-elderly veterans is delivered outside of the VA system.[20] VA data show that while health care benefits are the largest veterans' benefit program,[21] most veterans are covered by non-VA health insurance even if they are enrolled in the VA. Implementation of the Affordable Care Act was followed by reduction in the number of veterans who lacked any form of health insurance and increases in the number of VA-covered veterans who were dually-enrolled in some non-VA source of insurance.[22]

Veterans' Health Care Delivery System

Nationally, the VA has 155 inpatient sites and over 1,000 outpatient sites with another 300 Vet Centers which provide counseling services, outreach and referral services to combat veterans and their families. Veterans can receive health care services at any VA health care facility in the country. Health care enrollment and utilization has increased with outpatient visits growing from 46.5 million visits in 2002 to 95.2 million visits in 2015.[23]

Health care is primarily delivered through 21 regional networks know as Veterans Integrated Service Networks or VISNs nationwide. For Florida, two networks cover the state with one responsible for 60 counties in the northern, central, and southern regions of the state[24] and the other network for the remaining seven counties in northwest Florida.[25]

Starting predominantly in 2014, news stories and VA federal Office of the Inspector General (OIG) reports accused the VHA of systemic failures and other management challenges.[26,27,28] Long wait times for primary care appointments, fraud in the appointment times scheduling system, and an overwhelmed health care system led to the federally-chartered *Special Medical*

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[20] Michael Dworksy, et al, *Veterans' Health Insurance Coverage Under the Affordable Health Care Act and Implications of Repeal for the Department of Veterans Affairs: Research Report*, RAND Corp., (2017), p. 28, *available at* https://www.rand.org/pubs/research_reports/RR1955.html (last visited Nov. 1, 2017).
[21] U.S. Department of Veterans Affairs, *Unique Veterans Users Profiles, FY 2015* (December 2016), *available at* https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Unique_Veteran_Users_2015.pdf (last visited Nov. 2, 2017).
[22] *Supra* note 20, at 26.
[23] U.S. Department of Veterans Affairs, *Selected Veterans Health Administration Characteristics, FY 2001 to FY 2015*, https://va.gov/vetdata/Expenditures.asp (last visited Nov. 2, 2017).
[24] VISN 8 is the Sunshine Healthcare Network and covers 60 Florida counties, 19 rural counties in South Georgia, and Puerto Rico and the U.S. Virgin Islands. VISN 8 includes seven outpatient clinics of which six are located in Florida and one is located in Puerto Rico. For more information on VSN 8, see https://www.visn8.va.gov/VISN8/about/index.asp (last visited Oct. 31, 2017).
[25] VISN 16 is the South Central VA Health Care Network and serve veterans in Arkansas, Louisiana, Mississippi, and parts of Texas, Missouri, Alabama, Oklahoma, and Florida. VISN 16 has eight Veterans Affairs Medical Centers (VAMC) of which none are located in Florida, one outpatient clinic in Texas, and 68 outpatient sites or Vet Centers of which six are located in Florida.
[26] Rachel Landen, *Pattern of problems with Veterans Affairs healthcare system*, Modern Healthcare, May 7, 2014, http://www.modernhealthcare.com/article/20140507/NEWS/305079939, (last visited Oct. 31, 2017.
[27] Associated Press, Watchdog report details 'systemic' problems at VA facilities, Fox News, August 25, 2014, http://www.foxnews.com/politics/2014/08/26/no-proof-delays-in-care-caused-vets-to-die-va-says.html, (last visited Oct. 31, 2017).
[28] Department of Veterans Affairs, Office of Inspector General, *2014 Major Management Challenges* (October 1, 2014), *available at* https://www.oversight.gov/report/va/office-inspector-general-department-veterans-affairs-2014-major-management-challenges (last visited Oct. 31, 2017).

Advisory Group (SMAG) composed of medical experts to advise the Secretary of Veterans Affairs, through the Under Secretary of Health, on matters relating to health care delivery, research, education, training of health care staff, and shared issues facing VA and the Department of Defense on a federal legislative response.

The VA's SMAG developed a Blueprint for Excellence with a goal of delivering both excellent care and an excellent experience of care to every veteran it served.[29] Five priorities were established under the Blueprint:

- Access: We will provide timely access to Veterans as determined by their clinical needs.
- Employee Engagement: We see a work environment where employees are valued, supported and encouraged to do their best for veterans.
- High Performance Network: We will ensure that Veterans receive the highest level of coordinated care within VA or from participating providers.
- Best Practices. We will use best clinical practices in research, education, and management.
- Trust in VA Care. We will be there for our Veterans when they need us.[30]

In its 2016 SMAG Progress Report, the VHA reported an increase in the number of sites offering same-day services since September 2016 from 52 sites to 166 sites and more than 3.1 million appointments had been scheduled nationally in the last two years.[31] More than 22,000 additional staff had been on-boarded at the VHA since the beginning of 2015 fiscal year through the end of 2016 fiscal year.[32]

Veterans Choice Program

Partially, in response to the issues raised in the multiple OIG audits, Congress directed the VA through the *Veterans Access, Choice, and Accountability Act of 2014 (VACCA) (P.L. 113-146)*, and specifically, the Veterans Choice Program (VCP) to furnish hospital care and medical services through alternative means when veterans could not access services in a timely manner. To be eligible, a veteran may optionally enroll if he or she faces an unacceptable burden in accessing a provider of more than 40 miles driving distance to the nearest VA medical facility and has been identified to have an appointment more than 30 days out from a preferred appointment date; faces other geographic challenges; encounters environmental challenges; or has a medical condition that impairs the veterans ability to travel.

When a veteran attempts to schedule an appointment at a VHA medical facility or meets the driving condition or one of the other special circumstances and cannot be seen within 30 days, the veteran is placed on the Veterans Choice List (VCL). Once the veteran is placed on this list, the veteran has the ability to opt into the program and receive care from the designated Third Party Administrator (TPA) managed provider network.

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[29] U.S. Department of Veterans Affairs, *SMAG Progress Report 2016,* p. 5, *available at* https://www.va.gov/health/smag_report/smag_progress_report_2016.asp, (last visited Nov. 1, 2017).
[30] Id.
[31] Id at 6.
[32] Id at 8.

The legislation also mandated other changes such as requiring the use of electronic waiting lists (ECLs), making such waiting lists accessible so veterans can make informed choices about whether or not to receive care at such facilities, requiring VCP cards be issued to certain veterans, requiring non-VA health care providers to have the same credentials as VA health care providers, requiring the establishment of performance metrics, setting appointment access standards, requiring a number of reports, and publishing wait times of VA facilities publicly.

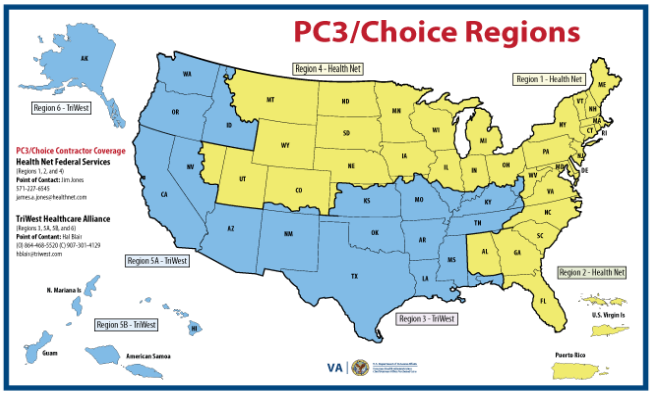
The VCP was initially funded by Congress with $10 billion. The legislation would sunset upon either the exhaustion of the funds or three years from the Act's enactment, whichever occurred first.[33] Before either event could happen, the program's termination date was removed and additional funds were authorized in 2017.[34]

Patient Centered Community Care Program

Existing prior to VCP, if care was not readily available either because of time or geography, a veteran's health care facility could and still can use a Patient Centered Community Care Contract (PC3) to purchase care from a non-VA provider. More than 3.5 million authorizations for services under PC3 contracts have been made from September 1, 2015 through August 31, 2016, a 13 percent increase over the same period in 2014-2015.[35] In comparison, internal VA appointments for 2015-2016 were 58.3 million.[36]

Florida is covered by two different health network contracts: Health Net Federal Services and TriWest Healthcare Alliance.[37] A map of the regions covered by the contracts is shown below.

The PC3 program does not provide coverage for all benefits. Coverage is limited only to primary care, limited emergency care, mental health care, inpatient and outpatient specialty care, and limited newborn care for enrolled female veterans following the birth of a child.[38] Services are managed nationally by one of two TPA managed provider networks based on where the veteran is located.



The Veterans "Choice" Programs

Collectively known as the Veterans Choice Programs, the VA provides veterans with options under the VCP, the PC3, and non-VA fee programs for pre-authorized medical care only. Millions of appointments had been provided under the

[33] Veterans Access, Choice, and Accountability Act of 2014, Pub. L No. 113-146, §101(p) (August 7, 2014), 128 STAT. 1763 (August 7, 2014).
[34] VA Choice and Quality Employment Act of 2017, P.L. 115-26, 131 STAT. 129-130 (April 19, 2017).
[35] *Supra* note 20, at 9.
[36] Id.
[37] U.S. Department of Veterans Affairs, *VHA Office of Community Care, Patient Centered Community Care (PC3),* (last updated May 15, 2017) *available at* https://www.va.gov/COMMUNITYCARE/programs/veterans/pccc/index.asp (last visited Nov. 3, 2017).
[38] Id.

programs and billions of dollars had been expended in health care funds with an additional $235 million spent on administrative costs to the health care networks over a several year time span.[39]

The IG of the DVA reported on contacts received by its office from October 1, 2015 through January 31, 2017 and noted they fell into four general complaint categories:

- 48% had concerns about appointments and scheduling;
- 35% had concerns about referrals, authorizations, or consults;
- 12% had concerns about veteran and provider payments; and,
- 5% had concerns about program eligibility or enrollment.[40]

The IG reviewed appointment wait times, authorization practices, scheduling procedures, and timeliness of care of various offices and facilities. Several barriers to care were found, including 1.2 million appointments from November 1, 2014 through September 30, 2015 for veterans in the various VHA programs waiting over 30 days for care at VHA medical facilities.[41] In the October 2016 report, the IG published its review of the Phoenix VA Health System in which it had determined that more than 22,000 patients had 34,000 open consults. One patient waited in excess of 300 days for a consult.[42] The review of the Phoenix office included services delivered in both the traditional and non-traditional VA care settings.

In February 2016, another Inspector General reported looked at timely care in Colorado Springs. Out of 450 consults and appointments, 288 veterans in Colorado Springs encountered wait times in excess of 30 days. Of those 288 who had wait times in excess of 30 days, none of those 288 veterans were added to the VCL or did not add them in a timely manner which would make them eligible to receive services under that program.[43]

Access to Care in Florida

News reports and other OIG reports indicate that the VA struggled to implement the new Choice programs from November 1, 2014 through September 30, 2015, including the special OIG Choice Implementation report requested by U.S. Senator Johnny Isaakson of Georgia and Chairman of the Senate Committee on Veterans' Affairs.[44] Within this audit, one Florida facility

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[39] Testimony of Michael J. Missal, Inspector General of U.S. Department of Veterans Affairs before the Committee on Veterans' Affairs, U.S. House of Representatives, Hearing on "Shaping the Future: Consolidating and Improving VA Community Care," (March 7, 2017), p. 2, *available at* https://www.va.gov/oig/pubs/statements/VAOIG-Statement-20170307-missal.pdf (last visited Nov. 1, 2017).
[40] Id.
[41] Id at 3.
[42] Id at 4. The publication title of the report is *Review of Alleged Consult Mismanagement of the Phoenix VA Health Care System (PVAHCS)*, VA Office of Inspector General, Office of Audits and Evaluation, (October 4, 2016), Report 15-046720342, *available at* https://www.va.gov/oig/pubs/VAOIG-15-04672-342.pdf (last visited Nov. 1, 2017).
[43] U.S. Department of Veterans Affairs, VA Office of Inspector General Office of Audits and Evaluation, Veterans Health Administration, *Veterans Health Administration – Review of the Alleged Untimely Care at the Community Based Outpatient Clinic Colorado Springs, CO,* (February 4, 2016), Report 15-02472-46, *available at* https://www.va.gov/oig/pubs/VAOIG-15-02472-46.pdf (last visited Nov. 1, 2017).
[44] U.S. Department of Veterans' Affairs, VA Office of Inspector General Office of Audits and Evaluation, *Veterans Health Administration Review of the Implementation of the Veterans Choice Program,* (January 30, 2017), Report 15-04673-333, *available at* https://www.va.gov/oig/pubs/VAOIG-15-04673-333.pdf (last visited Nov. 1, 2017).

was included, the North Florida/South Georgia Veterans Health System. The audit noted the struggles of the VA to meet the expedited 90-day implementation timeline of the original 2014 legislation, inadequate provider networks once the program was implemented, third party liability concerns by veterans for non-payment of medical bills to providers, appointment wait times in excess of 30 days, and provider administrative burden issues.[45]

One of the examples included of TPA's inability to provide services was a veteran served by the Gainesville VA Center in Florida who called the TPA for appointment assistance with an Ear, Nose, and Throat specialist and was scheduled with a specialist in California.[46] The TPA staff did not have geographical awareness. Network inadequacy made it difficult for veterans to seek care outside of the VHA if they wanted to opt out to the VCP program. Approximately 13 percent returned to VHA without receiving any care, on an average of 48 days later.[47]

For purposes of determining sampling sizes, the audit report stratified the different medical systems included in the audit report. The North Florida/South Georgia Veterans Health System fell in the report's "High" stratum which indicated that more than 20,000 veterans were on the VCL.[48] The next level, "Medium" had a range of 4,000 to 20,000 on the VCL.

An OIG review on tampering of the VCL at the James A. Haley Veterans' Hospital (JAHVH) in Tampa, Florida was conducted in 2015. The complainant in that instance alleged, among other issues, that not all veterans were added to the VCL when their scheduled appointment was greater than 30 days.[49] That allegation was substantiated as was an allegation that staff inappropriately removed veterans from the VCL. Errors were corrected and staff was re-trained as a result of those audit findings.

In its response to the audit report, the Secretary of the DVA noted that the Choice programs have changed dramatically since implementation and have seen a growth rate in authorizations from October 2015 to March 2016 of 103 percent.[50] The DVA requested authorization to consolidate all of the Community Care Programs into a singular authority tied to Medicare reimbursement for like services to address issues related to provider network adequacy and administrative burdens on both the DVA and the provider.[51]

Florida Department of Veterans Affairs

In 1988, Florida citizens voted to create the Department of Veterans Affairs (department) by constitutional amendment. The department is responsible for advocating on behalf of Florida's veterans to improve their quality of life and to provide access to federally funded medical care for eligible veterans.

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[45] Id at vi.
[46] Id at 4.
[47] Id at 7.
[48] Id at 22.
[49] U.S. Department of Veterans' Affairs, VA Office of Inspector General Office of Audits and Evaluation, *Veterans Health Administration Review of Alleged Patient Scheduling Issues at VA Medical Center Tampa, FL,* (February 5, 2016), Report 15-03026-101, *available at* https://www.va.gov/oig/pubs/VAOIG-15-03026-101.pdf (last visited Nov. 3, 2017).
[50] *Supra* note 34, at 25-26.
[51] Id at 33.

The department also manages one assisted living facility and six state veterans' nursing homes with an eighth in its final planning stages in St. Lucie County and planned ground breaking in the first half of 2018.[52] To be eligible for admission, a veteran must have had an honorable discharge, be a state resident prior to admission, and have received a certification of need of assisted living or skilled nursing care as determined by a VA physician.

Other services are available to veterans in county services offices which may be co-located in VA Regional Offices in Bay Pines, each VA Medical Center and many of the VA Outpatient Clinics.

Florida Medicaid

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare and Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the AHCA and financed with federal and state funds. Approximately 4 million Floridians are currently enrolled in Medicaid, and the programs estimated expenditures for the 2017-2018 fiscal year are over $26 billion.[53]

Eligibility for Medicaid is based on a number of factors, including age, household, or individual income, and assets. State eligibility payment guidelines are provided in s. 409.903, F.S., (Mandatory Payments for Eligible Persons) and s. 409.904, F.S., (Optional Payments for Eligible Persons). Minimum coverage thresholds are established in federal law for certain population groups, such as children.

Statewide Medicaid Managed Care

Part IV of ch. 409, F.S., was created in 2011 by ch. 2011-134, L.O.F., and governs the Statewide Medicaid Managed Care program (SMMC). The SMMC, authorized under federal Medicaid waivers, is designed for the AHCA to issue invitations to negotiate[54] and competitively procure contracts with managed care plans in 11 regions of the state to provide comprehensive Medicaid coverage for most of the state's enrollees in the Medicaid program. SMMC has two components: managed medical assistance (MMA) and long-term care managed care (LTCMC).

The LTCMC component began enrolling Medicaid recipients in August 2013 and completed its statewide roll-out in March 2014. The MMA component began enrolling Medicaid recipients in

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[52] Florida Department of Veterans Affairs, *State Veterans' Homes,* http://floridavets.org/locations/state-veterans-nursing-homes/ (last visited Nov. 1, 2017).
[53] Social Services Estimating Conference, *Medicaid Caseloads and Expenditures – July 17, August 3, and August 9, 2017 – Executive Summary*, http://edr.state.fl.us/Content/conferences/medicaid/execsummary.pdf (last visited Nov. 1, 2017).
[54] An "invitation to negotiate" is a written or electronically posted solicitation for vendors to submit competitive, sealed replies for the purpose of selecting one or more vendors with which to commence negotiations for the procurement of commodities or contractual services. *See* s. 287.012(17), F.S.

May 2014 and finished its roll-out in August 2014. As of October 2017, 3.2 million Medicaid recipients were enrolled in an SMMC plan while 716,260 were enrolled in Medicaid on a fee-for-service basis.[55]

Medicaid enrollees are surveyed regularly regarding their satisfaction with their plan and experiences with health care. The 2016 MMA Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results provided the following results for Medicaid:

CAHPS Survey on Consumers and Patient Experiences with Health Care - MMA[56]		
CAHPS Survey Item	**Adults**	**Parents**
Respondents who responded that their plan satisfaction rates 8, 9, or 10 out of 10	73%	84%
Respondents or rated their MMA Quality of Care an 8, 9, or 10 out of 10	75%	86%
Respondents who reported that it is usually or always easy to get needed care (vs. sometimes or never)	80%	82%
Respondents who reported that it is usually or always easy to get care quickly (vs. sometimes or never)	82%	89%
Respondents who reported that they are able to get help from customer service (vs. sometimes or never)	88%	86%

The SMMC program is authorized under an 1115 waiver which may be modified through a state plan amendment. Amendments are submitted in Florida by the AHCA for reviewed and approval by CMS.

III. Effect of Proposed Changes:

The bill creates s. 292.17, F.S., the Florida Veterans Care program within the AHCA to provide Florida veterans and their families' access to a quality alternative to the federal veterans' health care system. The program would allow Florida veterans and their families to voluntarily use the Medicaid managed care program or a program that is similar to the Medicaid managed care program that is described under part IV of chapter 409, in lieu of or in addition to the federal veterans' health care system.

The bill directs the AHCA and the Department of Veterans' Affairs to negotiate with the appropriate federal agencies to seek approval for a waiver, a state plan amendment, or any other appropriate federal authorization needed to receive federal funding for the program.

Eligibility for the program is determined by the federal Veterans Health Administration or the United States Department of Veterans Affairs. Those eligible may voluntarily enroll in the

[55] The Agency for Health Care Administration, *Florida Statewide Medicaid Monthly Enrollment Report* (October 2017), *available at* http://ahca.myflorida.com/Medicaid/Finance/data_analytics/enrollment_report/index.shtml (last visited Nov. 3, 2017).
[56] Beth Kidder, Agency for Health Care Administration, *Florida Medicaid*,(January 11, 2017). Presentation to Senate Committee on Health and Human Services Appropriations, slide 29, *available at* http://ahca.myflorida.com/medicaid/recent_presentations/Senate_Health_Human_Services_Appropriations_Sub_Med_101-MMA_2017-01-11.pdf (last visited Nov. 2, 2017)

program and receive all the necessary benefits and services that meet or exceed those offered under Medicaid managed medical assistance and long-term care, including nursing and community-based services. Services and benefits would be delivered by those plans selected through a competitive bid process meeting the requirements of part IV of chapter 409.

The bill also includes a few caveats:

- Prohibits the use of state funds for the payment of medical or long-term care services or for administrative costs of the program;
- Receipt of services under this program does not affect a person's eligibility for Medicaid; and
- The AHCA and DVA may not implement this program without prior legislative approval.

The effective date of this bill is July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

For those health insurance plans, providers, and facilities that are participating in the current SMMC, an influx of additional enrollees into the program from the VHA could have an impact on that particular entity's enrollment mix. Depending on how the program is implemented and blended with the existing SMMC, or if it is handled as a separate specialty plan within SMMC, health care providers could see additional patients with a different level of unmet need.

Providing an option for Florida's veterans under MMA to meet their health care needs may have a positive impact on other community resources as veterans have their needs met through appropriate, and more effective health care methods.

The health care plans and facilities serving this population will need to continuously review and monitor the need for additional specialists given the medical needs of the VHA population.

C. Government Sector Impact:

While the legislation specifically prohibits expending funds for services or administration for the program, the AHCA has indicated a need for administrative funds to negotiate the federal waiver, state plan amendment, or authorization for federal funds for the program. Additional resources would be needed to assist with research, engagement of subject matter experts, and dedication of other staff time to gain federal approval of the proposal. Negotiations will likely include several federal agencies, including some of which the AHCA has not previously sought waivers or other federal funding. The actual amount needed by either the AHCA or, possibly also the department, is not known.

The Veterans Care program cannot be implemented without prior legislative approval. It is expected that the AHCA and the department will bring back to the Legislature a proposal that includes a timeline, expected costs, and a federal funding proposal following negotiations with the appropriate agencies. No funds for a veterans' health care program would be expended until a program has been negotiated by the AHCA and approved by the legislature, including how the program would be funded, both medical and administrative costs.

No state funds are expected to be expended for veterans' health care services as all funds should be federally appropriated once a program has been negotiated, approved, and implemented. Currently, all veterans' health care services are federally funded.
In the future, any fiscal impact to the state may be seen in administrative costs at the AHCA for the implementation of and ongoing programmatic oversight of the program. These costs may be reimbursable from the federal government. This provision would be part of the negotiations between the state and the federal government.

The inclusion of additional enrollees to the SMMC networks may also have an impact to availability of providers in certain areas should a large number of veterans opt for this network and may impact capitated rates if an unexpected number of unhealthy veterans enroll in certain regions.

The Florida Department of Veterans Affairs reports no fiscal impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 292.17of 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.

The Florida Senate

State Senator René García
36th District

Please reply to:

District Office:

1490 West 68 Street
Suite # 201
Hialeah, FL. 33014
Phone# (305) 364-3100

October 25, 2017

The Honorable Dana Young
Chair, Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Senator Young,

Please have this letter serve as my formal request to have **SB 440: Florida Veterans Care Program** be heard during the next scheduled Health Policy Committee Meeting. Should you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

State Senator René García
District 36

CC: Sandra Stovall
Celia Georgiades

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-7-17
Meeting Date

240
Bill Number (if applicable)

Topic FL Veterans Care Program

Amendment Barcode (if applicable)

Name Jill Garan

Job Title Policy Director

Address 2868 Mahan Dr
Street

Tallahassee FL 32308
City *State* *Zip*

Phone 878 2196

Email jill@myfbha.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Behavioral Health Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

By Senator Garcia

36-00682-18 2018440__

A bill to be entitled

An act relating to the Florida Veterans Care program; creating s. 292.17, F.S.; creating the program within the Agency for Health Care Administration; specifying the purpose of the program; authorizing the agency, in consultation with the Department of Veterans' Affairs, to negotiate with federal agencies in order to seek federal funding for the program; providing that eligible participants may enroll in the program to receive certain benefits; prohibiting the use of state funds to support the program; providing that the act does not affect a person's eligibility for the state Medicaid program; prohibiting the agency and the department from implementing the program without legislative approval; providing an effective date.

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

Section 1. Section 292.17, Florida Statutes, is created to read:

292.17 Florida Veterans Care program created; purpose and authorization.—The Florida Veterans Care program is created within the Agency for Health Care Administration. The purpose of the program is to leverage the structure and operations of the Medicaid managed care program established under part IV of chapter 409 to provide Florida veterans and their families with access to a quality alternative to the federal veterans' health care system. The agency, in consultation with the Department of Veterans' Affairs, is authorized to negotiate with applicable

federal agencies and to seek approval for a waiver, a state plan amendment, or other federal authorization for federal funding for the Florida Veterans Care program. Participants deemed eligible by the federal Veterans Health Administration or the United States Department of Veterans Affairs may voluntarily enroll in the Florida Veterans Care program to receive all necessary managed medical and long-term care services that meet or exceed the authorized benefits provided under ss. 409.973 and 409.98, respectively, including home and community-based services, from plans selected through the competitive bid process described under part IV of chapter 409. State funds may not be used to provide medical or long-term care services under the program or to administer the program. This section does not affect a person's eligibility for services under the state Medicaid program. Notwithstanding s. 292.05(7), the agency and the department may not implement this section without prior legislative approval.

Section 2. This act shall take effect July 1, 2018.

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 Committee on Health Policy

BILL:	CS/SB 444
INTRODUCER:	Health Policy Committee and Senator Bean
SUBJECT:	Pregnancy Support Services
DATE:	November 8, 2017
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Fav/CS**
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 444 codifies in statute the existing Pregnancy Support Services program (program) which has been funded by the state since the 2005-2006 fiscal year. The program provides pregnancy support and wellness services, such as direct client services, program awareness activities, and communication activities, through a statewide alliance of community organizations. The bill directs the Department of Health (DOH) to contract with the Florida Pregnancy Care Network (network) and specifies contract deliverables for the program, including financial reports, staffing requirements, and timeframes for achieving obligations. The network is to contract only with providers that exclusively promote and support childbirth.

The bill has no impact on state revenue or expenditures.

The effective date of the bill is July 1, 2018.

II. Present Situation:

Florida's Birth Rate

In 2016, over 217,000 women aged 15 to 50 in Florida had a birth in the past 12 months.[1] Almost half (48 percent) of Florida's births are to unmarried mothers with 86 percent of the fathers acknowledged on the birth certificate.[2]

The state's infant mortality rate slightly increased to 6.2 infant deaths per 1,000 live births in 2015, and then back down to 6.1 for 2016 after reaching its lowest rate in Florida's history in 2014, 6.0.[3] As the DOH notes in its *Florida Vital Statistics Annual Report-2015,* this represents less than half of the state's resident infant mortality rate of 1980.[4] The most frequently cited causes of resident infant fatality in 2015 and the number reported were:

- Perinatal period conditions (756 deaths);
- Congenital malformations (266 deaths);
- Unintentional injuries (98 deaths); and
- Sudden Infant Death Syndrome (59 deaths).[5]

These causes accounted for 84 percent of all resident infant fatalities in Florida.[6]

The Florida Pregnancy Care Network

The Florida Pregnancy Care Network (network) is a private 501(c)(3)[7] nonprofit organization that provides financial and other support to pregnant women and their families through an alliance of pregnancy support organizations. A five-person Board of Directors oversees the network and is run day-to-day by an Executive Director. The network includes over 50 sub-grantee resource organizations throughout the state that provide counseling, referral, material support, training, and education to pregnant mothers as they prepare to parent or place their babies for adoption.[8] In 2015, the organization reported gross receipts of $3.6 million.[9]

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[1] United States Census Bureau, *American Fact Finder - Selected Characteristics in the United States, 2011-2015 American Community Survey 5-Year Estimates,* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP02&src=pt (last visited Oct. 27, 2017).
[2] Florida Department of Health, *Pregnancy and Young Child Profile – 2015,* *http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.PregnancyandYoungChild* (last visited Oct. 27, 2017).
[3] Florida Department of Health, *FL Health Charts, Infant Deaths Data – Per 1,000 Live Births Single Year Rates,* *http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx* (last visited Oct. 27, 2017).
[4] Florida Department of Health, *Florida Vital Statistics Annual Report 2015, Executive Summary,* p. vi, http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx (last visited Oct. 30, 2017).
[5] Id.
[6] Id.
[7] Section 501(c)(3) of the Internal Revenue Code. Organizations described in this section are commonly referred to as charitable organizations.
[8] I.R.S., Form 990, Return of Organization Exempt from Income Tax (2015) – Florida Pregnancy Care Network, Inc., Part I, Summary of organization's mission or most significant activities, *see profile at* https://www.guidestar.org/profile/20-3707766 (last visited Oct. 30, 2017).
[9] Id.

Florida Pregnancy Support Services Program

The network administers the Florida Pregnancy Support Services Program (program) through a contract with the DOH. The program has received continuous state funding since the 2005-2006 fiscal year, including $4 million in general revenue funds for the 2017-2018 fiscal year.[10]

Proviso language in the Fiscal Year 2017-2018 General Appropriations Act (GAA) permits the funds to be used for wellness services, including but not limited to, high blood pressure screening, flu vaccines, anemia testing, thyroid screening, cholesterol, diabetes screening, assistance with smoking cessation, and tetanus vaccines.[11] Services may be purchased directly from qualified providers or vouchers may be offered. The GAA also requires that at least 85 percent of the funds appropriated be used for direct client services such as life skills, program awareness, and communications.[12] The DOH is directed to specifically contract with the program's current contract management provider and to provide the contractual oversight. Similar proviso language has been included in the GAA since the 2009-2010 fiscal year.

The DOH is authorized by the Fiscal Year 2017-2018 GAA to spend no more than $500 per sub-contracted provider for contract oversight. Nine major deliverables with performance metrics and financial consequences are included in the contract with the network.[13]

Financial reimbursement through this contract is made to a minimum of 45 local pregnancy resource organizations for services to pregnant women and their families.[14] While many participating organizations may be faith-based, they are not permitted to share religious information and contracting entities must ensure that they will strictly adhere to this regulation.[15] The program also provides a statewide toll free number[16] that is available 24/7 via phone or text message, and a website that can also connect women and their families to available resources.[17] All services are available to women and their families free of charge and can continue for up to 12 months after the birth of the child.

Pregnant women and their families may use the program to prepare for pregnancy, childbirth, and parenting. The program offers free counseling and classes that cover these topics as well as nutrition and infant care. Participants may also receive items such as maternity and baby clothing, diapers, formula and baby food, baby bath items, cribs and infant carriers by participating in on-site classes and training.[18] For Fiscal Year 2016-2017, the program served

[10] Chapter 2017-70, Specific Appropriation 445, Laws of Fla.
[11] Id.
[12] Id.
[13] Contract between the State of Florida, Department of Health and Florida Pregnancy Care Network, Inc., pp. 16-22, July 1, 2017 – June 30, 2018, (Agency Contract ID# COHN6). For a copy of the contract, visit the Florida Accountability Contract Tracking System at: https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=640000&ContractId=COHN6 (last visited Oct. 30, 2017).
[14] Id at 9.
[15] Id at 10.
[16] The toll-free Option Line number is 1-866-673-HOPE (4673) or participants can text the word "choice" to 313131.
[17] Florida Pregnancy Support Services, *I Might Be Pregnant* http://www.floridapregnancysupportservices.com/i-might-be-pregnant/ (last visited Oct. 30, 2017).
[18] Florida Pregnancy Support Services, *I Am Pregnant and Considering Terminating My Pregnancy*, http://www.floridapregnancysupportservices.com/i-am-pregnant-and-need-help/ (last visited Oct. 30, 2017).

27,011 clients for pregnancy services and 1,615 for wellness services. In the prior fiscal year, the program served 24,184 total clients.[19]

Background Screenings for Qualified Entities

The public may access Florida criminal history information under s. 943.053, F.S., at the cost of $24.00 per record through the Florida Department of Law Enforcement (FDLE). A Level I background check in Florida is a state only name based check and an employment history check. A Level 2 check includes a state and national fingerprint-based check and consideration of disqualifying offenses, and applies to statutorily designated employees who hold a position of trust and responsibility only.[20]

Under s. 943.0542, F.S., certain businesses and organizations that provide care or care placement services, or licenses or certifies to provide care or care placement services, may have access to criminal history information from the Florida Department of Law Enforcement (FDLE) after registering with the FDLE and payment of any fees. The qualified entity[21] must submit fingerprints to the FDLE with its request for screening and maintain a signed waiver allowing the release of the state and national criminal history record to the qualified entity. The amount of the fee is set by the Federal Bureau of Investigation (FBI) for the national criminal history check in compliance with the National Child Protection Act of 1993, as amended. The national criminal history data is available only for the purpose of screening employees and volunteers or persons applying to be employees or volunteers. The FDLE will provide the information directly to the qualified entity as permitted by a written waiver. Whether the individual is fit to be an employee or volunteer around children, the disabled, or the elderly is for the qualified entity to determine; the FDLE will not make that determination. The qualified entity must notify the screened individual of his or her right to obtain a copy of the screening report as well as any criminal records.

The current contract between the DOH and the network requires all paid staff and volunteers to have a state and national criminal background check as described above if they provide direct services to minors, the elderly, or individuals with disabilities.[22] If it is the individual's initial screening, the screening must include fingerprint checks through the FDLE and the FBI.[23] Currently, the DOH and the program utilize an existing User Agreement held by the DOH with the FBI to conduct these screenings. The results of those screenings are returned to the DOH, not the individual network subcontractors.[24]

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[19] Email from Bryan Wendel, Florida Department of Health, (Oct. 31, 2017) (on file with the Senate Committee on Health Policy).
[20] Florida Dep't of Law Enforcement, *Criminal History Record Checks/Background Checks Fact Sheet* (July 26, 2017), pp. 4-5, https://www.fdle.state.fl.us/cms/Criminal-History-Records/Documents/BackgroundChecks_FAQ.aspx (last visited Nov. 7, 2017).
[21] Federal law defines a "qualified entity" as a business or organization, whether public, private, for-profit, not-for-profit, or voluntary, that provides care or care placement services, including a business or organization that licenses or certifies others to provide care or care placement services. "Care" means the provision of care, treatment, education, training, instruction, supervision, or recreation for children, the elderly, or individuals with disabilities. *See* 42 U.S.C. §5119c.
[22] Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.
[23] Id.
[24] Email from Bryan Wendel, Florida Department of Health, (Nov. 7, 2017) (on file with the Senate Committee on Health Policy).

III. Effect of Proposed Changes:

Section 1 creates s. 381.96, F.S., to codify in statute the Pregnancy Support Services Program, a program that has been funded through the General Appropriations Act since the 2005-2006 fiscal year. The bill implements most of the provisions from the prior years' proviso language with a few exceptions and additions as noted below:

- A specific directive to spend at least 90 percent of the contract funds on pregnancy support and wellness services rather than the currently required 85 percent of appropriated funds on direct client services, including life skills, program awareness, and communications.
- A specific requirement for background screening under s. 943.0542, F.S., for all paid staff and volunteers of a subcontractor if those individuals provide direct client services to a client who is a minor or an elderly person or who has a disability.

Definitions are provided for the DOH, eligible client, Florida Pregnancy Care Network, Inc., Florida pregnancy support services, and wellness services.

The bill directs the DOH to specify the contract deliverables with the network, including requirements to:

- Establish the financial and other reporting deliverables, the timeframes for achieving the contractual obligations, and any other requirements deemed necessary by the DOH, such as staffing and location requirements;
- Survey subcontractors annually and to specify the sanctions that shall be imposed for noncompliance with the terms of a subcontract;
- Establish and manage the subcontracts with a sufficient number of networks to ensure availability of pregnancy support and wellness services and to maintain delivery of those services throughout the contract term;
- Offer wellness services or vouchers or other appropriate payment arrangements that allow for the purchase of services from qualified providers;
- Subcontract only with providers that exclusively promote and support childbirth; and
- Ensure that informational materials provided to eligible clients are accurate, current, and cite a reference source of any medical statement.

The bill restricts the services provided under the contract to be non-coercive and instructional materials may not include faith-based content.

Section 2 provides an effective date of July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Either the subcontracted pregnancy support organizations or the network will be paying the costs of the criminal background checks at the cost of $36.00 per employee or $28.75 per volunteer.[25] The current contract between the program and the department requires the program's subcontractors to follow these same screening requirements.[26] The current contract places this responsibility on the individual subcontractors.

C. Government Sector Impact:

The DOH is responsible for the contractual oversight of the state's funding of the program. Proviso language included in the Fiscal Year 2017-2018 GAA places a cap of $50,000 on DOH administrative costs.[27] CS/SB 444 does not place a maximum or minimum funding amount for the DOH's administrative oversight functions.

The FDLE will be processing additional background checks for the program employees and volunteers. It is unknown at this time how many employees or volunteers will be processed under this requirement. The background check will cost $36.00 for employees and $28.75 for volunteers.[28]

VI. Technical Deficiencies:

None.

VII. Related Issues:

The DOH is concerned whether 10 percent of the appropriated funds is sufficient for the administrative and oversight responsibilities delineated in the bill for the DOH and the network.

Currently, in the network's contract, the DOH requires the network's subcontractors to conduct a Level 2 background screening on all staff and volunteers. These screenings are being performed under an existing User Agreement held by the DOH that may not be applicable to the new

[25] Florida Department of Law Enforcement, *Criminal History Record Check Fee Schedule* (Effective October 1, 2016) https://www.fdle.state.fl.us/cms/Criminal-History-Records/Documents/BackgroundChecks_FAQ.aspx, p. 8, (last visited Oct. 30, 2017)
[26] Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.
[27] *Supra* note 10.
[28] Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.

statutory language. FDLE recommended that the bill be amended to either specifically incorporate the screenings into a User Agreement specific to this purpose and hold the DOH responsible for the results or, alternatively, provide for the submission of fingerprints to FDLE and the FBI, provide that costs of the screening are to be borne by the applicant, and designate FDLE as the retention entity for screening results. The FDLE also recommended participation in the FBI's national retained fingerprint arrest notification program so that any future arrests would be reported to the DOH.

VIII. Statutes Affected:

This bill creates section 381.96 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 by Health Policy on November 7, 2017:
The CS removes immunizations from the list of enumerated wellness services that may be provided by the network's subcontracted providers. The CS also adds wellness services to the services for which the DOH shall contract with the network.

B. Amendments:

None.

825380

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
11/07/2017	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 53 - 58

and insert:

screening, anemia testing, thyroid screening, cholesterol screening, diabetes screening, and assistance with smoking cessation.

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

825380

========== T I T L E A M E N D M E N T ==========
And the title is amended as follows:
Delete line 6
and insert:
provide pregnancy support and wellness services
through

373698

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
11/07/2017	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 94 and 95

insert:

Section 2. (1) The Office of Program Policy Analysis and Government Accountability (OPPAGA) shall conduct a study of the Pregnancy Support Services Program within the Department of Health to evaluate the effectiveness and cost efficiency of the program and provide recommendations as to whether the program should be continued or eliminated.

(2) As part of the study, OPPAGA must assess the

373698

effectiveness of the department's financial and administrative oversight and monitoring of the Florida Pregnancy Care Network.

(3) As part of determining the effectiveness of the program, the study must include, but need not be limited to, the collection and analysis of information pertaining to:

(a) The use of state funding by the department, the network, and subcontractors, and how expenditures are tracked and accounted for through items such as financial statements or expenditure reports.

(b) The percentage of funding used for:

1. Direct client services, including the average amount of vouchers provided to eligible clients for services;

2. Wellness services;

3. Program awareness activities; and

4. Communication activities.

(c) The performance and outcome measures used by the department and the network to ensure quality of care, client satisfaction, and positive health outcomes for eligible clients, including the results of such measures.

(d) The methods used by the department and the network to ensure that eligible clients receive accurate medical information.

(e) The methods used by the department and the network to resolve complaints and grievances, including information about the number of complaints and grievances received and their disposition.

(f) Network adequacy standards used to ensure the availability of pregnancy support and wellness services for eligible clients.

373698

(g) Fraud and abuse prevention measures implemented by the department and the network to ensure program accountability and to prevent the waste of state funds.

(h) For the most recently completed fiscal year, if a corrective action plan or sanction was imposed on the network or its subcontractors, a description of the plan or sanction, the outcome of the plan or sanction, and the amount of monetary fines or penalties imposed, if any.

(i) The controls used by the department to ensure that services provided by the network and its subcontractors are provided in a noncoercive manner and do not include any religious content. Such services may include client interviews or surveys.

(j) The educational and medical qualifications of the network's staff or the staff of the subcontractors who interact with eligible clients.

(k) Citations of any medical statements included in informational materials provided by the network or its subcontractors to an eligible client.

(l) Information about the ownership of each subcontractor and any financial or ownership interests with providers who receive vouchers to provide services to eligible clients.

(m) Other audits, evaluative reports, or information pertaining to the program to ensure the delivery of high-quality, cost-effective services to eligible clients.

(4) By January 1, 2019, OPPAGA shall prepare and submit a report with its findings and recommendations to the President of the Senate, the Speaker of the House of Representatives, and the standing legislative committees that have substantive

373698

jurisdiction over health care services. The report must include all of the following:

(a) Information about the network, its affiliated pregnancy support and resource organizations, and any other subcontractors to whom state funds are distributed for pregnancy support services.

(b) The total amount of state funds appropriated and expended by fiscal year for the program since its inception.

(c) If OPPAGA recommends program continuation, recommendations for program improvement and methods to ensure that eligible clients have access to the full range of referral information to make reproductive health decisions.

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

And the title is amended as follows:

Delete line 16

and insert:

based content in informational materials; requiring the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a study to evaluate the effectiveness and cost efficiency of the Pregnancy Support Services Program and provide recommendations as to whether the program should be continued; requiring that the study include the collection and analysis of specified information; requiring OPPAGA to submit a report of its findings and recommendations to the Legislature by a specified date; requiring that the report include specified information and recommendations; providing an

The Florida Senate

Committee Agenda Request

To: Senator Dana D. Young, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: October 25, 2017

I respectfully request that **Senate Bill # 444**, relating to Pregnancy Support Services, be placed on the:

☐ committee agenda at your earliest possible convenience.

☒ next committee agenda.

Aaron Bean

Senator Aaron Bean
Florida Senate, District 4

File signed original with committee office

S-020 (03/2004)

THE FLORIDA SENATE

APPEARANCE RECORD

11-7-17
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

444
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Pregnancy Centers

Name Barbara DeVane

Job Title MS

Address 625 E. Brevard St
Street

Tallahassee FL 32308
City *State* *Zip*

Phone 850-251-4280

Email barbaradevane1@yahoo.com

Speaking: ☐ For ☑ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL NOW (National Organization for Women)

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Topic SB 444

Amendment Barcode (if applicable)

Name MARTY MONROE

Job Title Legislative Advocate

Address 2507 Callaway Rd SUITE 102A
Street

Tallahassee FL 32303
City *State* *Zip*

Phone 850 224-2545

Email LWVFAdvocacy@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing League of Women Voters of FL

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/17
Meeting Date

444
Bill Number (if applicable)

Topic SB 444

Amendment Barcode (if applicable)

Name Kimberly Scott

Job Title Legislative Manager

Address 2300 N. FL. Mango Rd.
Street

Phone 561.296.4952

West Palm Beach FL. 33409
City *State* *Zip*

Email Kimberly.Scott@ppsenfl.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against
(The Chair will read this information into the record.)

Representing FL. Alliance of Planned Parenthood Affiliates

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/17
Meeting Date

444
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Pregnancy Support Services

Name Ingrid Delgado

Job Title Associate for Social Concerns & Respect Life

Address 201 W. Park
Street

Phone

Tallahassee FL 32311
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Conference of Catholic Bishops

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11.7.17
Meeting Date

SB 444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Jaye Schmus

Job Title N/A

Address 3220 Westgate Ct
Street

Tallahassee FL 32304
City *State* *Zip*

Phone 8509011599

Email jschmus72@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing SELF

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/17
Meeting Date

SB444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Jordan Anderson

Job Title

Address 1315 E. Lafayette Street
Street

Phone

Tallahassee FL 32301
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

444
Bill Number (if applicable)

Topic CPCs

Amendment Barcode (if applicable)

Name Hannah Willard

Job Title ~~Equality~~ Senior Policy Director

Address 1627 1/2 E Concord St
Street

Orlando FL 32803
City *State* *Zip*

Phone 407 451 5460

Email hannah@eqfl.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against
(The Chair will read this information into the record.)

Representing Equality Florida

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name E. Monet Shirley

Job Title Student

Address 7321 Springhawk Loop
Street

Tallahassee FL 32305
City *State* *Zip*

Phone 850-363-2430

Email the.monet@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/17
Meeting Date

SB444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Elizabeth P. Shirley

Job Title Commercial Property Inspector

Address 7321 Springhawk loop
Street

Phone 850-574-1194

Tallahassee FL 32305
City *State* *Zip*

Email ehpshirley@yahoo.com

ignore this

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

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11/7/17
Meeting Date

SB444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Patricia Singletary

Job Title —

Address 405 Collinsford Rd
Street

Tallahassee FL 32301
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against
(The Chair will read this information into the record.)

Representing —

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/17
Meeting Date

SB 1414
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Alex Fabrega

Job Title —

Address 289 Timberwood Circle East
Street

Phone

Tallahassee FL 32304
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing —

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB444
Bill Number (if applicable)

Topic Crisis Pregnancy Centers / Pregnancy Support services

Amendment Barcode (if applicable)

Name Gianna Bonner

Job Title student

Address 75 N Woodward Ave
Street

Phone

Tallahassee FL 32313
City *State* *Zip*

Email giannatrocino1@gmail

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Hailey Gentile

Job Title

Address 2064 Holmes Street
Street
Tallahassee FL 32310
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Pregnancy Support Services

Name Stephen Downey

Job Title —

Address 132 Ferndale DR
Street

TLH FL 32301
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing ✓

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-07-2017
Meeting Date

SB 444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name BLANCA QUIÑONEZ

Job Title ACTIVISTA

Address 3301 NE 5th AVE
Street

Phone 786-385-7147

MIAMI FL 33137
City *State* *Zip*

Email blancataurus1221@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA LATINA AVORABY NETWORK

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Topic PREGNANCY SUPPORT SERVICES

Amendment Barcode (if applicable)

Name MARIA "CHARO" VALERO

Job Title STATE POLICY DIRECTOR

Address 8235 NE 2ND AVE
Street

Miami FL 33138
City *State* *Zip*

Phone 786 442 8199

Email CHARO@LATINAINSTITUTE.ORG

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing FLORIDA LATINA ADVOCACY NETWORK

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/16
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Crisis pregnancy bill

Name Cyntia Colas

Job Title ~~Ext chapel dr apt 1412~~ NARAL representative

Address 501 Chapel dr apt 1412
Street

Tallahassee FL 32304
City *State* *Zip*

Phone 561-654-7102

Email cgcolo@my.fsu

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against
(The Chair will read this information into the record.)

Representing NARAL Pro Choice

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Nov 7th 2017
Meeting Date

444
Bill Number (if applicable)

Topic Crisis Pregnancy Centers

Amendment Barcode (if applicable)

Name Annie Filkowski

Job Title Student

Address 1813 1st St S
Street

St Pete FL 33507
City *State* *Zip*

Phone (239) 849-2644

Email filkowski@mail.usf.edu

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Nov 7, 2017
Meeting Date

SB 444
Bill Number (if applicable)

Topic SB 444

Amendment Barcode (if applicable)

Name Bryan Wendell

Job Title Deputy Director Legislative Planning.

Address 2585 Merchants Row Blvd. Phone 850-245-4006
Street

Tallahassee FL 32311 Email bryan.wendell@flhsmv.gov
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL. DOH

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 444
Bill Number (if applicable)

Topic SB 444 Pregnancy Support Services

Amendment Barcode (if applicable)

Name Carol Scoggins

Job Title MCH Section Admn.

Address 4052 Bald Cypress way A13
Street

Tallahassee, FL 32399
City *State* *Zip*

Phone 850 245-4444

Email Carol.Scoggins@flhealth.gov

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL Dept of Health

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

By Senator Bean

4-00186-18 2018444__

A bill to be entitled

An act relating to pregnancy support services; creating s. 381.96, F.S.; providing definitions; requiring the Department of Health to contract with a not-for-profit statewide alliance of organizations to provide pregnancy support services through subcontractors; providing duties of the department; providing contract requirements; requiring the contractor to spend a specified percentage of funds on direct client services; providing for subcontractor background screenings under certain circumstances; requiring the contractor to annually survey subcontractors; specifying the entities eligible for a subcontract; requiring services to be provided in a noncoercive manner; forbidding the inclusion of faith-based content in informational materials; providing an effective date.

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

Section 1. Section 381.96, Florida Statutes, is created to read:

381.96 Pregnancy support services.—

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

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

(b) "Eligible client" means a pregnant woman or a woman who suspects that she is pregnant, and the family of such a woman, who voluntarily seeks pregnancy support services. The period of eligibility may continue for, but may not exceed, 12 months

after the birth of the child.

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

(d) "Pregnancy support services" means services that promote and encourage childbirth, including, but not limited to:

1. Direct client services, such as pregnancy testing, counseling, referral, training, and education for pregnant women and their families.

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

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

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

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

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

(a) Establish, implement, and monitor a comprehensive system of care through subcontractors which meets the pregnancy support and wellness needs of eligible clients.

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

(c) Spend at least 90 percent of contract funds on pregnancy support and wellness services.

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

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

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

(g) Subcontract only with providers that exclusively

promote and support childbirth.

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

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

Section 2. This act shall take effect July 1, 2018.

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 Committee on Health Policy

BILL:	CS/SB 510
INTRODUCER:	Health Policy Committee and Senator Young
SUBJECT:	Health Care Practitioners
DATE:	November 8, 2017 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	**Fav/CS**
2.			GO	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 510 requires physicians, certified advanced registered nurse midwives (ARNP-CNMs), and licensed midwives (LMs) to report adverse incidents occurring as a result of an attempted or completed, planned birthing center or out-of-hospital birth to the Department of Health (DOH). The bill defines an adverse incident and requires the reporting within 15 days after occurrence of the adverse incident. It further requires the DOH to review each adverse incident report and determine whether the incident involves conduct by the health care practitioner which is subject to disciplinary action, and to take disciplinary action if appropriate.

The bill takes effect upon becoming law.

II. Present Situation:

Childbirth Settings

The Legislature has recognized the need for a person to have the freedom to choose the manner, cost, and setting for childbirth.[1] There are three typical settings from which a [2]women may

[1] See s. 467.002, F.S.

[2] See chs. 395, 383.30 – 383.335, and 467, F.S., and Rules 59A-11 and 64B24-7, F.A.C.

choose and plan for childbirth: at home, at a licensed birthing center, or at a hospital.[3,4] There are also four types of licensed health care practitioners from which a women may *choose* to attend her prenatally and at child birth: a physician, physician assistant (PA), certified nurse midwife (ARNP-CNM), and a licensed midwife (LM).[5]

Hospitals

Hospitals are licensed and regulated under ch. 395, F.S., and part II, of chs. 408, F.S., by the Agency for Health Care Administration (ACHA). As of November 2, 2017, 147 hospitals provide obstetrical services.[6]

Section 395.0191, F.S., requires a hospital to establish rules and procedures to grant clinical privileges to provide, among other services, obstetrical and gynecological services by a physician licensed under chs. 458 and 459, F.S., his or her respective PAs, and ARNP-CNMs certified under part I of ch. 464, F.S., if the hospital provides obstetrical services. All health care providers, agents, and employees of a hospital have an affirmative duty to report all adverse incidents occurring in the hospital to the hospital's risk manager within three business days after the occurrence.[7]

An "adverse incident," that must be reported to the hospital's risk manager, is an event over which health care personnel could exercise control, which is associated with medical intervention, and which results in:

- One of the following injuries:
  - Death;
  - Brain or spinal damage;
  - Permanent disfigurement;
  - Fracture or dislocation of bones or joints;
  - A limitation of neurological, physical, or sensory function which continues after discharge from the facility;
  - Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention to which the patient has not given his or her informed consent; or
  - Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident;
- The performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition;

---

[3] Ambulatory Surgical Centers (ASCs) and hospitals are facilities that are licensed and regulated under ch. 395, F.S., similarly. Although an ASC is not prohibited from providing birthing services, it is not a typical birth setting because patients are not authorized to stay in the ASC overnight. Accordingly, this analysis refers to hospitals only.
[4] See ss. 458.331(1)(t), 459.015(1)(w), 456.50(1)(g), and 766.202(7), F.S.; Rules 64B8-9.007 and 64B-15-14.006, F.A.C.
[5] Agency for Health Care Administration, FloridaHealthFinder.gov., *Facility/Provider Search Results*, based on an advanced search of facilities providing emergency obstetrical services, *available at* http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx (last visited Nov. 2, 2017).
[6] Section 395.0197(1)(e), F.S.
[7] Section 395.0197(5), F.S. An annual report summarizing the adverse incidents must be submitted to the AHCA.

- Required surgical repair of damage to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- A procedure to remove unplanned foreign objects left in a patient from a surgical procedure.[8]

Any of the following adverse incidents, whether occurring in the hospital or arising from health care prior to admission, must also be reported by the hospital to the AHCA within 15 calendar days after the occurrence:

- The death of a patient;
- Brain or spinal damage to a patient;
- The performance of a surgical procedure on the wrong patient;
- The performance of a wrong-site surgical procedure;
- The performance of a wrong surgical procedure;
- The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition;
- The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.[9]

Birth Centers

Birth centers are places, not a home, ambulatory surgery center, or hospital, where women with normal, uncomplicated, low risk pregnancies may choose to have their babies.[10] Birth centers are licensed and regulated by the AHCA under ch. 383, F.S., and part II, ch. 408, F.S.; but the clinical staff in the birth centers may be physicians, PAs, ARNP-CNMs, or LMs;[11] who are licensed and regulated by the DOH.

Sections 383.330 through 383.335, F.S., establish minimum standards of care for birth centers. These include among other things:[12]

- Clinical staff to be present during the entire labor and delivery at a licensed birthing center, at a ratio of 2 to 1;[13]
- A pregnant women accepted for childbirth by a birth center be initially determined to be at low maternal risk, and be regularly evaluated throughout the pregnancy; [14]
- The women receive specific prenatal,[15] intrapartum,[16,17] and postpartum care;[18]

[8] Section 395.0197(5), F.S. An annual report summarizing the adverse incidents must be submitted to the AHCA.
[9] Section 395.0197(7), F.S.
[10] Section 383.302(2), F.S.
[11] Section 383.302(3), F.S.
[12] Section 383.309, F.S.
[13] Rule 59A-11.005, F.A.C.
[14] Rule 59A-11.009, F.A.C.
[15] Rule 59A-11.012, F.A.C.
[16] Rule 59A-11.013, F.A.C.
[17] Merriam-Webster On-line Dictionary, *intrapartum* is defined as occurring during labor and delivery. Available at: https://www.merriam-webster.com/medical/intrapartum, (last visited Nov. 2, 2017). *See also* s. 467.003(5), F.S.
[18] Rule 59A-11.016, F.A.C.

- The mother and infant must be discharged within 24 hours of birth, except under unusual circumstances;[19,20]
- A postpartum examination of the mother is required to be performed within 72 hours after delivery;
- If unforeseen complications occur during labor, the client must be transferred to a hospital;[21] and
- Each maternal death, newborn death, and stillbirth must be reported to the medical examiner.[22]

There are no requirements for a birthing center to report adverse incidents to the AHCA or other regulatory entity. However, the birth center is required to audit clinical records at least every three months to evaluate the process and outcome of care;[23] and at least semiannually, to analyze statistics on the following:

- Maternal and perinatal morbidity and mortality;
- Maternal risk;
- Consultant referrals; and
- Transfers.[24]

The birthing center's governing body must examine the results of the record audits and statistical analyses and make such reports available for inspection by the public and licensing authorities.[25]

A written report of all transfers must be maintained and available for quality assurance review and agency inspection. The clinical staff, consultants, and governing body must review and evaluate the criteria, protocols, and emergency transfer reports annually. The findings of the evaluation shall be documented. [26] A report must also be submitted annually to the AHCA that includes:

- Number of deliveries, including birth weight;
- Number of clients accepted and length of stay;
- Number and type of surgical procedures performed;
- Maternal transfers, including reason and length of hospital stay;
- Infant transfers, including weight, days in hospital and APGAR score at five and ten minutes;
- Newborn deaths; and
- Still/Fetal deaths.[27]

[19] Section 383.318, F.S.
[20] See Rule 59A-11.016(6), F.A.C., The mother and infant are to be discharged from the birth center within 24 hours after the birth occurs except when the mother is in a deep sleep when the 24 hour period is completed; or the 24 hour period is completed during the middle of the night.
[21] Section 383.316, F.S.
[22] Section 383.327, F.S.
[23] Section 383.32, F.S.
[24] Id.
[25] Section 383.32(3) and (4), F.S., Rule 59A-11.005(8)(b), F.A.C. Clinical records that identify a patient are confidential in accord with s. 456.057, F.S.
[26] Section 383.316, F.S.
[27] Rule 59A-11.019, F.A.C., and the ACHA Form 3130-3004, February, 2015.

A birthing center's clinical records are confidential under s. 456.057, F.S., and exempt from disclosure under s. 119.07(1), F.S., except:

- Upon a signed patient release; or
- An AHCA review for a licensure survey or complaint investigation.[28]

Home Delivery for Childbirth

The home delivery setting for childbirth is not regulated. Nonetheless, the practices of the physicians, PAs,[29] ARNP-CNMs,[30] and LMs,[31] who may attend a women during an out-of-hospital or home delivery, are licensed and regulated by the DOH.[32]

Health Care Practitioners Who May Provide Child Birth Services

Physicians and PAs

A licensed physician may attend any child birth in any setting, including home delivery, if he or she can do so with reasonable skill and safety, and within the standard of care. It is the physician's responsibility to make the determination of whether a home delivery is appropriate, explain the procedure to the patient, and obtain the patient's informed consent.[33] A physician may also delegate any home delivery to his or her PA under his or her written protocol.[34] There are no specific laws or administrative rules that address the required perinatal care required, or adverse incident reporting, for a patient choosing home delivery by a physician or PA.[35]

Sections 458.351 and 459.026, F.S., require an allopathic and osteopathic physician, and his or her respective PAs, to report to the DOH, any adverse incident in an office practice setting within 15 days after the occurrence. The DOH reviews the incident and makes a determination of whether or not the conduct potentially involves conduct that may be subject to disciplinary action under s 456.073, F.S.

Sections 458.351 and 459.026, F.S., define an "adverse incident" as an event over which a physician or licensee could exercise control and which is associated with a medical intervention which results in the following patient injuries:

- The death of a patient;
- Brain or spinal damage to a patient;
- The performance of a surgical procedure on the wrong patient;
- The performance of a:
  - Wrong-site surgical procedure;
  - Wrong surgical procedure; or
  - The surgical repair of damage to a patient from a planned surgical procedure where the damage is not a recognized specific risk as disclosed to the patient and documented in the

[28] Section 383.32(3), F.S.
[29] See ss. 458.347 and 459.022, F.S.
[30] Section 464.012, F.S.
[31] See ch.467, F.S.
[32] *See* chs.383 and 467, F.S., and Rules 59A-11 and 64B24-7, F.A.C.
[33] Supra note 3.
[34] Id; See also Rules 64B8-30.001 and 64B15-6.001, F.A.C.
[35] See chs. 458 and 459, F.S., and Rules 64B8-9 and 64B15-14, F.A.C.

informed-consent process; if it results in death; brain or spinal damage; permanent disfigurement not including the incision scar; fracture or dislocation of bones or joints; a limitation of neurological, physical, or sensory function; or any condition that required the transfer of the patient.

- A procedure to remove foreign objects remaining from a surgical procedure; or
- Any condition that required the transfer of a patient to a hospital from an ambulatory surgical center or any facility or any office maintained by a physician for the practice of medicine which is not licensed under ch. 395, F.S.

Physicians and PAs are also required to report adverse incidents that occur in a health care facility licensed under ch. 395, F.S.,[36] to the facility's risk manager.

ARNP-CNMs and LMs

An ARNP-CNM's scope of practice for pre-natal care, child birth, and post-partum care is governed by his or her written protocol with the supervising physician, s. 464.012, F.S., and ch. 467, F.S.[37] Section 467.015, F.S., specifically defines a midwife's responsibilities as follows:

- Only accept and provide care for those mothers who are expected to have a normal pregnancy, labor, and delivery;
- Obtain a signed informed consent from the patient;
- Determine if the home is safe and hygienic for a home delivery, if applicable;
- Administer prophylactic ophthalmic medication, oxygen, postpartum oxytocin, vitamin K, rho immune globulin (human), and local anesthetic pursuant to a prescription issued by a doctor, and administer such other medicinal drugs as prescribed by a doctor;
- Prepare a written plan of action with the family to ensure continuity of medical care throughout labor and delivery, and provide for immediate medical care if an emergency arises;
- Instruct the patient and family regarding the preparation of the environment and ensure availability of equipment and supplies needed for delivery and infant care, if a home birth is planned;
- Instruct the patient in the hygiene of pregnancy and nutrition as it relates to prenatal care;
- Maintain appropriate equipment and supplies as defined by rule;
- Determine the progress of labor and, when birth is imminent, be immediately available until delivery is accomplished, including:
  - Maintaining a safe and hygienic environment;
  - Monitoring the progress of labor and the status of the fetus;
  - Recognizing early signs of distress or complications; and
  - Activating the written emergency plan when indicated; and
- Remain with the postpartal mother until the conditions of the mother and the neonate are stabilized.

A midwife may also provide collaborative prenatal and postpartal care to pregnant women not at low risk in their pregnancy, labor, and delivery, within a written protocol with a physician

[36] Section 395.0197((1)(e), F.S.
[37] See ss. 458.347(4), 459.022(4), 464.012(4), F.S., and ch467, F.S.

currently licensed under chs. 458 or 459, F.S., if the physician maintains supervision for directing the specific course of medical treatment.[38]

An ARNP-CNM may also perform a home delivery under a written protocol with a supervising physician. Specific authorities in s. 464.012, F.S., relating to childbirth include:

- Managing a patient's labor and delivery, including performing an amniotomy, episiotomy, and perineal repair;
- Ordering, initiating, and performing appropriate anesthetic procedures;
- Performing postpartum examinations;
- Ordering appropriate medications;
- Providing family-planning services and well-woman care; and
- Managing the medical care of the normal obstetrical patient and the initial care of a newborn patient.

Section 467.015, F.S., permits LMs to accept mothers for prenatal, intrapartal and postpartal care, but only if the mothers are expected to have a normal pregnancy, labor and delivery; and for home delivery, only if the home is safe, hygienic and meets the DOH standards.[39]

Section 467.019, F.S., requires a midwife to immediately report maternal and newborn deaths, and still births, to the medical examiner.

III. Effect of Proposed Changes:

CS/SB 510 creates s. 456.0495, F.S., and defines an "adverse incident, for this section as:

- An event over which a physician, ARNP-CNM or LM could exercise control; and
- Which is associated with an attempted or completed planned out-of-hospital birth, that results in:
  - A maternal death that occurs during delivery or within 42 days after delivery;
  - The transfer of a maternal patient to a hospital intensive care unit;
  - A maternal patient who experiences hemorrhagic shock or who requires a transfusion of more than 4 units of blood or blood products;
  - A fetal or newborn death, including a stillbirth, associated with an obstetrical delivery;
  - A transfer of a newborn to a neonatal intensive care unit due to a traumatic physical or neurological birth injury, including any degree of a brachial plexus injury;
  - A transfer of a newborn to a neonatal intensive care unit within the first 72 hours after birth if the newborn remains in such unit for more than 72 hours; or
  - Any other injury as determined by department rule.

The bill requires a physician, ARNP-CNM, or LM who performs an attempted or completed planned out-of-hospital birth to report an adverse incident to the DOH within 15 days after the adverse incident occurs. The report must include a medical summary.

The bill further requires the DOH to review each incident report to determine whether the incident involves conduct by a practitioner which subjects the practitioner to disciplinary action

[38] Id.

[39] Section 467.015, F.S., and Rule 64B24-7, F.A.C.

by the appropriate board or if there is no board, the DOH. The applicable board, or the DOH if no such board exists, is required to take disciplinary action if appropriate. The DOH must adopt rules to implement this section and develop a form for the reporting of adverse incidents.

The bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

The bill requires physicians, ARNP-CNMs and LMs to report adverse incidents during consensual private home births to a government agency which may violate the State and Federal Constitutions' Right to Privacy contained in Article I, section 22 of the Florida Constitution and inferred in Amendments IV and XIV of the U.S. Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Health care practitioners may experience administrative and potentially other costs as a result of reporting adverse incidents to the department.

C. Government Sector Impact:

The DOH may incur costs related to rulemaking.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 456.0495 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 by Health Policy on November 7, 2017:
The CS:

- Defines an adverse incident that is required to be reported to the DOH, rather than requiring the DOH to define adverse incidents by rule;
- Limits the professionals required to report adverse incidents associated with an attempted or completed, planned out-of-hospital birth to the DOH to physicians, ARNP-CNMs and LMs;
- Substitutes the term newborn for infant as a technical correction; and
- Requires the DOH to review each incident report to determine if it involves conduct that might subject the practitioner to disciplinary action by the appropriate board or the DOH, and to take disciplinary action, if appropriate.

B. Amendments:

None.

103896

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
11/07/2017	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 456.0495, Florida Statutes, is created to read:

456.0495 Reporting adverse incidents occurring in planned out-of-hospital births.—

(1) For purposes of this section, the term "adverse incident" means an event over which a physician licensed under

chapter 458 or chapter 459, a nurse midwife certified under part I of chapter 464, or a midwife licensed under chapter 467 could exercise control and which is associated with an attempted or completed planned out-of-hospital birth, and results in one or more of the following injuries or conditions:

(a) A maternal death that occurs during delivery or within 42 days after delivery;

(b) The transfer of a maternal patient to a hospital intensive care unit;

(c) A maternal patient who experiences hemorrhagic shock or who requires a transfusion of more than 4 units of blood or blood products;

(d) A fetal or newborn death, including a stillbirth, associated with an obstetrical delivery;

(e) A transfer of a newborn to a neonatal intensive care unit due to a traumatic physical or neurological birth injury, including any degree of a brachial plexus injury;

(f) A transfer of a newborn to a neonatal intensive care unit within the first 72 hours after birth if the newborn remains in such unit for more than 72 hours; or

(g) Any other injury as determined by department rule.

(2) A physician licensed under chapter 458 or chapter 459, a nurse midwife certified under part I of chapter 464 or, a midwife licensed under chapter 467 who performs an attempted or completed planned out-of-hospital birth must report an adverse incident, along with a medical summary of events, to the department within 15 days after the adverse incident occurs.

(3) The department shall review each incident report and determine whether the incident involves conduct by a health care


103896

practitioner which is subject to disciplinary action under s. 456.073. Disciplinary action, if any, must be taken by the appropriate regulatory board or by the department if no such board exists.

(4) The department shall adopt rules to implement this section and shall develop a form to be used for the reporting of adverse incidents.

Section 2. This act shall take effect upon becoming law.

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

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to reporting of adverse incidents in planned out-of-hospital births; creating s. 456.0495, F.S.; defining the term "adverse incident"; requiring licensed physicians, certified nurse midwives, and licensed midwives to report an adverse incident and a medical summary of events to the Department of Health within a specified timeframe; requiring the department to review adverse incident reports and determine if conduct occurred that is subject to disciplinary action; requiring the appropriate regulatory board or the department to take disciplinary action under certain circumstances; requiring the department to adopt rules; requiring the department to develop a form to be used for the reporting of adverse incidents; providing an effective date.

THE FLORIDA SENATE

Reset Form

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11-7-17
Meeting Date

SB 510
Bill Number (if applicable)

103896
Amendment Barcode (if applicable)

Topic Adverse Incidn

Name Amy Young

Job Title Lobbyist

Address 3609 Washington Rd.
Street

West Palm Beach FL 33405
City *State* *Zip*

Phone 561-310-8137

Email amylobby@aol.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American Chiropractic Congress of GB-69 N's

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

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11/7/2017
Meeting Date

SB510
Bill Number (if applicable)

103896
Amendment Barcode (if applicable)

Topic Adverse Incident Reporting

Name Andrea K. Friall, MD

Job Title Chief Medical Officer/VP Tallahassee Memorial Healthcare

Address 1304 Live Oak Plantation Road
Street

Phone 850-877-7241

Tallahassee, FL 32312
City *State* *Zip*

Email afriall@nflwc.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American College of Obstetrics and Gynecology

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

Reset Form

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB510
Bill Number (if applicable)

1038946
Amendment Barcode (if applicable)

Topic Adverse Incident Reporting

Name Tanya M Evers

Job Title OB/Gyn Faculty Family Medicine Residency Program TMH

Address 801 Hodges Dr.
Street

Phone 850-431-5430

Tallahassee FL 32308
City *State* *Zip*

Email tanya.evers@tmh.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American College of Obstetrics & Gynecology

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

510
Bill Number (if applicable)

103896
Amendment Barcode (if applicable)

Topic Adverse Incident Reporting

Name Ron Watson

Job Title Lobbyist

Address 3738 Mudun Way
Street

Tallahassee FL 32309
City *State* *Zip*

Phone 850 567-1202

Email watson.strategies@comcast.net

Speaking: [X] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against
(The Chair will read this information into the record.)

Representing Midwife Association of Florida

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [X] Yes [ ] No

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Topic Adverse Incident Reporting

Name Ron Watson

Job Title Lobbyist

Address 3738 Mundon Way
Street

Tallahassee FL 32309
City *State* *Zip*

Phone 850 567-1202

Email Watson.Strategies@comcast.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Midwife Association of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/7/17
Meeting Date

SB 0510
Bill Number (if applicable)

Topic Health Care Practitioners

Amendment Barcode (if applicable)

Name Brenda Fulmer

Job Title Lawyer

Address 19954 Loxahatchee Pointe Dr
Street
Jupiter FL 33458
City *State* *Zip*

Phone 561-686-6300

Email BSF@searcylaw.com

Speaking: [X] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against
(The Chair will read this information into the record.)

Representing Florida Justice Association

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [ ] Yes [X] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

By Senator Young

18-00089-18 2018510__

A bill to be entitled

An act relating to health care practitioners; creating s. 456.0495, F.S.; requiring a health care practitioner to report certain adverse incidents to the Department of Health within a certain period; requiring the department to adopt rules establishing guidelines for reporting specified adverse incidents; providing an effective date.

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

Section 1. Section 456.0495, Florida Statutes, is created to read:

456.0495 Reporting adverse incidents occurring in out-of-hospital births.—

(1) A health care practitioner as defined in s. 456.001(4) shall report any adverse incident, as defined by department rule, occurring as a result of an attempted or completed, planned birthing center or out-of-hospital birth, along with a medical summary of events, to the department within 15 days after the adverse incident occurs.

(2) The department shall adopt rules establishing guidelines for reporting adverse incidents, including, but not limited to:

(a) Maternal deaths that occur during delivery or within 42 days after delivery.

(b) Transfers of maternal patients to a hospital intensive care unit.

(c) Maternal patients who experience hemorrhagic shock or

who require a transfusion of more than 4 units of blood or blood products.

(d) Fetal or infant deaths, including stillbirths, associated with obstetrical deliveries.

(e) Transfers of infants to a neonatal intensive care unit due to a traumatic physical or neurological birth injury, including any degree of a brachial plexus injury.

(f) Transfers of infants to a neonatal intensive care unit within the first 72 hours after birth if the infant remains in such unit for more than 72 hours.

Section 2. This act shall take effect upon becoming a law.

CourtSmart Tag Report

Room: KN 412 **Case No.:** **Type:**
Caption: Senate Health Policy Committee **Judge:**

Started: 11/7/2017 10:04:50 AM
Ends: 11/7/2017 11:08:44 AM Length: 01:03:55

10:04:54 AM Meeting Called to Order
10:05:08 AM Roll Call
10:05:39 AM Quorum Present
10:05:58 AM Pledge of Allegience
10:06:06 AM Tab 3 SB 440 Sen Garcia
10:06:33 AM Sen Garcia explains the bill
10:10:55 AM Chair calls for questions
10:11:02 AM Sen Powell question
10:11:21 AM Sen Garcia responds
10:12:38 AM Jill Gran, Fl Veternas care program waives in support
10:12:56 AM Debate on the bill
10:14:11 AM Roll Call on SB 440
10:14:27 AM SB 440 recorded favorably
10:14:46 AM Tab 5 SB 510
10:14:53 AM Chair Young explains thebill
10:15:06 AM Bar Code 103896
10:16:21 AM Ron Watson, Midwife Assoc of Florida, speaks in support
10:16:53 AM Tanya Evers American College of Obsterics waives in support
10:17:13 AM Andrea Friall, MD waives in support
10:17:16 AM Amy Young, American Congress , waives in support
10:17:33 AM Sen Young waves close
10:17:40 AM Amen adopted
10:17:44 AM SB 510 bill as Amen
10:17:58 AM Brenda Fulmer waives in support in the Amen
10:18:12 AM Ron Watson waives in support
10:18:21 AM Sen Young waives close
10:18:29 AM AA calls roll on CSsb510
10:18:52 AM CSSB recorded favorably
10:19:01 AM SB 434 Sen Passidomo
10:19:16 AM Sen Passidomo explains the bill
10:21:52 AM Questions on bill
10:23:27 AM Sen Benacquisto question
10:24:13 AM Sen Passidomo responds
10:24:33 AM Katherine Smith March of Dimes, waives in support
10:24:43 AM Jill Gran Florida Behavorial, waives in support
10:25:06 AM Florida Coaltion, waives in support
10:25:14 AM Call for debate
10:25:31 AM Sen Passidomo closes
10:25:44 AM AA calls roll
10:25:57 AM SB 434 recorded favorably
10:26:16 AM Tab 1 SB 144
10:26:29 AM Sen Grimsley explains
10:27:14 AM Sen Grimsley waives close
10:27:24 AM AA roll call on SB 144
10:27:34 AM SB 144 recorded favorably
10:28:07 AM Recording Paused (Waiting on Sen. Bean, Tab #4)
10:30:42 AM Recording Resumed
10:30:44 AM Tab 4 SB 444 Sen. Bean
10:35:16 AM AM 825380
10:35:59 AM AM 825380 Adopted
10:36:10 AM AM 373698
10:38:34 AM AM 373698 Fails

10:39:22 AM Questions on SB 444 as amended
10:39:42 AM Sen. Powell
10:40:10 AM Sen. Bean
10:40:28 AM Sen. Powell
10:40:46 AM Sen. Bean
10:40:59 AM Sen. Powell
10:41:09 AM Sen Bean
10:41:41 AM Chair
10:41:45 AM Sen. Montford
10:42:18 AM Sen. Bean
10:42:41 AM Sen. Passidomo
10:44:07 AM Sen. Bean
10:44:22 AM Sen. Book
10:44:53 AM Chair
10:45:10 AM Carol Scoggins, FL Dept. of Health
10:45:29 AM Sen. Book
10:45:41 AM Carol Scoggins, FL Dept. of Health
10:45:47 AM Sen. Book
10:46:09 AM Carol Scoggins, FL Dept. of Health
10:46:22 AM Chair
10:46:29 AM Bryan Wendel, FL Dept. of Health
10:47:19 AM Chair
10:47:32 AM Sen. Bean
10:48:03 AM Chair
10:48:16 AM Sen. Bean
10:48:35 AM Chair
10:48:58 AM Sen. Montford
10:49:06 AM Sen. Bean
10:50:36 AM Chair
10:50:45 AM Sen. Powell
10:51:47 AM Sen. Bean
10:52:50 AM Chair
10:52:53 AM Sen. Book
10:52:55 AM Sen. Bean
10:52:58 AM Sen. Book
10:54:07 AM Sen. Bean
10:54:26 AM Chair
10:54:35 AM Appearance Cards
10:54:37 AM Speaker: Annie Filkowski, Student
10:57:43 AM Waived Speaking: Barbara DeVane, FL NOW
10:58:02 AM Waived Speaking: Marty Monroe, League of Women Voters of FL
10:58:08 AM Waived Speaking: Kimberly Scott, FL Alliance of Planned Parenthood Affiliates
10:58:20 AM Waived Speaking: Ingrid Delgado, FL Conf. of Catholic Bishops
10:58:33 AM Waived Speaking: Jaye Schmus
10:58:38 AM Waived Speaking: Jordan Anderson
10:58:49 AM Waived Speaking: Hannah Willard, Sr. Policy Dir., Equality FL
10:58:56 AM Waived Speaking: E. Monet Shirley, Student
10:59:00 AM Waived Speaking: Elizabeth Shirley, Commercial Prop. Inspector
10:59:07 AM Waived Speaking: Patricia Singletary
10:59:12 AM Waived Speaking: Alex Fublega
10:59:26 AM Waived Speaking: Gianna Bonner, Student
10:59:30 AM Waived Speaking: Haley Gentile
10:59:34 AM Waived Speaking: Stephen Downing
10:59:41 AM Speaker: Blanca Quihonez, FL Latina Advocacy Network
10:59:47 AM Chair
11:02:51 AM Speaker w/ Interpreter: Blanca Quihonez, FL Latina Advocacy Network
11:03:01 AM Waived Speaking: Maria "Charo" Valero, FL Latina Advocacy Network
11:03:04 AM Waived Speaking: Cynthia Colas, Representative, NARAL Pro-Choice
11:03:16 AM Chair
11:03:22 AM Sen. Passidomo
11:04:45 AM Sen. Book
11:05:45 AM Chair

11:05:48 AM Sen. Bean closes on SB 444 as amended
11:07:48 AM Chair
11:07:53 AM Roll Call
11:07:59 AM SB 444 recorded as Fav/CS
11:08:23 AM Move to Adjourn