

Tab 1	SB 330 by Boyd (CO-INTRODUCERS) Rouson; (Identical to H 01617) Behavioral Health Teaching Hospitals						
718326	D	S	RCS	AHS, Boyd	Delete everything after	02/14 09:53 AM	
495660	AA	S	RCS	AHS, Boyd	btw L.279 - 280:	02/14 09:53 AM	
Tab 2	CS/SB 536 by CF, Garcia; (Compare to CS/CS/H 01061) Community-based Child Welfare Agencies						
418884	A	S	RCS	AHS, Garcia	Delete L.172 - 399:	02/13 05:18 PM	
Tab 3	CS/SB 776 by CF, Powell; (Similar to CS/H 00409) Temporary Cash Assistance Eligibility						
Tab 4	CS/SB 964 by BI, Calatayud; (Similar to CS/H 00885) Coverage for Biomarker Testing						
355234	A	S	RCS	AHS, Calatayud	Delete L.195:	02/13 05:33 PM	
Tab 5	SB 1008 by Grall (CO-INTRODUCERS) Book; (Similar to CS/H 00975) Background Screening Requirements for Health Care Practitioners						
182152	A	S	RS	AHS, Grall	Before L.55:	02/14 10:25 AM	
581238	SA	S	RCS	AHS, Grall	Before L.55:	02/14 10:25 AM	
501850	A	S	RCS	AHS, Grall	Delete L.84:	02/14 10:25 AM	
Tab 6	SB 1118 by Harrell; (Similar to H 01069) Nursing Education Programs						
Tab 7	CS/SB 1180 by CF, Harrell; (Compare to CS/CS/H 01065) Substance Abuse Treatment						
404988	A	S	RCS	AHS, Harrell	Delete L.160:	02/13 05:45 PM	
319400	A	S	RCS	AHS, Harrell	btw L.168 - 169:	02/13 05:45 PM	
Tab 8	SB 1442 by Grall; (Identical to H 01609) Pregnancy Support Services						
104564	D	S	RCS	AHS, Grall	Delete everything after	02/13 05:49 PM	
Tab 9	CS/SB 1612 by HP, Brodeur; (Identical to CS/H 01259) Adult Cardiovascular Care Standards						
Tab 10	CS/SB 1798 by HP, Trumbull; (Identical to CS/CS/H 00935) Home Health Care Services						

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

MEETING DATE: Tuesday, February 13, 2024
TIME: 1:30—5:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

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

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 330 Boyd (Identical H 1617)	Behavioral Health Teaching Hospitals; Creating part VI of ch. 395, F.S., entitled "Behavioral Health Teaching Hospitals"; defining the terms "agency" and "behavioral health teaching hospital"; specifying the manner in which hospitals may seek designation as a behavioral health teaching hospital; establishing the Florida Center for Behavioral Health Workforce within the Louis de la Parte Florida Mental Health Institute for a specified purpose; establishing the Florida Behavioral Health Professions Scholarship and Grants Program, subject to an appropriation, to be administered by the center, etc. AHS 02/13/2024 Fav/CS AP	Fav/CS Yeas 11 Nays 0
2	CS/SB 536 Children, Families, and Elder Affairs / Garcia (Compare CS/H 1061)	Community-based Child Welfare Agencies; Revising requirements for contracts the Department of Children and Families has with community-based care lead agencies; requiring the lead agency's board of directors to disclose any known, actual, or potential conflicts of interest; revising community-based care lead agency duties; requiring that the allocation of core services funds be based on a three-tiered payment model; revising requirements for lead agency practices in the procurement of commodities and contractual services, etc. CF 01/17/2024 Fav/CS AHS 02/13/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
3	CS/SB 776 Children, Families, and Elder Affairs / Powell (Similar CS/H 409)	Temporary Cash Assistance Eligibility; Providing that benefits may not be denied to certain victims of human trafficking, etc. CF 02/06/2024 Fav/CS AHS 02/13/2024 Favorable FP	Favorable Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
 Tuesday, February 13, 2024, 1:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 964 Banking and Insurance / Calatayud (Similar CS/H 885)	Coverage for Biomarker Testing; Requiring the Department of Management Services to provide coverage of biomarker testing for specified purposes for state employees' state group health insurance plan policies issued on or after a specified date; requiring state group health insurance plans to provide enrollees and participating providers with a clear and convenient process for authorization requests for biomarker testing; authorizing the Agency for Health Care Administration to pay for biomarker testing under the Medicaid program for specified purposes, subject to specific appropriations; requiring that Medicaid recipients and participating providers be provided a clear and convenient process for authorization requests for biomarker testing, etc. BI 02/06/2024 Fav/CS AHS 02/13/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
5	SB 1008 Grall (Similar CS/H 975, Compare CS/H 1549, CS/S 7016)	Background Screening Requirements for Health Care Practitioners; Expanding certain background screening requirements to apply to all health care practitioners, rather than specified practitioners; requiring health care practitioners licensed before a specified date to comply with the background screening requirements by a specified date, etc. HP 01/30/2024 Favorable AHS 02/13/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
6	SB 1118 Harrell (Similar H 1069)	Nursing Education Programs; Revising application requirements for nursing education program approval; revising requirements for annual reports approved programs are required to submit to the board; authorizing agents of the Department of Health to conduct onsite evaluations and inspections of approved and accredited nursing education programs; deleting a provision authorizing approved nursing education programs to request an extension to meet the board's accreditation requirements, etc. HP 02/06/2024 Favorable AHS 02/13/2024 Favorable RC	Favorable Yeas 7 Nays 3

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
 Tuesday, February 13, 2024, 1:30—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	CS/SB 1180 Children, Families, and Elder Affairs / Harrell (Compare CS/CS/H 1065, H 1583, CS/S 1636)	Substance Abuse Treatment; Providing the levels of care at certified recovery residences and their respective levels of care for residents; defining the term “community housing”; requiring the certified recovery residence to retain a certified recovery residence administrator if the previous certified recovery residence administrator has been removed due to any reason; prohibiting certified recovery residences, on or after a specified date, from denying an individual access to housing solely for being prescribed federally approved medications from licensed health care professionals, etc. CF 02/06/2024 Fav/CS AHS 02/13/2024 Fav/CS AP	Fav/CS Yeas 10 Nays 0
8	SB 1442 Grall (Identical H 1609)	Pregnancy Support Services; Establishing the Florida State Maternity Housing Grant Program within the Department of Health; requiring the program to provide certain resources; requiring the department to use grant funds for specified expenses; providing a limitation on the amount of grants awarded under the program, etc. HP 02/06/2024 Favorable AHS 02/13/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
9	CS/SB 1612 Health Policy / Brodeur (Identical CS/H 1259)	Adult Cardiovascular Care Standards; Revising requirements for rules the Agency for Health Care Administration is required to adopt, to allow a Level I Adult Cardiovascular Services program to use certain additional tools in the treatment of adult percutaneous cardiac intervention, etc. HP 02/06/2024 Fav/CS AHS 02/13/2024 Favorable RC	Favorable Yeas 11 Nays 0
10	CS/SB 1798 Health Policy / Trumbull (Identical CS/CS/H 935)	Home Health Care Services; Authorizing advanced practice registered nurses and physician assistants to order or write prescriptions for certain Medicaid services, etc. HP 02/06/2024 Fav/CS AHS 02/13/2024 Favorable FP	Favorable Yeas 11 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 Appropriations Committee on Health and Human Services

BILL: CS/SB 330

INTRODUCER: Appropriations Committee on Health and Human Services and Senator Boyd

SUBJECT: Behavioral Health Teaching Hospitals

DATE: February 15, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Tuszynski	McKnight	AHS	Fav/CS
2.			AP	

I. Summary:

CS/SB 330 creates a new “behavioral health teaching hospital” designation within ch. 395, F.S. to mean a licensed community-based hospital that has partnered with a state university school of medicine and offers specific behavioral health education.

The bill designates four medical school and hospital partnerships as 3-year pilot behavioral health teaching hospitals (BHTH). The bill requires these pilots to meet the designation criteria by the end of the pilot on July 1, 2027.

After the end of the 3-year pilot, the bill requires the Department of Children and Families (DCF) in coordination with other stakeholders, to provide a report on the effectiveness and barriers to implementation of the BHTH model as well as make certain recommendations on how to enhance the model, including whether to expand BHTHs beyond the original designees. This report is due by July 1, 2028.

The bill establishes the Florida Center for Behavioral Health Workforce (Center) within the University of South Florida’s Louis de la Parte Florida Mental Health Institute. The Center will:

- Design and implement a longitudinal study to analyze issues of workforce supply and demand in behavioral health professions in the state, including recruitment, retention, and other workforce issues;
- Develop a statewide plan with recommendations for systemic changes and strategies;
- Enhance and promote behavioral health professionals; and
- Convene various stakeholders to review the Center’s analysis, recommend systemic changes, and evaluate and report the results to the Legislature.

The bill also requires the DCF to contract for a study of Florida’s forensic, voluntary and involuntary civil commitment, and statewide inpatient psychiatric program bed capacity. The study must be completed by January 31, 2025.

The bill has a significant, negative impact on state expenditures and provides appropriations to implement provisions of the bill. *See* Section V., Fiscal Impact Statement.

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

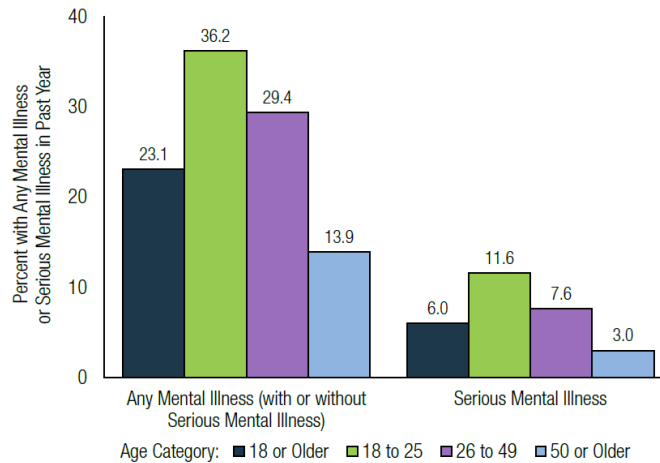
II. Present Situation:

Behavioral Health

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.¹ Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions.²

In 2022, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 23.1 percent of the U.S. population experienced some form of mental illness, known as any mental illness (AMI); this is approximately 59.3 million Americans.³ Of that 59.3 million Americans, 6 percent experienced a serious mental illness (SMI).^{4,5}

**Any Mental Illness (AMI) or Serious Mental Illness (SMI)
in the Past Year: Adults aged 18 or Older⁶**



¹ The American Medical Association, *What is behavioral health?*, available at <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health> (last visited Jan. 12, 2024).

² *Id.*

³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*, pg. 40, available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nmr.pdf> (last visited Jan. 12, 2024).

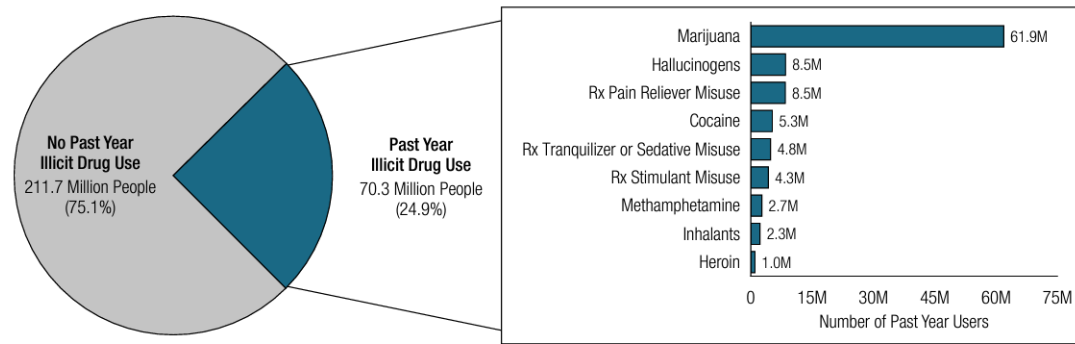
⁴ *Id.*, pg. 41.

⁵ Serious Mental Illness (SMI) is commonly defined as mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities; National Institutes of Mental Health, *Mental Illness*, available at <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Jan. 12, 2024).

⁶ Serious Mental Illness (SMI) is commonly defined as mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities; National Institutes of

In 2022, this same study collected illicit drug use information and estimates that 70.3 million people aged 12 or older used illicit drugs, the most common of these drugs being marijuana.⁷

Illicit Drug Use in the Past Year: Among People Aged 12 or Older⁸



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

The Health Care Workforce Shortage

The term “health care workforce” means health care professionals working in health service settings. Physicians and nurses make up the largest segments of the health care workforce.⁹ The United States has a health care professional shortage nationwide and this shortage is predicted to continue into the foreseeable future and will likely worsen as the aging U.S. population continues to grow¹⁰ and the expanded access to health care resulting from the federal Affordable Care Act.¹¹ Aging populations create a disproportionately higher health care demand due to seniors having a higher per capita consumption of health care services than younger populations.¹²

Mental Health, Mental Illness, available at <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Jan. 12, 2024).

⁷ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health*, pg. 14, available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf> (last visited Jan. 12, 2024).

⁸ *Id.*

⁹ Spencer, Ph.D., M.P.H., Emma, Division Director, Division of Public Health Statistics and Performance Management, The Department of Health, *Florida’s Physician and Nursing Workforce*, presented in Florida Senate Health Policy Committee meeting Nov. 14, 2023, published Nov. 15, 2023, (on file with the Senate Health Policy Committee).

¹⁰ The U.S. population is expected to increase by 79 million people by 2060, and average of 1.8 million people each year between 2017 and 2060. See U.S. Census Bureau, *Demographic Turning Points for the U.S.; Population Projections for 2020 to 2060* (February 2020), available at <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf> (last visited Jan. 14, 2024).

¹¹ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*, (June 2021), available at <https://www.aamc.org/media/54681/download> (last visited Jan. 14, 2024).

¹² The nation’s 65-and-older population is projected to nearly double in size in coming decades, from 49 million in 2016 to 95 million people in 2060. See: U.S. Census Bureau, *U.S. and World Population Clock*, available at <https://www.census.gov/popclock/>, and U.S. Census Bureau, *U.S. Population Projected to Begin Declining in Second Half of Century* (Nov. 9, 2023), available at <https://www.census.gov/newsroom/press-releases/2023/population-projections.html> (both sites last visited Jan. 10, 2024).

Additionally, as more individuals qualify for health care benefits, there will likely be a greater demand for more health care professionals to provide these services.

Health Care Professional Shortage Areas

A health care professional shortage area (HPSA) is a geographic area, population group, or health care facility designated by the U.S. Health Resources & Services Administration (HRSA) as having a shortage of health professionals. There are three categories of HPSA: primary care, dental health, and mental health.¹³ As of September 30, 2023, there are 304 primary care HPSAs, 266 dental HPSAs, and 228 mental health HPSAs designated within Florida. To eliminate these recognized shortages, it would take an additional 1,803 primary care physicians, 1,317 dentists, and 587 psychiatrists.¹⁴

Each HPSA is given a score by the HRSA indicating the severity of the shortage in that area, population, or facility. The scores for primary care and mental health HPSAs can be between 0 and 25 and between 0 and 26 for dental health HPSAs, with a higher score indicating a more severe shortage.¹⁵

Florida's Behavioral Health Workforce Shortage

Challenges for the Behavioral Health Workforce

Several factors affect the ability of the behavioral health workforce to provide quality care. However, one of the greatest is population demographics and the lack of workforce to provide the necessary care.¹⁶ Youth behavioral concerns are on the rise as well as a growing and unique behavioral health need among older adults.¹⁷ It is estimated that by 2060, the number of adults aged 65 and older is projected to increase by 54 percent, compared to only a 9 percent increase in the total U.S. population.¹⁸

¹³ *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>, (last visited Jan. 13, 2024).

¹⁴ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs> (last visited December 4, 2023). To generate the report, select "Designated HPSA Quarterly Summary."

¹⁵ HRSA, *Scoring Shortage Designations*, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>, (last visited Jan. 13, 2024).

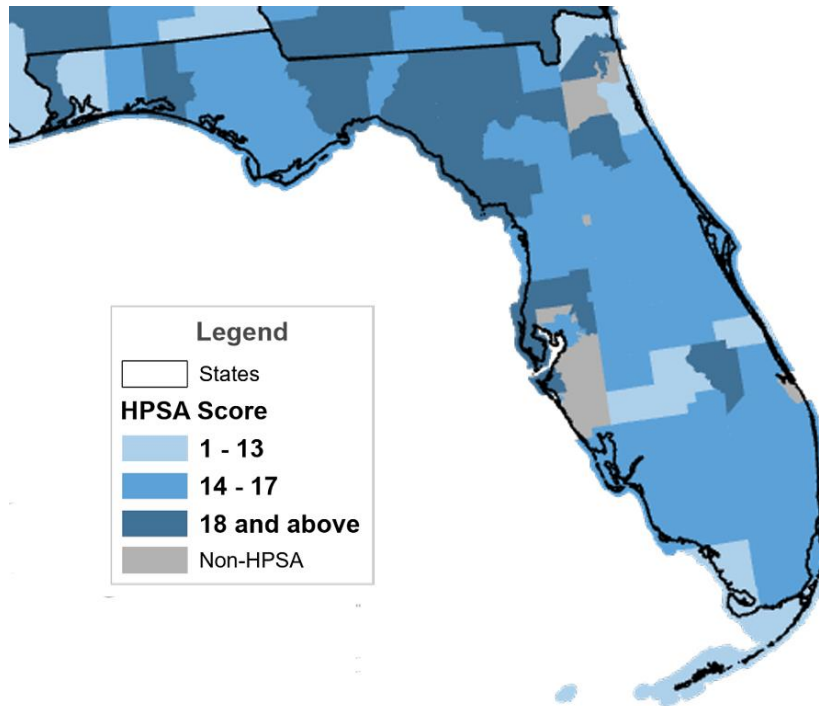
¹⁶ See HRSA, Health Workforce, *Behavioral Health Workforce Brief, 2023*, available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf> (last visited Jan. 13, 2024).

¹⁷ *Id.*

¹⁸ U.S. Census Bureau, *2022 National Population Projections Tables: Main Series Table 2, projected age and sex composition of the population, 2022*, available at <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html> (last viewed Jan. 15, 2024).

Florida’s Mental Health HPSAs

As of January 2024, Florida has 19 geographical area mental health HPSAs, six of which have a score between zero and 13, and thirteen with scores between 14 and 25.¹⁹ Below is a map of mental health HPSAs in Florida, detailing the associated HPSA score, indicating HPSAs involving every county.²⁰



Today, HRSA’s National Center for Health Workforce Analysis projects that Florida is at a 73 percent overall adequacy rate²¹ for the behavioral health workforce.²² The Center projects an overall adequacy rate for the behavioral health workforce of only 60 percent by 2030.²³

Behavioral Health Education

Graduate Medical Education for Psychiatry

The continuum of formal physician education begins with undergraduate medical education in an allopathic or osteopathic medical school. U.S. medical schools confer the M.D. or D.O. degree. U.S. graduates with these degrees combine with some of the graduates of non-U.S. medical

¹⁹ HRSA, *Health Workforce Shortage Areas*, available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (last visited Jan. 15, 2024).

²⁰ *Id.*

²¹ Workforce Adequacy rate is calculated by dividing the projected supply of workforce by the projected demand of workforce as calculated by HRSA.

²² HRSA, *Workforce Projections*, available at <https://data.hrsa.gov/topics/health-workforce/workforce-projections> (last visited Jan. 15, 2024); HRSA’s “Behavioral Health Workforce” includes: Psychiatrists (adult and pediatric), Addiction Counselors, Child, Family, & School Social Workers, Marriage & Family Therapists, Substance Abuse Social Workers, Mental Health Counselors, Psychiatric Aides, Psychiatric Assistants, Psychologists, and School Counselors.

²³ *Id.*

schools in competing for residency program slots. Graduate medical education, or GME, is the post-graduate period often called residency training. GME has evolved from an apprenticeship model to a curriculum-based education program. Learning is still predominantly based on resident participation in patient care, under supervision, with increasing independence through the course of training.²⁴ Most residency programs are sponsored by and take place in large teaching hospitals and academic health centers. However, as health care services are increasingly provided in ambulatory and community-based settings, residency training is beginning to expand to non-hospital sites.²⁵ Every U.S. state requires residency training to receive an unrestricted license to practice medicine.²⁶

Graduate Education for Clinical Psychologists

The formal education of a Clinical Psychologist usually begins with an undergraduate degree in psychology followed by a doctoral degree in psychology from an accredited education institution.²⁷ Most doctoral degrees take five to seven years to complete with a requirement to pass a comprehensive exam and write and defend a dissertation.²⁸ Florida law requires two years or 4,000 hours of supervised experience for licensure.²⁹ If the doctoral student wants to practice as a psychologist in a clinical setting, the student will also have to complete a one-year internship as part of their doctoral study for their selected area of practice.³⁰

Behavioral Health Workforce Education and Training

In addition to Psychiatry, HRSA recognizes many education and training programs as Behavioral Health Workforce, to include programs at accredited institutions of higher education in psychology, school psychology, psychiatric nursing, social work, marriage and family therapy, occupational therapy, school counseling, and professional addiction and mental counseling.³¹ These types of programs vary in length and degree, but are all part of integrated behavioral health workforce education and training.

²⁴ *Graduate Medical Education That Meets the Nation's Health Needs*, Committee on the Governance and Financing of Graduate Medical Education; Board on Health Care Services; Institute of Medicine; Eden J, Berwick D, Wilensky G, editors. Washington (DC): National Academies Press (US); 2014 Sep 30. 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK248032/>, (last visited Jan. 14, 2024).

²⁵ *Id.*

²⁶ *Id.*

²⁷ American Psychological Association, *A Career in Clinical or Counseling Psychology*, available at <https://www.apa.org/education-career/guide/subfields/clinical/education-training> (last visited Jan. 16, 2024).

²⁸ *Id.*

²⁹ Section 490.005, F.S.; Rule 64B19-11.005, F.A.C.;

³⁰ American Psychological Association, *A Career in Clinical or Counseling Psychology*, available at <https://www.apa.org/education-career/guide/subfields/clinical/education-training> (last visited Jan. 16, 2024).

³¹ HRSA, Health Workforce, *Projecting Health Workforce Supply and Demand*, available at <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand> (last visited Jan. 15, 2024); See HRSA, *Behavioral Health Workforce Education and Training (BHWET) Program for Professionals*, available at <https://www.hrsa.gov/grants/find-funding/HRSA-21-089> (last visited Jan. 12, 2024).

The Florida Mental Health Act

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.³² The Baker Act provides legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.³³ Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.³⁴

Involuntary Examination

An involuntary examination is required if there is reason to believe that the person has a mental illness and, because of his or her mental illness, has refused voluntary examination, or is likely to refuse to care for himself or herself to the extent that such refusal threatens to cause substantial harm to his or her well-being and such harm is unavoidable through help of willing family members or friends, or will cause serious bodily harm to himself or herself or others in the near future based on recent behavior.³⁵

An involuntary examination may be initiated by:

- A court entering an ex parte order stating that a person appears to meet the criteria for involuntary examination, based on sworn testimony;³⁶
- A law enforcement officer taking a person who appears to meet the criteria for involuntary examination into custody and delivering the person or having him or her delivered to a receiving facility for examination;³⁷ or
- A physician, clinical psychologist,³⁸ psychiatric nurse,³⁹ an autonomous advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination, including a statement of the practitioner's observations supporting such conclusion.⁴⁰

³² Sections 394.451-394.47892, F.S.

³³ Section 394.459, F.S.

³⁴ Sections 394.4625, 394.463, and 394.4655, F.S.

³⁵ Section 394.463(1), F.S.

³⁶ Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.

³⁷ Section 394.463(2)(a)2., F.S. The officer must execute a written report detailing the circumstances under which the person was taken into custody, and the report must be made a part of the patient's clinical record.

³⁸ Section 394.455(5), F.S., defines a "clinical psychologist" as a Florida-licensed psychologist with three years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure, or a psychologist employed by a facility operated by the U.S. Department of Veterans Affairs that qualifies as a receiving or treatment facility.

³⁹ Section 394.455(36), F.S., defines a "psychiatric nurse" as a Florida-licensed advanced practice registered nurse who has a master's or doctoral degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has two years of post-master's clinical experience under the supervision of a physician.

⁴⁰ Section 394.463(2)(a)3., F.S. The report and certificate shall be made a part of the patient's clinical record.

Involuntary patients must be taken to either a public or private facility that has been designated by the DCF as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold, or refer, as appropriate, involuntary patients under emergency conditions for psychiatric evaluation and to provide short-term treatment or transportation to the appropriate service provider.⁴¹

Involuntary Placement

If an individual continues to be in need of services, a treatment facility may petition the court to order either involuntary inpatient treatment or involuntary outpatient treatment for the individual.⁴² Any petition for continued involuntary treatment, whether inpatient or outpatient, must be supported by the opinion of a psychiatrist, and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the patient within the preceding 72 hours and determined that the criteria for involuntary services are met.⁴³ In a hearing on such petitions, a court may issue an order for involuntary outpatient services, involuntary inpatient services, or an involuntary assessment, appoint a guardian, or order the patient's discharge.⁴⁴

Voluntary Admissions

Baker Act receiving facilities may also admit any person 18 years of age or older making application by express and informed consent for admission, or any person age 17 or younger for whom such application is made by his or her guardian.⁴⁵ If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, a person 18 years of age or older may be admitted to the facility.⁴⁶ A person 17 years of age or younger may only be admitted after a clinical review to verify the voluntariness of the minor's assent.

Louis de la Parte Florida Mental Health Institute

Section 1004.44, F.S., establishes the Louis de la Parte Florida Mental Health Institute (FMHI) within the University of South Florida. The purpose of the FMHI is to strengthen mental health services throughout the state by providing technical assistance and support to mental health agencies and professionals.⁴⁷ Such assistance and services include:

- Technical training and specialized education.
- Development, implementation, and evaluation of mental health services programs.
- Evaluation of availability and effectiveness of existing mental health services.
- Analysis of factors that influence the incidence and prevalence of mental and emotional disorders.

⁴¹ Section 394.455(40), F.S.

⁴² See ss. 394.4655 and 394.467, F.S.

⁴³ Sections 394.4655(3)-(4), F.S., for involuntary outpatient services, and ss. 394.467(2)-(4), F.S., for involuntary inpatient services.

⁴⁴ Section 394.4655(7), F.S., for involuntary outpatient services, and ss. 394.467(6), F.S., for involuntary inpatient services.

⁴⁵ Section 394.4625(1)(a), F.S.

⁴⁶ *Id.*

⁴⁷ Section 1004.44(1), F.S.

- Dissemination of information about innovations in mental health services.
- Consultation on all aspects of program development and implementation.
- Provisions for direct client services, provided for a limited period of time either in the institute facility or in other facilities within the state, and limited to purposes of research or training.

Over the past 50 years, the FMHI and its partners have worked on issues involving mental health, substance use, co-occurring disorders, criminal justice, aging, and child welfare across the lifespan.⁴⁸

Slots for Doctors

In 2023, the Legislature created the Slots for Doctors program to require the Agency for Health Care Administration to annually allocate \$100,000 to hospitals and qualifying institutions for each newly created graduate medical education residency slot that is filled on or after June 1, 2023, and remains filled thereafter.⁴⁹ The new slot must be accredited by the Accreditation Council for Graduate Medical Education or the Osteopathic Postdoctoral Training Institution in an initial or established accredited training program which is in a physician specialty or subspecialty in a statewide supply-and-demand deficit. The program is designed to generate matching funds under the Medicaid program and distribute those funds to participating hospitals and qualifying institutions.

Training, Education, and Clinicals in Health (TEACH) Funding Program

The TEACH Funding Program is created in SB 7016 (2024), the Live Healthy bill. The program is created to provide a high-quality educational experience with “qualified facilities,” defined as federally qualified health centers, community mental health centers, rural health clinics, and certified community behavioral health clinics. The program does this by providing specific funding to offset the administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners. The program is intended to be used to support the state Medicaid program and underserved populations by expanding the available health care workforce. The qualified facilities under TEACH that operate residency programs may not be reimbursed more than \$100,000 per fiscal year.

III. Effect of Proposed Changes:

Section 1 creates Part VI of ch. 395, F.S., and entitles it “Behavioral Health Teaching Hospitals.” This creates a specific hospital designation that is further defined and detailed in the bill’s language.

Section 2 creates s. 395.901, F.S., in newly created Part VI, and defines the term “agency” to mean the Agency for Health Care Administration (AHCA) and the term “behavioral health teaching hospital” to mean a licensed community-based hospital that has partnered with a state

⁴⁸ University of South Florida, College of Behavioral & Community Sciences, Louis de la Parte Florida Mental Health Institute Annual Report 2022, pg. 1, available at

https://www.usf.edu/cbcs/fmhi/documents/2022_annual_report/annual_report_22.pdf (last visited Jan. 16, 2024).

⁴⁹ Chapter 2023-243, Laws of Florida; codified as s. 409.909(6), F.S.

university school of medicine and offers specific behavioral health education as detailed in newly created s. 395.902, F.S.

The bill also provides legislative findings and intent to highlight the purpose of creating the new behavioral health teaching hospital (BHTH) designation and highlight the intent of the Legislature to pilot BHTHs to develop and implement a statewide model.

Section 3 creates s. 395.902, F.S., and details how a hospital, in partnership with a university school of medicine, may seek designation as a BHTH. Specifically, the bill requires the hospital to meet the following criteria:

- Offer a psychiatric residency program accredited through the Accreditation Council of Graduate Medical Education;
- Offer a postdoctoral clinical psychology fellowship program accredited by the American Psychological Association;
- Develop and maintain a consultation agreement with the Louis de la Parte Florida Mental Health Institute (FMHI), including the newly created Florida Center for Behavioral Health Workforce (Center); and
- Develop and submit a plan to the Department of Children and Families (DCF) and Center that meets all of the following:
 - Promotes the development of integrated behavioral health workforce educational programs to include practicums and internships for both clinical and nonclinical behavioral and physical health professions;
 - Promotes a coordinated system of care which offers specific treatment and services;
 - Coordinates and promotes innovated partnerships that integrate colleges and schools of nursing, psychology, social work, pharmacy, public health, and other relevant disciplines with existing local and regional programs, clinics, and resources;
 - Develops processes to identify local gaps in access to inpatient care;
 - Builds capacity in safety net inpatient and outpatient behavioral health services; and
 - Provides bed capacity to support state hospital needs.

The bill names, as 3-year pilots, the following partnerships as designated BHTHs, notwithstanding meeting the designation criteria, to allow them to be part of the development and implementation of the model:

- The University of South Florida Morsani College of Medicine and Tampa General Hospital.
- The University of Florida School of Medicine and UF Health Shands Hospitals in both Gainesville and Jacksonville.
- The University of Miami Miller School of Medicine and Jackson Memorial Hospital.

These pilot BHTHs are required to meet designation requirements by July 1, 2027.

The bill requires designated BHTHs to annually report to the DCF the current status of the program, including, but not limited to:

- Number of residents;
- Number of postdoctoral clinical psychology fellows;
- Status and details of the consultation agreement with the FMHI and Center; and
- Status and implementation details of the overall BHTH plan required for designation.

Upon completion of the 3-year pilot, the bill also requires a report by the DCF, in collaboration with the Center, the pilot BHTHs, and other relevant stakeholders. The report must, at a minimum:

- Evaluate the effectiveness of the BHTH model.
- Discuss barriers to the implementation and operation of the model.
- Recommend policy changes to enhance the model to better meet the intent of the Legislature.
- Evaluate and recommend whether the state should maintain the original designated pilot BHTH locations or detail the necessity for and recommend the expansion of the model to new partnership sites.

Section 4 amends s. 409.91256, F.S., as created in SB 7016, Regular Session 2024, the “Live Healthy” bill. The section creates the Training, Education, and Clinicals in Health (TEACH) funding program that provides funds to certain qualified facilities to offset administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners.

The bill adds BHTHs to the definition of “qualified facilities” in that section to allow BHTHs to access those funds.

Section 5 amends s. 1004.44, F.S., to establish the Center within the Louis de la Parte FMHI. The Center is created to address issues of workforce supply and demand in behavioral health professions. The goals of the center are to design and implement a longitudinal study of the state’s behavioral health workforce, develop a strategic statewide plan for the behavioral health workforce, and enhance and promote behavioral health professionals in the state.

The bill requires the Center to design and implement a longitudinal study that, at a minimum:

- Produces a biennial data-driven analysis of the supply and demand of the behavioral health workforce by:
 - Identifying and defining specific professions to be considered “behavioral health professions;”
 - Establishing and maintaining a database on supply and demand of the workforce; and
 - Analyzing the current and future supply and demand in the state.
- Develop recommendations and strategies to increase behavioral health professions.
- Develop best practices in academic preparation and continuing education needs for behavioral health professionals.
- Collect data on behavioral health profession employment, distribution, and retention.

The bill requires the Center to develop a strategic plan that:

- Pilots innovative projects to support the recruitment, development, and retention of qualified behavioral health professionals.
- Encourages and coordinates the development of academic-practice partnerships, to support behavioral health faculty employment and advancement.
- Develops distance-learning infrastructure and the evidence-based use of technology, simulation, and distance learning.

To enhance and promote behavioral health professionals, the bill also requires the Center to develop and promote:

- Behavioral health excellence programs;
- Reward, recognition, and renewal activities; and
- Media and image building efforts.

The bill requires the Center to convene various stakeholders to include the Commission on Mental Health and Substance Use Disorder to review the Center's analysis, recommend systemic changes, and evaluate and report the results to the Legislature.

To assist in the implementation of these required duties, the Center may request from the licensing boards of behavioral health professions any information held by the board regarding a professional licensed in the state or holding a multistate license, other than personal identifying information.

The Center must submit an annual report to the Governor, the President of the Senate, and the Speaker of the House by January 10 of each year.

The bill grants the Board of Governors and State Board of Education, in consultation with the Center, rulemaking authority to adopt necessary rules to implement this section beginning in the 2025-2026 fiscal year.

Section 6 requires the DCF to contract for a study of Florida's forensic, voluntary and involuntary civil commitment, and statewide inpatient psychiatric program bed capacity. The study must be completed by January 31, 2025, and at a minimum include:

- An analysis of Florida's bed capacity in forensic, civil commitment, and statewide inpatient psychiatric programs.
- Policy recommendations for ensuring sufficient involuntary commitment bed capacity.
- An evaluation of maintaining civil commitment beds as a requirement for designation as a BHTH to include potential costs related to capital outlay, enhanced bed rate, and staffing requirements.
- Recommendations for promoting coordination between Florida's involuntary commitment system, BHTHs, and other integrated health programs.

Section 7 of the bill provides an appropriation of \$1 million in nonrecurring funds from the General Revenue Fund to the DCF to contract for a detailed study of the state's forensic, civil commitment, and state inpatient psychiatric program bed capacity.

Section 8 of the bill provides an appropriation of \$5 million in recurring funds from the General Revenue Fund to the University of South Florida/FMHI to implement and operate the Center.

Section 9 of the bill provides an appropriation of \$6 million, \$2.6 million in recurring funds from the General Revenue Fund and \$3.4 million in recurring funds from the Medical Care Trust Fund, to the AHCA to fund 10 Slots for Doctors residency positions for each designated pilot BHTH at an increased rate of \$150,000 per position.

Section 10 of the bill provides an appropriation of \$100 million in nonrecurring funds from the General Revenue Fund to DCF's Grants and Donation Trust Fund for the development and implementation of the behavioral health teaching hospital model. The funds are to be placed in reserve. The release of the funds is contingent upon the submission of an equitable allocation and detailed spending plan including operating and capital expenditures, developed in consultation with the pilot behavioral health teaching hospitals (BHTHs).

The funds must be used to develop and implement the BHTH model and provided to the pilot BHTHs to meet the requirements necessary for designation and may be used for fixed capital outlay, to include facility upgrades, operations, and other expenses

Section 11 of the bill provides an appropriation of \$2 million in recurring funds from the General Revenue Fund to the AHCA to be equitably distributed to each pilot designated BHTH through the Training, Education, and Clinicals in Health (TEACH) Funding Program established in s. 409.91256, Florida Statutes, as created by SB 7016, 2024 Regular Session. Each designated pilot BHTH would have access to \$500,000 to offset administrative costs and loss of revenue to train behavioral health workforce professionals.

Section 12 provides an effective date of July 1, 2024, except as otherwise expressly provided in the bill.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has a significant, negative fiscal impact on state expenditures. Specifically, the bill appropriates \$114 million to implement provisions of the bill:

- \$1 million in nonrecurring funds from the General Revenue Fund to the Department of Children and Families (DCF) to contract for the detailed study of the state's forensic, civil commitment, and state inpatient psychiatric program bed capacity.
- \$5 million in recurring funds from the General Revenue Fund to the University of South Florida/Florida Mental Health Institute to implement and operate the Florida Center for Behavioral Health Workforce.
- \$6 million (\$2,557,800 in recurring funds from the General Revenue Fund and \$3,442,200 in recurring funds from the Medical Care Trust Fund) to the Agency for Health Care Administration (AHCA) to fund 10 Slots for Doctors residency positions for each designated pilot BHTH at an increased rate of \$150,000 per position.
- \$100 million in nonrecurring funds from the General Revenue Fund to the DCF's Grants and Donations Trust Fund for the development and implementation of the behavioral health teaching hospital model. The funds are to be placed in reserve. The release of the funds is contingent upon the submission of an equitable allocation and detailed spending plan including operating and capital expenditures, developed in consultation with the pilot behavioral health teaching hospitals (BHTHs).
- \$2 million in recurring funds from the General Revenue Fund to the AHCA to be distributed equitably to each pilot BHTH through the Training, Education, and Clinicals in Health (TEACH) Funding Program established in s. 409.91256, F.S., as created by SB 7016 in the 2024 Legislative Session.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 1044.44 of the Florida Statutes.

This bill creates sections 395.901 and 395.902 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.)

CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute:

- Designates specific med school and hospital partnerships as 3-year pilot locations for the new BHTH model.
- Adds behavioral health teaching hospitals to the definition of “qualified facility” to receive funding under the newly created Training, Education, and Clinicals in Health (TEACH) Funding Program in this year’s SB 7016, Florida’s Live Healthy.
- Details the main goals of the Center to include developing and performing a longitudinal study of and strategic statewide plan to support and increase the state’s behavioral health workforce.
- Requires a detailed study of our forensic, civil commitment, and statewide inpatient psychiatric program bed capacity; the potential costs of integrating those beds into the new Behavioral Health Teaching Hospital model; and recommendations to build capacity for safety net services that will mitigate involuntary commitments.
- Provides an appropriation of \$114 million to implement provisions of the bill.

B. Amendments:

None.



718326

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/14/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Part VI of chapter 395, Florida Statutes,
consisting of ss. 395.901 and 395.902, Florida Statutes, is
created and entitled "Behavioral Health Teaching Hospitals."

Section 2. Section 395.901, Florida Statutes, is created to
read:

395.901 Behavioral health teaching hospitals.-



718326

11 (1) DEFINITIONS.—As used in this part, the term:
12 (a) “Agency” means the Agency for Health Care
13 Administration.
14 (b) “Behavioral health teaching hospital” means a
15 community-based hospital licensed under this chapter which has
16 partnered with a university school of medicine and offers
17 integrated behavioral health education as specified in s.
18 395.902.
19 (2) LEGISLATIVE FINDINGS AND INTENT.—
20 (a) The Legislature finds that there is a critical shortage
21 of behavioral health professionals and recognizes the urgent
22 need to expand the existing behavioral health workforce, prepare
23 for an aging workforce, incentivize entry into behavioral health
24 professions, and train a modernized workforce in innovative
25 integrated care.
26 (b) The Legislature finds there is a specific need to
27 support a behavioral health education system that not only
28 trains the next generation of professionals in innovative and
29 integrated care for those with behavioral health needs, but also
30 works to modernize the state’s overall behavioral health system
31 of care.
32 (c) Therefore, the Legislature intends to identify and
33 designate multiple behavioral health teaching hospitals that
34 work to provide the necessary research, education, and services
35 to not only enhance this state’s behavioral health workforce,
36 but to make that workforce and system of care the national
37 standard. The Legislature intends to establish pilot designated
38 behavioral health teaching hospitals with the intent to develop
39 and implement a statewide model.



718326

40 (d) The Legislature further intends to create the Florida
41 Center for Behavioral Health Workforce within the Louis de la
42 Parte Florida Mental Health Institute to address issues of
43 workforce supply and demand in behavioral health professions,
44 including issues of recruitment, retention, and workforce
45 resources.

46 (e) The Legislature intends for designated behavioral
47 health teaching hospitals to:

48 1. Focus on state-of-the-art behavioral health research.

49 2. Provide leading-edge education and training for this
50 state's behavioral health workforce in innovative and integrated
51 care.

52 3. Collaborate with other university colleges and schools
53 of nursing, psychology, social work, pharmacy, public health,
54 and other relevant disciplines to promote and enhance a
55 modernized behavioral health system of care.

56 4. Develop, implement, and promote public-private
57 partnerships throughout this state to support and enhance the
58 intent of this part.

59 5. Partner with the state to provide inpatient and
60 outpatient behavioral health care, address system-wide
61 behavioral health needs, and support the state in providing
62 treatment and care for those whose need and acuity has resulted
63 in the need for long-term voluntary or involuntary civil
64 commitment.

65 Section 3. Section 395.902, Florida Statutes, is created to
66 read:

67 395.902 Designated behavioral health teaching hospitals.—

68 (1) To be designated as a behavioral health teaching



718326

69 hospital, a hospital must meet all of the following criteria:

70 (a) Offer a psychiatric residency program accredited
71 through the Residency Review Committee of the Accreditation
72 Council of Graduate Medical Education.

73 (b) Offer an accredited postdoctoral clinical psychology
74 fellowship program.

75 (c) Develop and maintain a consultation agreement with the
76 Louis de la Parte Florida Mental Health Institute as established
77 in s. 1004.44, including with the Florida Center for Behavioral
78 Health Workforce.

79 (d) As part of its partnership with a university school of
80 medicine, develop and submit a plan to the Department of
81 Children and Families and the Florida Center for Behavioral
82 Health Workforce that meets all of the following criteria:

83 1. Promotes the development of integrated behavioral health
84 workforce educational programs, including, but not limited to,
85 practicums and internships for clinical and nonclinical
86 behavioral and physical health professions.

87 2. Promotes a coordinated system of care which offers
88 inpatient and outpatient treatment and services for individuals
89 with behavioral health needs, including, but not limited to,
90 prevention, community inpatient care, crisis stabilization,
91 short-term residential treatment, screening, therapeutic and
92 supportive services, and long-term care.

93 3. Coordinates and promotes innovative partnerships that
94 integrate colleges and schools of nursing, psychology, social
95 work, pharmacy, public health, and other relevant disciplines
96 with existing local and regional programs, clinics, and
97 resources.



718326

98 4. Develops processes to identify local gaps in access to
99 inpatient care.

100 5. Partners with the Department of Children and Families
101 and Managing Entities to build capacity in safety net inpatient
102 and outpatient behavioral health services.

103 6. Provides bed capacity to support state hospital needs,
104 when needed.

105 (2) Notwithstanding subsection (1), to accomplish the
106 stated intent of this section to develop and implement a
107 statewide model of a behavioral health teaching hospital, the
108 following partnerships are designated as behavioral health
109 teaching hospitals without meeting the required criteria of this
110 section as 3-year pilots, expected to meet all criteria and
111 requirements of subsection (1) by July 1, 2027:

112 1. The University of South Florida Morsani College of
113 Medicine and Tampa General Hospital.

114 2. The University of Florida School of Medicine and UF
115 Health Shands Hospitals in Gainesville and Jacksonville.

116 3. The University of Miami Miller School of Medicine and
117 Jackson Memorial Hospital.

118 (3) (a) A designated behavioral health teaching hospital
119 must annually report to the Department of Children and Families
120 by December 1, the current status of the designated behavioral
121 health teaching hospital program, including, but not limited to
122 the:

123 1. Number of psychiatric residents.

124 2. Number of postdoctoral clinical psychology fellows.

125 3. Status and details of the consultation agreement with
126 the Louis de la Parte Florida Mental Health Institute and



718326

127 Florida Center for Behavioral Health Workforce.
128 4. Status and implementation details of the plan required
129 under paragraph (1)(d).
130 (b) Upon completion of the 3-year pilot on July 1, 2027,
131 the Department of Children and Families, in collaboration with
132 the Florida Center for Behavioral Health Workforce, the pilot
133 behavioral health teaching hospitals, and other relevant
134 stakeholders must submit a report to the President of the
135 Senate, Speaker of the House of Representatives, and Governor by
136 July 1, 2028. This report must, at a minimum:
137 1. Evaluate the effectiveness of the behavioral health
138 teaching hospital model.
139 2. Discuss barriers to the implementation and operation of
140 the model.
141 3. Recommend policy changes to enhance the model to better
142 meet the intent of the Legislature.
143 4. Evaluate and recommend whether the state should maintain
144 the original designated pilot behavioral teaching hospital
145 locations or detail the necessity for and recommend the
146 expansion of the model to new partnership sites.
147 Section 4. Subsection (1) and paragraph (d) of subsection
148 (2) of section 409.91256, Florida Statutes, as created by SB
149 7016, Regular Session 2024, is amended to read:
150 409.91256 Training, Education, and Clinicals in Health
151 (TEACH) Funding Program.—
152 (1) PURPOSE AND INTENT.—The Training, Education, and
153 Clinicals in Health (TEACH) Funding Program is created to
154 provide a high-quality educational experience while supporting
155 participating federally qualified health centers, community



718326

156 mental health centers, rural health clinics, behavioral health
157 teaching hospitals, and certified community behavioral health
158 clinics by offsetting administrative costs and loss of revenue
159 associated with training residents and students to become
160 licensed health care practitioners. Further, it is the intent of
161 the Legislature to use the program to support the state Medicaid
162 program and underserved populations by expanding the available
163 health care workforce.

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

165 (d) "Qualified facility" means a federally qualified health
166 center, a community mental health center, rural health clinic,
167 behavioral health teaching hospital, or a certified community
168 behavioral health clinic.

169 Section 5. Subsections (6), (7), and (8) are added to
170 section 1004.44, Florida Statutes, to read:

171 1004.44 Louis de la Parte Florida Mental Health Institute.—
172 There is established the Louis de la Parte Florida Mental Health
173 Institute within the University of South Florida.

174 (6) (a) There is established, within the institute, the
175 Florida Center for Behavioral Health Workforce to address issues
176 of workforce supply and demand in behavioral health professions,
177 including issues of recruitment, retention, and workforce
178 resources.

179 (b) The primary goals for the center are to:

180 1. Design and implement a longitudinal study of the state's
181 behavioral health workforce that, at a minimum:

182 a. Produces a statistically valid biennial data-driven
183 analysis of the supply and demand of the behavioral health
184 workforce. To achieve such goal, the center must:



718326

185 (I) Identify and define specific professions to be
186 considered "behavioral health professions" for analysis.
187 (II) Establish and maintain a database on the supply and
188 demand of behavioral health professionals in this state, to
189 include current supply and demand; and
190 (III) Analyze the current and future supply and demand in
191 the state.
192 b. Develops recommendations and strategies to increase the
193 state's behavioral health workforce, behavioral health
194 profession training and education programs, and behavioral
195 health profession faculty development.
196 c. Develops best practices in the academic preparation and
197 continuing education needs of behavioral health professionals.
198 d. Collects data on behavioral health professions,
199 employment, distribution, and retention.
200 2. Develop a strategic statewide plan for the state's
201 behavioral health workforce that:
202 a. Pilots innovative projects to support the recruitment,
203 development, and retention of qualified behavioral health
204 professionals, to include behavioral health educators, faculty,
205 and clinical preceptors.
206 b. Encourages and coordinates the development of academic-
207 practice partnerships that support behavioral health faculty
208 employment and advancement.
209 c. Develops distance learning infrastructure for behavioral
210 health education and the evidence-based use of technology,
211 simulation, and distance learning techniques.
212 d. Enhance and promote behavioral health professions and
213 professionals in this state by developing and promoting:



718326

214 (I) Behavioral health excellence programs.
215 (II) Reward, recognition, and renewal activities.
216 (III) Media and image-building efforts.
217 3. Convene various groups representative of behavioral
218 health professions, other health care providers, business and
219 industry, consumers, lawmakers, educators, and the Commission on
220 Mental Health and Substance Use Disorder to:
221 a. Review and comment on the center's behavioral health
222 workforce data analysis;
223 b. Provide an overview of the state's behavioral health
224 infrastructure and perform a gap analysis to recommend systemic
225 changes, including strategies for implementation of recommended
226 changes;
227 c. Develop a strategic plan to implement the
228 recommendations of the Commission on Mental Health and Substance
229 Use Disorder to:
230 (I) Strengthen community networks and cross-agency
231 collaboration;
232 (II) Enhance the state's crisis care continuum;
233 (III) Improve data collection and management processes; and
234 (IV) Optimize financial management of the behavioral health
235 system of care.
236 d. Evaluate how to best promote, integrate, and incentivize
237 the establishment and growth of the behavioral health teaching
238 hospital model.
239 4. Evaluate and report the results of these efforts to the
240 Legislature and other entities.
241 (c) The center may request from any board as defined in s.
242 456.001, and the board must provide to the center upon its



718326

243 request, any information held by the board regarding a
244 behavioral health professional licensed in this state or holding
245 a multistate license pursuant to a professional multistate
246 licensure compact or information reported to the board by
247 employers of such behavioral health professionals, other than
248 personal identifying information.

249 (d) By January 10 of each year, the center shall submit a
250 report to the Governor, the President of the Senate, and the
251 Speaker of the House of Representatives providing details of its
252 activities during the preceding calendar year in pursuit of its
253 goals and in the execution of its duties under paragraph (b).

254 (7) The Board of Governors and the State Board of
255 Education, in consultation with the center, shall expeditiously
256 adopt any necessary regulations and rules, as applicable, to
257 allow the center to perform its responsibilities as soon as
258 practicable.

259 Section 6. Effective upon this act becoming a law, the
260 Department of Children and Families must contract for a detailed
261 study of Florida's forensic, voluntary and involuntary civil
262 commitment, and statewide inpatient psychiatric programs bed
263 capacity. The study must be completed by January 31, 2025, and
264 at a minimum include the following:

265 (1) An analysis of bed capacity in forensic, voluntary and
266 involuntary civil commitment, and statewide inpatient
267 psychiatric programs.

268 (2) Policy recommendations for ensuring sufficient bed
269 capacity in those settings.

270 (3) An evaluation of maintaining civil commitment beds as a
271 requirement for designation as a behavioral health teaching



272 hospital, to include potential costs related to capital outlay,
273 enhanced bed rate, and staffing requirements.

274 (4) Recommendations for promoting coordination between
275 Florida's civil commitment system and behavioral health teaching
276 hospitals.

277 (5) Recommendations to build capacity for safety net
278 inpatient and outpatient services that will mitigate involuntary
279 commitments.

280 Section 7. Except as otherwise expressly provided in this
281 act, this act shall take effect July 1, 2024.

282
283 ===== T I T L E A M E N D M E N T =====

284 And the title is amended as follows:

285 Delete everything before the enacting clause
286 and insert:

287 A bill to be entitled
288 An act relating to behavioral health teaching
289 hospitals; creating part VI of ch. 395, F.S., entitled
290 "Behavioral Health Teaching Hospitals"; creating s.
291 395.901, F.S.; defining the terms "agency" and
292 "behavioral health teaching hospital"; providing
293 legislative findings and intent; creating s. 395.902,
294 F.S.; specifying criteria that a hospital must meet to
295 receive such designation; naming specified pilot
296 sites; requiring an annual report; requiring report
297 upon completion of the 3-year pilot; amending s.
298 1004.44, F.S.; establishing the Florida Center for
299 Behavioral Health Workforce within the Louis de la
300 Parte Florida Mental Health Institute for a specified



718326

301 purpose; specifying the primary goals of the center;
302 requiring the center to establish and maintain a
303 database on the supply and demand of behavioral health
304 professionals in this state for a specified purpose;
305 authorizing the center to request, and requiring
306 certain boards to provide, certain information
307 regarding behavioral health professionals licensed or
308 practicing in this state; requiring the center to
309 submit an annual report of certain information to the
310 Governor and the Legislature; requiring the Department
311 of Children and Families to contract for a study of
312 the state's involuntary commitment bed capacity;
313 specifying requirements for the study; providing
314 effective dates.



495660

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/14/2024	.	
	.	
	.	
	.	

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

1 **Senate Amendment to Amendment (718326) (with title**
2 **amendment)**

3
4 Between lines 279 and 280
5 insert:

6 Section 7. For the 2024-2025 fiscal year, the sum of \$1
7 million in nonrecurring funds from the General Revenue Fund is
8 appropriated to the Department of Children and Families to
9 contract for a detailed study of Florida's forensic, voluntary
10 and involuntary civil commitment, and state inpatient



495660

11 psychiatric program bed capacity as required pursuant to section
12 6 of this act. In order to solicit the expertise of and leverage
13 the partnerships developed between state universities and
14 behavioral health teaching hospitals, the study must include an
15 evaluation of the feasibility of increasing bed capacity for
16 civil commitments within nonstate entities.

17 Section 8. For the 2024-2025 fiscal year, the sum of \$5
18 million in recurring funds from the General Revenue Fund is
19 appropriated to the Louis de la Parte Florida Mental Health
20 Institute for the operation of the Florida Center for Behavioral
21 Health Workforce as created by this act.

22 Section 9. For the 2024-2025 fiscal year, the sums of
23 \$2,557,800 in recurring funds from the General Revenue Fund and
24 \$3,442,200 in recurring funds from the Medical Care Trust Fund
25 are appropriated to the Agency for Health Care Administration
26 for the Slots for Doctors Program established in s. 409.909,
27 Florida Statutes. Each hospital is eligible to receive funding
28 for up to 10 newly created resident positions within each of the
29 pilot behavioral health teaching hospitals designated under part
30 VI of chapter 395, Florida Statutes, as created by this act.
31 Notwithstanding s. 409.909, Florida Statutes, the agency shall
32 allocate \$150,000 for each newly created position.

33 Section 10. For the 2024-2025 fiscal year, the sum of \$100
34 million in nonrecurring funds from the General Revenue Fund is
35 appropriated to the Grants and Donations Trust Fund in the
36 Designated Behavioral Health Teaching Hospitals Category for the
37 Department of Children and Families to develop and implement the
38 behavioral health teaching hospital model as created by this
39 act. The funds shall be provided to the pilot behavioral health



40 teaching hospitals designated under part VI of chapter 395,
41 Florida Statutes, as created by this act, to help meet the
42 criteria and requirements necessary for designation and may be
43 used for fixed capital outlay, such as facility upgrades, or
44 operations and expenses. The funds shall be placed in reserve.
45 The department is authorized pursuant to chapter 216, Florida
46 Statutes, to submit budget amendments requesting the release of
47 the funds. The release of the funds is contingent upon the
48 submission of an equitable allocation and detailed spending
49 plan, developed in consultation with the pilot behavioral health
50 teaching hospitals, which details the manner in which the funds
51 requested for release will be expended.

52 Section 11. For the 2024-2025 fiscal year, the sum of \$2
53 million in recurring funds from the General Revenue Fund is
54 appropriated to the Agency for Health Care Administration to
55 implement the Training, Education, and Clinicals in Health
56 (TEACH) Funding Program established in s. 409.91256, Florida
57 Statutes, as created by SB 7016, 2024 Regular Session.
58 Notwithstanding s. 409.91256(5) (b), Florida Statutes, as created
59 by SB 7016, 2024 Regular Session, the funds appropriated
60 pursuant to this section shall be equitably distributed to the
61 pilot behavioral health teaching hospitals designated under part
62 VI of chapter 395, Florida Statutes, as created by this act.

63
64 ===== T I T L E A M E N D M E N T =====

65 And the title is amended as follows:

66 Between lines 313 and 314

67 insert:

68 appropriations; providing

By Senator Boyd

20-01289B-24

2024330__

1 A bill to be entitled
 2 An act relating to behavioral health teaching
 3 hospitals; creating part VI of ch. 395, F.S., entitled
 4 "Behavioral Health Teaching Hospitals"; creating s.
 5 395.901, F.S.; defining the terms "agency" and
 6 "behavioral health teaching hospital"; providing
 7 legislative findings and intent; creating s. 395.902,
 8 F.S.; specifying the manner in which hospitals may
 9 seek designation as a behavioral health teaching
 10 hospital; specifying criteria that a hospital must
 11 meet to receive such designation; amending s. 1004.44,
 12 F.S.; establishing the Florida Center for Behavioral
 13 Health Workforce within the Louis de la Parte Florida
 14 Mental Health Institute for a specified purpose;
 15 specifying the primary goals of the center; requiring
 16 the center to establish and maintain a database on the
 17 supply and demand of behavioral health professionals
 18 in this state for a specified purpose; authorizing the
 19 center to request, and requiring certain boards to
 20 provide, certain information regarding behavioral
 21 health professionals licensed or practicing in this
 22 state; requiring the center to submit an annual report
 23 of certain information to the Governor and the
 24 Legislature; establishing the Florida Behavioral
 25 Health Professions Scholarship and Grants Program,
 26 subject to an appropriation, to be administered by the
 27 center; providing purposes of the program; specifying
 28 the center's duties in administering the program;
 29 requiring the center, in collaboration with the Board

Page 1 of 11

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

20-01289B-24

2024330__

30 of Governors and the State Board of Education, to
 31 identify certain indicators for measuring progress and
 32 performance of the educational programs at designated
 33 behavioral health teaching hospitals in this state;
 34 requiring the center to provide an annual report to
 35 the Governor, the Legislature, the Chancellor of the
 36 State University System, and the Commissioner of
 37 Education; providing requirements for the report;
 38 requiring the center, in collaboration with the Board
 39 of Governors, the State Board of Education, and other
 40 stakeholders, to submit statutory and budget
 41 recommendations to the Governor and the Legislature by
 42 a specified date each year; requiring the Board of
 43 Governors and the State Board of Education, in
 44 consultation with the center, to adopt any necessary
 45 regulations and rules in an expeditious manner;
 46 requiring the Department of Children and Families, in
 47 coordination with the Louis de la Parte Florida Mental
 48 Health Institute, to contract for a two-part study of
 49 the state's behavioral health system; specifying
 50 requirements for the study; providing effective dates.

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

52
 53
 54 Section 1. Part VI of chapter 395, Florida Statutes,
 55 consisting of ss. 395.901 and 395.902, Florida Statutes, is
 56 created and entitled "Behavioral Health Teaching Hospitals."

57 Section 2. Section 395.901, Florida Statutes, is created to
 58 read:

Page 2 of 11

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

20-01289B-24

2024330__

395.901 Behavioral health teaching hospitals.-

(1) DEFINITIONS.-As used in this part, the term:

(a) "Agency" means the Agency for Health Care Administration.

(b) "Behavioral health teaching hospital" means a community-based hospital licensed under this chapter which has partnered with a university school of medicine and offers integrated behavioral health education as specified in s. 395.902.

(2) LEGISLATIVE FINDINGS AND INTENT.-

(a) The Legislature finds that there is a critical shortage of behavioral health professionals and recognizes the urgent need to expand the existing behavioral health workforce, prepare for an aging workforce, incentivize entry into behavioral health professions, and train a modernized workforce in innovative integrated care.

(b) The Legislature finds there is a specific need to support a behavioral health education system that not only trains the next generation of professionals in innovative and integrated care for those with behavioral health needs, but also works to modernize the state's overall behavioral health system of care.

(c) Therefore, the Legislature intends to identify and designate multiple behavioral health teaching hospitals that work to provide the necessary research, education, and services to not only enhance this state's behavioral health workforce, but to make that workforce and system of care the national standard. The Legislature intends to partner with the University of South Florida and Tampa General Hospital to establish a pilot

20-01289B-24

2024330__

designated behavioral health teaching hospital to develop and implement a statewide model, and further intends to create the Behavioral Health Workforce Center within the university's Louis de la Parte Florida Mental Health Institute to address issues of workforce supply and demand in behavioral health professions, including issues of recruitment, retention, and workforce resources.

(d) The Legislature intends for designated behavioral health teaching hospitals to:

1. Focus on state-of-the-art behavioral health research.

2. Provide leading-edge education and training for this state's behavioral health workforce in innovative and integrated care.

3. Collaborate with other college and university schools of nursing, psychology, social work, pharmacy, public health, and other relevant disciplines to promote and enhance a modernized behavioral health system of care.

4. Develop, implement, and promote public-private partnerships throughout this state to support and enhance the intent of this part.

5. Provide inpatient and outpatient behavioral health care and support the state in providing treatment and care for those whose need and acuity has resulted in the need for long-term voluntary or involuntary civil commitment.

Section 3. Section 395.902, Florida Statutes, is created to read:

395.902 Designated behavioral health teaching hospitals.-

(1) A hospital that partners with a university school of medicine may seek designation as a behavioral health teaching

20-01289B-24 2024330__

117 hospital by submitting an application and required documentation
 118 to the agency in a manner determined by the agency.
 119 (2) To be designated as a behavioral health teaching
 120 hospital, a hospital must meet all of the following criteria:
 121 (a) Offer a psychiatric residency program accredited
 122 through the Residency Review Committee of the Accreditation
 123 Council of Graduate Medical Education.
 124 (b) Offer a postdoctoral clinical psychology fellowship
 125 program accredited by the American Psychological Association.
 126 (c) Develop and maintain a consultation agreement with the
 127 Louis de la Parte Florida Mental Health Institute as established
 128 in s. 1004.44, including with the Florida Center for Behavioral
 129 Health Workforce.
 130 (d) As part of its partnership with a university school of
 131 medicine, develop a plan that meets all of the following
 132 criteria:
 133 1. Promotes a coordinated system of care which offers
 134 inpatient and outpatient treatment and services for individuals
 135 with behavioral health needs, including, but not limited to,
 136 prevention, community inpatient care, crisis stabilization,
 137 short-term residential treatment, screening, therapeutic and
 138 supportive services, and long-term care.
 139 2. Develops and offers integrated workforce development
 140 programs, including, but not limited to, practicums and
 141 internships for clinical and nonclinical behavioral and physical
 142 health professions.
 143 3. Coordinates and promotes innovative partnerships that
 144 integrate colleges and schools of nursing, psychology, social
 145 work, pharmacy, public health, and other relevant disciplines

20-01289B-24 2024330__

146 with existing local and regional programs, clinics, and
 147 resources.
 148 Section 4. Subsections (6), (7), and (8) are added to
 149 section 1004.44, Florida Statutes, to read:
 150 1004.44 Louis de la Parte Florida Mental Health Institute.—
 151 There is established the Louis de la Parte Florida Mental Health
 152 Institute within the University of South Florida.
 153 (6) (a) There is established, within the institute, the
 154 Florida Center for Behavioral Health Workforce to address issues
 155 of workforce supply and demand in behavioral health professions,
 156 including issues of recruitment, retention, and workforce
 157 resources.
 158 (b) The primary goals for the center are to:
 159 1. Develop a strategic statewide plan for the behavioral
 160 health workforce in this state by:
 161 a. Conducting a statistically valid biennial data-driven
 162 analysis of the supply and demand of the behavioral health
 163 workforce. To achieve such goal, the center must:
 164 (I) Establish and maintain a database on the supply and
 165 demand of behavioral health professionals in this state, to
 166 include current supply and demand; and
 167 (II) Analyze the current and future supply and demand in
 168 the state.
 169 b. Developing recommendations and strategies to increase
 170 behavioral health faculty and educational supervision, support
 171 behavioral health faculty development, and promote advanced
 172 behavioral health education.
 173 c. Developing best practices in the academic preparation
 174 and continuing education needs of qualified behavioral health

20-01289B-24

2024330__

175 educators.

176 d. Collecting data on behavioral health faculty,

177 employment, distribution, and retention.

178 e. Piloting innovative projects to support the recruitment,

179 development, and retention of qualified behavioral health

180 faculty and clinical preceptors.

181 f. Encouraging and coordinating the development of

182 academic-practice partnerships, to support behavioral health

183 faculty employment and advancement.

184 g. Developing distance learning infrastructure for

185 behavioral health education and advancing faculty competencies

186 in the pedagogy of teaching and the evidence-based use of

187 technology, simulation, and distance learning techniques.

188 2. Enhance and promote behavioral health professionals in

189 this state by developing and promoting:

190 a. Behavioral health excellence programs;

191 b. Reward, recognition, and renewal activities; and

192 c. Media and image-building efforts.

193 3. Convene various groups representative of behavioral

194 health professions, other health care providers, business and

195 industry, consumers, lawmakers, and educators to:

196 a. Review and comment on data analysis prepared for the

197 center;

198 b. Recommend systemic changes, including strategies for

199 implementation of recommended changes; and

200 c. Evaluate and report the results of these efforts to the

201 Legislature and other entities.

202 (c) The center may request from any board as defined in s.

203 456.001, and the board must provide to the center upon its

Page 7 of 11

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

20-01289B-24

2024330__

204 request, any information held by the board regarding a

205 behavioral health professional licensed in this state or holding

206 a multistate license pursuant to a professional multistate

207 licensure compact or information reported to the board by

208 employers of such behavioral health professionals, other than

209 personal identifying information.

210 (d) By January 10 of each year, the center shall submit a

211 report to the Governor, the President of the Senate, and the

212 Speaker of the House of Representatives providing details of its

213 activities during the preceding calendar year in pursuit of its

214 goals and in the execution of its duties under paragraph (b).

215 (7) (a) There is established a Florida Behavioral Health

216 Professions Scholarship and Grants Program, subject to an

217 appropriation by the Legislature, to be administered by the

218 Florida Center for Behavioral Health Workforce. The purpose of

219 the program is to provide scholarships to students enrolled in

220 educational programs, including practicums, internships, and

221 rotations, at designated behavioral health teaching hospitals in

222 this state and provide grants to support establishment of such

223 educational programs.

224 (b) The center must, at a minimum, do all of the following

225 to administer the Florida Behavioral Health Professions

226 Scholarship and Grants Program:

227 1. Coordinate, facilitate, and oversee statewide

228 implementation of the Florida Behavioral Health Professions

229 Scholarship and Grants Program.

230 2. Consult and collaborate with designated behavioral

231 health teaching hospitals and affiliated universities to

232 identify eligible educational programs to offer the scholarship

Page 8 of 11

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

20-01289B-24

2024330__

233 program.

234 3. Establish requirements, timelines, and processes for
 235 eligibility and application for scholarships and grants.

236 4. Administer scholarship funds. The annual amount of the
 237 scholarship to be provided to an eligible student must be the
 238 amount specified in the General Appropriations Act.

239 5. Administer grant funds. The grants must be used for the
 240 implementation and operation of educational programs, including
 241 practicums, internships, and rotations, at designated behavioral
 242 health teaching hospitals in this state. Funds appropriated to
 243 the center may be used for such grants only as specifically
 244 authorized in the General Appropriations Act.

245 6. Report on the implementation and administration of this
 246 subsection by planning, advising, and evaluating approved degree
 247 and certificate programs and the performance of students and
 248 programs pursuant to paragraph (c).

249 (c)1. The center, in collaboration with the Board of
 250 Governors and the State Board of Education, shall identify
 251 indicators for the satisfactory progress of students enrolled in
 252 educational programs, including practicums, internships, and
 253 rotations, at designated behavioral health teaching hospitals in
 254 this state and for the performance of such programs.

255 2. By October 1, 2025, and each year thereafter, the center
 256 shall provide to the Governor, the President of the Senate, the
 257 Speaker of the House of Representatives, the Chancellor of the
 258 State University System, and the Commissioner of Education a
 259 report summarizing, at a minimum, the status of the statewide
 260 coordination and implementation of educational programs,
 261 including practicums, internships, and rotations, at designated

20-01289B-24

2024330__

262 behavioral health teaching hospitals in this state and the
 263 Florida Behavioral Health Professions Scholarships and Grants
 264 Program, including, but not limited to, the:

265 a. Number of applications approved and denied and the
 266 reasons for each denial.

267 b. Number and value of all scholarships awarded to
 268 students.

269 c. Projected number of students who may be eligible to
 270 enroll in educational programs, including practicums,
 271 internships, and rotations, at designated behavioral health
 272 teaching hospitals in this state within the next academic year.

273 3. The center, in collaboration with the Board of
 274 Governors, the State Board of Education, and other stakeholders,
 275 by December 1 of each year, shall submit to the Governor, the
 276 President of the Senate, and the Speaker of the House of
 277 Representatives statutory and budget recommendations for
 278 improving the implementation and delivery of scholarships and
 279 grants.

280 (8) The Board of Governors and the State Board of
 281 Education, in consultation with the center, shall expeditiously
 282 adopt any necessary regulations and rules, as applicable, to
 283 allow the center to perform its responsibilities under
 284 subsections (6) and (7) beginning in the 2025-2026 fiscal year.

285 Section 5. Effective upon this act becoming a law, the
 286 Department of Children and Families, in coordination with the
 287 Louis de la Parte Florida Mental Health Institute, must contract
 288 for a two-part study of Florida's behavioral health system.

289 (1) The first part of the study must be a study of
 290 Florida's behavioral health system in general, including, but

20-01289B-24

2024330__

291 not limited to, all of the following:

292 (a) An analysis of Florida's behavioral health workforce
293 and behavioral health education and training.

294 (b) An evaluation of how to best promote, integrate, and
295 incentivize the establishment of behavioral health teaching
296 hospitals, as detailed in this act.

297 (c) Policy recommendations for recruiting, training, and
298 retaining an integrated behavioral health workforce.

299 (2) The second part of the study must be a detailed
300 analysis of Florida's involuntary commitment system, including,
301 but not limited to, all of the following:

302 (a) Involuntary commitment bed capacity, in both forensic
303 and civil involuntary commitment settings.

304 (b) Involuntary commitment policies and processes.

305 (c) Policy recommendations for ensuring sufficient
306 involuntary commitment bed capacity.

307 (d) An evaluation of maintaining civil commitment beds as a
308 requirement for designation as a behavioral health teaching
309 hospital, to include potential costs related to capital outlay,
310 enhanced bed rate, and staffing requirements.

311 (e) Recommendations for promoting coordination between
312 Florida's involuntary commitment system, behavioral health
313 teaching hospitals, and other integrated health programs.

314 Section 6. Except as otherwise expressly provided in this
315 act and except for this section, which shall take effect upon
316 this act becoming a law, this act shall take effect July 1,
317 2024.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Banking and Insurance, *Chair*
Agriculture, *Vice Chair*
Appropriations Committee on Agriculture, Environment,
and General Government
Finance and Tax
Fiscal Policy
Judiciary
Rules

SENATOR JIM BOYD

20th District

January 10, 2024

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

Dear Madame Chair Harrell:

I respectfully request Senate Bill SB 330: Behavioral Health Teaching Hospitals, be scheduled for a hearing in the Appropriation Committee on Health and Human Services, at your earliest convenience.

If I can assist you on this or any other matter, please do not hesitate to contact me.

I appreciate your consideration of this matter.

Best regards,

A handwritten signature in blue ink that reads "Jim Boyd".

Jim Boyd

cc: Brooke McKnight
Robin Jackson

REPLY TO:

- 717 Manatee Avenue West, Bradenton, Florida 34205 (941) 742-6445
- 415 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

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

2/13/24
Meeting Date

HHS Approps
Committee

SB 330
Bill Number or Topic

718326
Amendment Barcode (if applicable)

Name LAUREN HARTMANN

Phone 727-743-6228

Address 4202 E. Fowler Ave
Street

Email lhartmann@usf.edu

TAMPA
City

FL
State

33602
Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:
University of South Florida

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

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

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

The Florida Senate

APPEARANCE RECORD

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

2/13/24

Meeting Date

SB 330

Bill Number or Topic

HHS Approps

Committee

718326

Amendment Barcode (if applicable)

Name Jan GORRIE

Phone 813-334-5288

Address 201 E. Park Ave

Street

Email jan@ballardpartners.com

Tallahassee

City

FL

State

32301

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Tampa General Hospital

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/13/24

Meeting Date

SB 330

Bill Number or Topic

HHS Approps

Committee

718326

Amendment Barcode (if applicable)

Name Monica Rodriguez

Phone 850 - BAA 766 - 4287

Address 201 E. Park Ave
Street

Email monica@bullaandpartners.com

Tallahassee FL 32301
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

UF Shands

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

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

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

The Florida Senate

APPEARANCE RECORD

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

330

Bill Number or Topic

2/13/24

Meeting Date

HHS Approps

Committee

Amendment Barcode (if applicable)

Name Sarah Massey

Phone 850 545 6543

Address 136 S. Bronough St.

Email smassey@flchamber.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Chamber of Commerce

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

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

S-001 (08/10/2021)

2/13/24

Meeting Date

The Florida Senate
APPEARANCE RECORD

330

Bill Number or Topic

718326

Amendment Barcode (if applicable)

Health & Human Services Approps.

Committee

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

Name Natalie Kelly

Phone 850 895 1313

Address 122 S. Calhoun St.

Street

Email natalia@fimanagingentities.com

Tallahassee FL

City

State

32301

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Association of Managing Entities

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 536

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

SUBJECT: Community-based Child Welfare Agencies

DATE: February 15, 2024 **REVISED:** _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 536 amends laws related to the Department of Children and Families (DCF) contracts with community-based care lead agencies (CBCs) to increase transparency and accountability of the services provided by the CBCs. Specifically, the bill:

- Requires the DCF to procure contracts with CBCs every five years to incentivize performance and encourage competition within the provider network,
- Clarifies that CBCs are required to competitively procure all CBC subcontracts above \$250,000.
- Prohibits CBCs from subcontracting for the provision of management and oversight functions and requires a detail of the administrative functions and services the CBC is allowed to subcontract to be included in the CBC contract with the DCF.
- Limits executive compensation funded through CBC contracts to a capped total amount regardless of how many contracts the CBC has with the DCF.
- Requires a CBC's board of directors to ensure accountability and transparency of operations in addition to providing fiduciary oversight and complete annual training related to their responsibilities.
- Prohibits a CBC from contracting out administrative and management functions with a related party and requires the DCF's approval prior to a CBC entering a contract with a related party.
- Prohibits a CBC from directly providing more than 35 percent of child welfare services in its catchment area unless there is a lack of viable providers available to provide such services,

limits the approval to exceed the 35 percent threshold to two years, and adds CBC reporting requirements.

- Expands those who may have a conflict of interest to include a CBC director and includes a financial penalty on a CBC for failure to disclose known conflicts of interest.
- Requires the DCF to retain ownership of real property purchased through a CBC contract.
- Revises the criteria for corrective action plans to allow more timely action by the DCF for performance deficiencies and allows the DCF to petition for receivership when the DCF's secretary determines there is a danger to children under the CBC's care.
- Requires CBCs to comply with all financial audits and requests for records.
- Requires the DCF to include monetary sanctions or disincentives for performance deficiencies in CBC contracts.
- Expands the information a CBC must publish on its website to include the number of unlicensed placements, foster parent recruiting and licensing efforts, and other information.

The bill has no fiscal impact on state government expenditures. *See* Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Florida's Child Welfare System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for children.

The child welfare system includes the following key elements:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent, if the child is determined to need such protection.
- Case planning to address the problems resulting in the child's dependency.
- Reunification with the child's parents or another option to establish permanency, such as adoption.

The DCF is responsible for program oversight and the overall performance of the child welfare system.¹

¹ Office of Program Policy Analysis & Government Accountability, *Child Welfare System Performance Mixed in First Year of Statewide Community-Based Care*, Report No. 06-50, June 2006, available at: <https://oppaga.fl.gov/Documents/Reports/06-50.pdf>.

Department of Children and Families

The DCF's mission is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.² The DCF must develop a strategic plan to fulfill this mission and establish measurable goals, objectives, performance standards, and quality assurance requirements.³

The DCF is required to deliver services by contract through private providers to the extent allowed by law and funding.⁴ These private providers include community-based care lead agencies (CBCs) delivering child welfare services.

Community-Based Care Lead Agencies

Community-based care combines the outsourcing of foster care and related services to local nonprofits with increased local community ownership of service delivery and design.⁵ CBCs are responsible for providing foster care and related services, including, but not limited to, counseling, domestic violence services, substance abuse services, family preservation, emergency shelter, and adoption.⁶ Because CBCs are to partner with community providers to meet the needs of children and families in their service area, CBCs contract with subcontractors for case management and direct care services to children and families.⁷ The CBCs are to plan, administer, and coordinate the delivery of client services, ensure compliance with federal and state laws, rules, and regulations, and monitor subcontractors.⁸ At present, there are 18 CBCs that each cover specific geographic areas within the state's 20 judicial circuits.⁹

A CBC is statutorily limited from directly providing more than 35 percent of all child welfare services in its catchment area unless it can demonstrate a justification for need to exceed the 35 percent threshold.¹⁰ The local community alliance¹¹ in the CBC's service area must review the CBC's justification for need to exceed the threshold and recommend whether the DCF should approve or deny the justification.¹² Currently, nine CBCs utilize the waiver to exceed the 35 percent threshold.¹³

² Section 20.19(1), F.S.

³ *Id.*

⁴ *Id.*

⁵ Florida Department of Children and Families, *Community-Based Care*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care> (last visited Jan. 10, 2024).

⁶ Section 409.145(1), F.S.

⁷ *Id.*

⁸ Section 409.988, F.S.

⁹ Florida Department of Children and Families, *Lead Agency Information*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Jan. 13, 2024).

¹⁰ Section 409.988(1)(j), F.S.

¹¹ Section 20.19(5), F.S., requires the DCF, in consultation with local communities, to establish community alliances of the stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services.

¹² *Supra* note 10.

¹³ Florida Department of Children and Families, 2024 Agency Analysis, pg. 4. (on file with the Children, Families, and Elder Affairs Committee). The nine CBCs that currently exceed the 35 percent threshold include: Kids First of Florida, Inc.;

CBCs are required to perform several duties, including:

- Serve children referred to the CBC as a result of abuse, neglect, or abandonment reports to the central abuse hotline.
- Provide the DCF with accurate and timely information necessary for oversight.
- Follow financial guidelines developed by the DCF and provide for regular independent audits.
- Prepare and file all necessary court documents and attend dependency court proceedings.
- Ensure all individuals providing care to dependent children receive training and specified information and meet employment requirements.
- Maintain eligibility to receive all available federal child welfare funds.
- Adhere to child welfare best practices.
- Maintain written agreements with Healthy Families Florida entities in its service area to promote cooperative planning for the provision of prevention and intervention services.
- Comply with federal and state statutory requirements and agency rules in the provision of contractual services.
- Use authority to subcontract for the provision of services provided CBCs contribute to services and meet specified criteria.
- Identify an employee to serve as a liaison with the community alliance and community-based and faith-based organizations interested in collaborating or offering services or other assistance on a volunteer basis to the children and families served by the CBC.
- Ensure that appropriate CBC staff and subcontractors are informed of the specific services or assistance available from local community-based and faith-based organizations.
- Identify it as a DCF contractor on its website and promotional literature.
- Ensure that it is addressing the unique needs of the fathers of children who are served by the CBC by employing a father-engagement specialist.
- Post information regarding case management services on its website by a specified date, including the average caseload of case managers for filled positions, the turnover rate for case managers and their supervisors for the previous 12 months, the percentage of required home visits completed, and performance on outcome measures required under s. 409.997, F.S., for the previous 12 months.¹⁴

There are minimum requirements with which CBCs must comply to be eligible to contract with the DCF, including:

- Being organized as a Florida corporation or a governmental entity.¹⁵
- Having a board of directors or board committee with authority to approve the CBC budget and hire a CBC executive director.¹⁶
- Demonstrating financial responsibility by having a plan for regular fiscal audits and securing a performance bond.¹⁷

Childnet, Inc. (Palm Beach); Childnet, Inc. (Broward); Community Partnership for Children, Inc.; Brevard Family Partnerships; Family Integrity Program (St. Johns County); Kids Central, Inc.; Safe Children Coalition; and Children's Network of Southwest Florida.

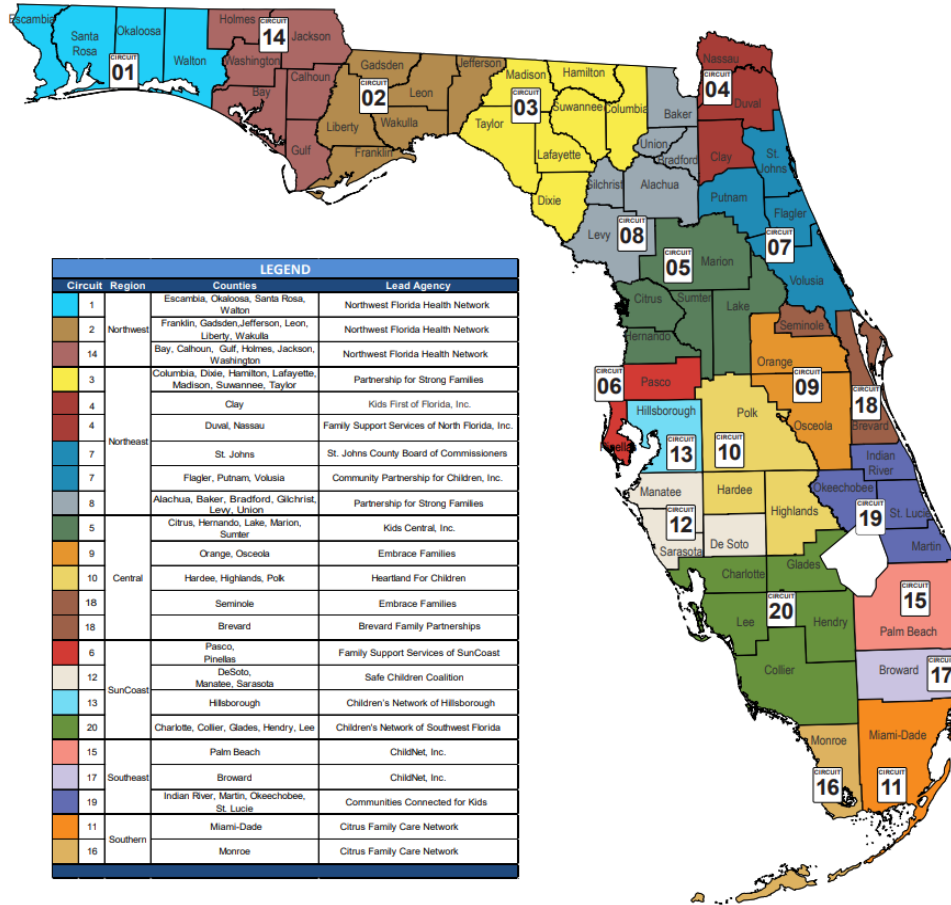
¹⁴ Section 409.988(1), F.S.

¹⁵ Section 409.987(4)(a), F.S.

¹⁶ Section 409.987(4)(b), F.S.

¹⁷ Section 409.987(4)(c), F.S.

The DCF contracts with the following CBCs as illustrated in the following map:¹⁸



The DCF must develop and maintain written policies and procedures for monitoring compliance with the services the CBCs provide under contract. The DCF is required to evaluate each CBC’s programmatic, operation, and fiscal operations at least once annually.¹⁹

The DCF typically enters into 5-year contracts with CBCs, with the option for an extension or a renewal of up to five years or for the original term of the contract, whichever period is longer.²⁰ While entering into 5-year contracts has provided stability within the CBC system, it has also had the effect of reducing competition. For example, since the creation of CBCs, the DCF has conducted 19 procurements, 11 of which had only one entity submit a bid for the contract.²¹ The

¹⁸ Florida Department of Children and Families, *Lead Agency Information*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Jan. 13, 2024).

¹⁹ Section 409.996(19)(a), F.S.

²⁰ Section 409.987(3), F.S.

²¹ Florida Department of Children and Families, 2024 Agency Analysis, pg. 4. (on file with the Children, Families, and Elder Affairs Committee). The nine CBCs that currently exceed the 35 percent threshold include: Kids First of Florida, Inc.; Childnet, Inc. (Palm Beach); Childnet, Inc. (Broward); Community Partnership for Children, Inc.; Brevard Family Partnerships; Family Integrity Program (St. Johns County); Kids Central, Inc.; Safe Children Coalition; and Children’s Network of Southwest Florida.

DCF is currently in the process of procuring CBC services in 12 circuits for Fiscal Year 2024-25.²²

Funding

Section 409.990, F.S., requires that funding for a contract between DCF and CBC be through general revenue or other applicable state or federal funding sources. The DCF allocates core funding²³ to CBCs based on a statutory “equity model”, which considers the proportion of child population, child abuse hotline workload, and children in care.²⁴

In addition to annually evaluating CBC fiscal operations, current law requires the DCF to do several things to ensure that the CBCs are providing services within its allocated budget:

- Section 409.996, F.S., requires the DCF to annually conduct a comprehensive, multi-year review of the revenues, expenditures, and financial positions of all CBCs that cover the most recent two consecutive fiscal years. The review must include a comprehensive system-of-care analysis and the CBCs must develop and maintain a plan to achieve financial viability to accompany the DCF’s review. The DCF must submit the review to the Governor, the Senate President, and the Speaker of the House of Representatives by November 1 each year.
- The Fiscal Year 2023-24 General Appropriations Act required each CBC to submit a detailed spending plan, approved by its board of directors, to the DCF for all projected expenditures for the current fiscal year. The spending plan must demonstrate that core expenditures will not exceed the appropriated amount of core funding and reserve a certain amount of funding for unanticipated expenses. The DCF cannot release additional funds outside the two-month advance until it has reviewed and approved a CBC’s spending plan. At any point during the year, if a CBC’s actual expenditures project an end-of-year deficit, the CBC must submit a revised spending plan to the DCF that reflects actions to be taken to remain within appropriated core funding for the remainder of the fiscal year.

²² Florida Department of Children and Families, Invitation to Negotiate, Community-Based Care Lead Agencies, DCF ITN 2324 063

²³ Section 409.997(1)(a), defines “core services funds” as all funds allocated to CBCs operating under contract with the DCF, with the following exceptions: funds appropriated for independent living; funds appropriated for maintenance adoption subsidies; Funds allocated by the DCF for protective investigations training; nonrecurring funds; designated mental health wrap-around services funds; funds for special projects for a designated CBC; and funds appropriated for the Guardianship Assistance Program under s. 39.6225, F.S.

²⁴ Section 409.991, F.S. provides that core services funds are calculated based on the proportion of the (a) child population weighted as five percent of the total; (b) child abuse hotline workload weighted as 35 percent of the total; and (c) children in care weighted as 60 percent of the total. Section 409.991(3), F.S., provides that beginning in the 2015-16 FY, 100 percent of the recurring core services funding must be based on the prior year recurring base core services funds, and any new funding be allocated as: (a) 70 percent of new funding among all CBCs and (b) 35 percent of new funding to CBCs below their equitable share.

The Fiscal Year 2023-24 GAA provides the following core service funding to CBCs²⁵:

CBC Lead Agency	Circuit	FY 2023-24 Core Services Funding
Northwest Florida Health Network (Big Bend)	2, 14	\$55,032,652
	1	\$35,459,931
Partnership for Strong Families	3, 8	\$31,401,300
Family Support Services of North Florida	4 (Duval, Nassau)	\$49,018,528
Kids First of Florida	4 (Clay)	\$12,525,871
St. Johns County Board of Commissioners	7 (St. Johns)	\$7,683,739
Community Partnership for Children	7 (Flagler, Volusia, Putnam)	\$43,440,511
Safe Children Coalition	12	\$34,861,493
Family Support Services of Suncoast	6 (Pasco, Pinellas)	\$87,553,887
Kids Central	5	\$54,912,909
Embrace Families	9, 18 (Orange, Osceola, Seminole)	\$60,761,737
Heartland for Children	10	\$46,721,076
Brevard Family Partnerships	18 (Brevard)	\$29,292,110
Communities Connected for Kids	19	\$24,247,000
ChildNet	15 (Palm Beach)	\$38,086,728
	17 (Broward)	\$60,952,428
Children’s Network of Southwest Florida	20	\$53,746,134
Children’s Network of Hillsborough	13	\$75,448,412
Citrus Family Care Network	11, 16	\$76,440,546
TOTAL		\$877,586,992

Because the core services funding for each CBC was established based on the total expenditures by the DCF when the CBCs were created, significant core funding inequities have been institutionalized in the system of care. To mitigate financial risk, the Legislature created a CBC Risk Pool that allows CBCs to apply to the DCF for additional funding.²⁶ A committee that includes the DCF’s secretary and three non-applicant CBC representatives review the risk pool applications.²⁷ The DCF may authorize risk pool funding to address:

- Significant changes in the number or composition of clients eligible to receive services.²⁸
- Significant changes in the services that are eligible for reimbursement.²⁹
- Continuity of care in the event of failure, discontinuance of service, or financial misconduct by a CBC.³⁰

²⁵ Chapter 2023-239, L.O.F, General Appropriations Act for Fiscal Year 2023-24, Specific Appropriation 328.

²⁶ Section 409.990(8), F.S.

²⁷ *Id.*

²⁸ Section 409.990(8)(c)1., F.S.

²⁹ Section 409.990(8)(c)2., F.S.

³⁰ Section 409.990(8)(c)3., F.S.

- Significant changes in the mix of available funds.³¹

The Legislature added the “equity model” CBC funding model into statute in 2011 because the allocation of state or federal funds to CBCs was based primarily on the number of children in care with funding direction to the DCF through proviso in the General Appropriations Act (GAA).³² In 2019, the Legislature directed the DCF and the CBCs to develop an alternative funding model.³³ This produced the Florida Funding Model for Children (FMC) that calculated the cost of providing services by setting case worker caseload ratios, an incentive for prevention spending, and a target to reduce use of group care and a per child cost calculation.³⁴ The Legislature, through proviso in the GAA, used the FMC methodology to allocate increases in CBC core services funding of \$25 million in Fiscal Year 2019-2020 and \$150 million in Fiscal Year 2022-2023.³⁵

Oversight and Monitoring

The DCF is responsible for monitoring and overseeing CBCs to ensure that they are delivering services in accordance with applicable federal and state statutes and regulations and the performance standards and metrics specified in its strategic plan.³⁶ The DCF must, at a minimum, evaluate each of the CBCs under contract annually.³⁷ The evaluation must cover the programmatic, operational, and fiscal operations of the CBC.³⁸

CBC contracts specify required performance measures that generally align with the state and federal measures.³⁹ The DCF contract manager must periodically identify whether any gaps exist between actual and required CBC performance. If contractor performance is insufficient, the DCF may allow a reasonable time for correction. If the deficiencies are not resolved and there are no extenuating circumstances, the DCF must terminate the contract and it may not contract again with the same provider during the next 24 months.⁴⁰

³¹ Section 409.990(8)(c)4., F.S.

³² Chapter 2011-62, L.O.F. In Fiscal Year 2010-11, the allocation was based on four weighted factors: the number of children in poverty (30 percent); the number of reports the DCF’s central abuse hotline that are either referred for investigation or whose findings have been verified (30 percent); the number of children in out-of-home care (30 percent); and contribution to a safe reduction in out-of-home care (10 percent).

³³ Chapter 2019-115, L.O.F., General Appropriations Act for Fiscal Year 2019-20, Specific Appropriation 326.

³⁴ Florida Department of Children and Families, 2024 Agency Analysis, pg. 4. (on file with the Children, Families, and Elder Affairs Committee). The nine CBCs that currently exceed the 35 percent threshold include: Kids First of Florida, Inc.; Childnet, Inc. (Palm Beach); Childnet, Inc. (Broward); Community Partnership for Children, Inc.; Brevard Family Partnerships; Family Integrity Program (St. Johns County); Kids Central, Inc.; Safe Children Coalition; and Children’s Network of Southwest Florida.

³⁵ In Fiscal Year 2022-23, the Florida Legislature addressed the funding inequities by appropriating \$150 million in increases to core funding to bring all CBCs up to 100 percent funding levels to ensure that each CBC has the tools to best serve the children and families in their respective service area. [*Supra* note 34] Even with this \$150 million increase in core funding, at the request of certain CBCs, the Legislature appropriated an additional \$18.5 million in Back of Bill funding to address CBC funding deficits incurred in Fiscal Year 2022-23. [*Supra* note 25, Section 88.]

³⁶ Section 409.996, F.S.

³⁷ Section 409.996(21)(a), F.S.

³⁸ *Id.*

³⁹ November 2022 CBC Services Contract, Contract AJ500, pp. 40-44, available at:

<https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=AJ500&Tab=4>.

⁴⁰ Section 402.7305(3)(f), F.S.

Section 409.996(1)(d), F.S., requires CBC contracts to include tiered interventions the DCF may use if CBCs fail to comply with contractual terms or in the event of performance deficiencies. Such interventions include, but are not limited to:

- Enhanced monitoring and reporting;
- Corrective action plans;
- Requirements for contracted providers to accept technical assistance and consultations from the DCF;
- Financial penalties that require a CBC to reallocate funds from administrative costs to direct care for children; and
- Early termination of contracts.

The DCF may provide technical assistance and consultation to CBCs as necessary for the achievement of performance standings, including, but not limited to, providing additional resources to assist a CBC in implementing best practices or instituting operational efficiencies.⁴¹

The DCF may impose financial penalties on a CBC that does not comply with a corrective action plan.⁴² The DCF must request corrective action on a provider when the delivery of services is unacceptable or the provider is not in compliance with contractual terms and conditions. The DCF can impose financial penalties for failure to comply with a corrective action plan, unless the DCF determines that extenuating circumstances exist.⁴³ The imposed financial penalties are based on the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for the corrective action plan.⁴⁴ A provider is prohibited from paying a financial penalty with funds intended to be used, or which are budgeted, to provide services to clients and cannot reduce the amount of quality of services delivered to clients as a result of the imposition of a financial penalty.⁴⁵

The DCF may also petition a court for the appointment of a receiver for a CBC if:

- The CBC is operating without a license as a child-placing agency;
- The CBC has given less than 120 days' notice of its intent to cease operations, and arrangements have not been made for another CBC or the DCF to continue the uninterrupted provision of services;

⁴¹ Section 409.996(6), F.S.

⁴² Section 402.73(1), F.S.; *See also* R. 65C-29.001, F.A.C. All contracts entered into by the DCF for services shall contain a notice that penalties shall be imposed for failure to implement or to make acceptable progress on corrective action plans develop as a result of noncompliance, non-performance, or unacceptable performance with the terms and conditions of a contract.

⁴³ Rule 65C-29.001(3)(a), F.A.C.

⁴⁴ Rule 65C-29.001(3)(b), F.A.C. The penalty, if imposed, shall not exceed ten percent of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. Noncompliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent penalty of the total contract payments during the period in which the corrective action plan was not implemented or in which acceptable progress toward implementation has not been made. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent penalty.

⁴⁵ Rule 65C-29.001(5), F.A.C.

- The DCF determines that conditions exist in the CBC which present an imminent danger to the health, safety, or welfare of the dependent children under the CBC's care or supervision; or
- A CBC is struggling to meet its financial obligations to its employees, contractors, or foster parents as supported by issuance of bad checks or the existence of delinquent obligations for payment of salaries, utilities, or invoices for essential services or commodities.⁴⁶

Audits

Over the years, the Governor's Office of Inspector General (OIG) and the DCF's Office of Inspector General (DCF OIG) have conducted several audits of the CBCs.

On February 20, 2020, Florida's Governor issued an executive order requiring the OIG to review entities which had sole-source public-private agreements with state agencies; received more than 50 percent or more of their budget from state and federal funds; and had compensation totals exceeding federal or state law and regulations.⁴⁷ The OIG issued a report finding nine CBCs⁴⁸ had compensation that potentially exceeded statutory limits.⁴⁹ The report also identified additional areas of concern related to CBC employees and related parties.⁵⁰ At the request of the OIG, the DCF OIG conducted a review of the nine CBCs and identified two CBCs⁵¹ for which executive leadership compensation appeared to exceed state limits.⁵²

On December 3, 2021, the DCF OIG issued a report focused on the creation of management companies and other related parties within the CBCs.⁵³ The report found that "the purposes and functions of these related organizations are not clear and pose risks to the DCF fulfilling its mission."⁵⁴ Based on these findings, the DCF contracted with two auditing firms to conduct financial and operation examinations on all CBCs. The DCF released the findings for six of the CBCs on August 22, 2023.⁵⁵ Key findings include:

- Noncompliance with competitive procurement requirements for non-related and related entities.
- Overbilling related to PPP Loan Forgiveness.

⁴⁶ Section 409.994(1), F.S.

⁴⁷ Executive Order 20-44 arose from the Florida Coalition Against Domestic Violence, Inc., using funds from the DCF to subsidize excessive executive leadership team compensation payouts.

⁴⁸ Big Bend Community Based Care [d/b/a North West Florida Health Network (NWFHN)]; ChildNet, Inc.; Citrus Health Network, Inc.; Community Based Care of Brevard, Inc.; Eckerd Youth Alternatives (d/b/a Eckerd Connects); Embrace Families Community Based Care, Inc.; Florida Support Services of North Florida (FSSNF); Lakeview Center, Inc.; and Safe Children Coalition, Inc. See Executive Office of the Governor, Office of the Chief Inspector General, Executive Order 20-44, *Data Compilation and Statutory Compensation Limit Review*, CIG 2021-01-25-0017, June 30, 2021, pg. vi, available at <https://www.flgov.com/wp-content/uploads/2021/06/Final-Report-with-Responses-6.30.21-2.pdf>.

⁴⁹ Executive Office of the Governor, Office of the Chief Inspector General, Executive Order 20-44, *Data Compilation and Statutory Compensation Limit Review*, CIG 2021-01-25-0017, June 30, 2021, pg. vi., available at <https://www.flgov.com/wp-content/uploads/2021/06/Final-Report-with-Responses-6.30.21-2.pdf>.

⁵⁰ *Id.*

⁵¹ Eckerd Connects and Family Support Services of North Florida.

⁵² *Supra* note 49.

⁵³ Florida Department of Children and Families, Office of Inspector General, Internal Audit, Project #A-1819DCF-043, December 3, 2021, available at <https://eds.myflfamilies.com/IGRPTS/AuditFileView.aspx>.

⁵⁴ *Id.*

⁵⁵ Florida Department of Children and Families, Community-Based Care Lead Agencies Audit Findings, available at <https://www.myflfamilies.com/community-based-care-lead-agencies-audit-findings> (last visited Jan. 12, 2024).

- Board approval of departmental deficit budgets.
- Excessive compensation.
- Establishment of sub-contracts to related parties that provide administrative support and management services.
- Related parties holding real estate that may have been purchased through the use of state/federal funds or acquired based on the existence of those funding streams.

Another key finding was a significant overlap of key individuals serving on both CBC board of directors and the board of a CBC related party. Additionally, CBC boards were not providing high level fiduciary oversight of CBC operations and budgets. Certain executive leadership positions were also integrally involved in related parties creating the potential for conflict of interest in CBC contracts for services with such related parties.⁵⁶

The DCF took corrective action against the six CBCs because of the examinations' findings.

Executive Compensation

CBC expenditures must comply with financial guidelines developed by the DCF and with federal and state law. Current law prohibits a CBC administrative employee in excess of 150 percent of the annual salary paid to the DCF's secretary from state-appropriate funds, including state-appropriated federal funds.⁵⁷ The law does not prohibit any party from providing cash that is not appropriated state funds to a CBC administrative employee.⁵⁸ The Legislature codified the statutory salary cap into law in 2015 after the Florida Auditor General found instances where salary payments, including bonuses and leave balances, did not appear to be properly supported or calculated in accordance with established CBC policy or state law.⁵⁹

CBCs must also comply with the federal salary rate limit because CBCs receive federal pass-through awards from the DCF. Federal funds from the United States Health and Human Services (HHS) may not be used to pay the salary, or any percentage of salary, to an individual in excess of the Executive Level II rate, currently \$212,100.⁶⁰ Therefore, the maximum amount a CBC executive may be compensated with combined state and federal funds is \$315,000, of which only \$212,100 can be federal funds.⁶¹

⁵⁶ Florida Department of Children and Families, Community-Based Care Lead Agencies Audit Findings, available at <https://www.myflfamilies.com/community-based-care-lead-agencies-audit-findings> (last visited Jan. 12, 2024).

⁵⁷ Section 409.992(3), F.S.

⁵⁸ *Id.*

⁵⁹ Florida Auditor General, Department of Children and Families and Selected Community-Based Care Lead Agencies, Oversight of Foster Care and Related Services, Operational Audit, Report 2015-156, March 2015, available at: https://flauditor.gov/pages/pdf_files/2015-156.pdf.

⁶⁰ Email from Sam Kerce, Legislative Affairs Director, Florida Department of Children and Families, re: Questions, on file with the Senate Children, Families, and Elder Affairs Committee. *See also* Health Resources & Services Administration, Grants Policy Bulletin, Legislative Mandates in Grants Management for FY 2023, Feb. 1, 2023, available at: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/legislative-mandates-grants-management-2023.pdf>.

⁶¹ Florida Department of Children and Families, 2024 Agency Analysis, pg. 4. (on file with the Children, Families, and Elder Affairs Committee). The nine CBCs that currently exceed the 35 percent threshold include: Kids First of Florida, Inc.; Childnet, Inc. (Palm Beach); Childnet, Inc. (Broward); Community Partnership for Children, Inc.; Brevard Family Partnerships; Family Integrity Program (St. Johns County); Kids Central, Inc.; Safe Children Coalition; and Children's Network of Southwest Florida.

The DCF is required to publish the compensation information for a CBC’s chief executive, chief administrator, or other chief officer.⁶² The following table includes the *total* compensation for CBC executive officers as of the last annual reporting to the DCF.⁶³

CBC Lead Agency	Circuit	CEO	CFO	COO
Northwest Florida Health Network (Big Bend)	1, 2,14	\$563,842	\$272,261	\$217,194
Partnership for Strong Families	3, 8	\$169,043	\$116,277	\$105,445
Family Support Services of North Florida	4 (Duval, Nassau)	\$230,125	\$146,978	Vacant
Family Support Services of Suncoast	6 (Pasco, Pinellas)			
Kids First of Florida	4 (Clay)	\$113,656	\$113,040	\$101,656
St. Johns County Board of Commissioners	7 (St. Johns)	N/A	N/A	N/A
Community Partnership for Children	7 (Flagler, Volusia, Putnam)	\$205,000	\$114,500	\$122,360
Safe Children Coalition	12	\$220,000	\$110,000	\$145,000
Kids Central	5	\$218,624	\$177,786	\$162,350
Embrace Families	9, 18 (Orange, Osceola, Seminole)	\$332,023	\$206,520	\$254,635
Heartland for Children	10	\$175,000	\$130,000	\$152,499
Brevard Family Partnerships	18 (Brevard)	\$157,757	\$103,716	\$129,024
Communities Connected for Kids	19	\$169,161	\$141,474	\$145,757
ChildNet	15 (Palm Beach)	\$266,492	\$201,956	\$212,630
	17 (Broward)			
Children’s Network of Southwest Florida	20	\$209,830	\$162,931	\$163,513
Children’s Network of Hillsborough	13	\$197,600	\$166,400	\$166,400
Citrus Family Care Network	11, 16	\$263,800	\$176,342	\$203,059

Conflicts of Interest

The outsourced nature of the DCF services, including child welfare, requires the DCF to engage in contract management functions focused on accountability. One area of possible lack of accountability is conflicts of interest between a CBC member, officer, or relative and CBC subcontractor.

Section 409.987(7), F.S., requires a process for disclosing and eliminating any transaction or activity that could reasonably be construed to be a conflict of interest for a member, officer, or relative of a CBC. This requirement applies to situations in which a CBC board member or

⁶² Section 409.996(4)(a)1., F.S.

⁶³ Florida Department of Children and Families, *Lead Agency Information*, available at <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Jan. 13, 2024).

officer, or relative within the third degree of consanguinity by blood or marriage of a member or officer:

- Enters into a contract or other transaction for goods or services with the CBC.
- Holds a direct or indirect interest⁶⁴ in a corporation, limited liability corporation, partnership, limited liability partnership, or other business entity that conducts business with the CBC or proposes to enter into a contract or other transaction with the CBC.
- Knowingly obtains a direct or indirect personal, financial, professional, or other benefit as a result of the relationship with a board member or officer, or relative of the board member or officer of the CBC.

Any activity that involves a contract for goods and services, a purchase of any real or tangible property, an agreement to engage with the CBC for a benefit, or an in-kind contribution, or if a CBC board member or officer notifies the CBC board of a potential conflict of interest under an existing CBC contract, the proposed activity or potential conflict of interest must be presented to the CBC board for approval which includes:

- Listing the proposed activity on the CBC board's agenda for the next general or special meeting;
- Providing copies of all contracts and relevant documents related to the proposed transaction; and
- Allowing the CBC board an opportunity to approve or disapprove the conflict of interest by a vote of two-thirds of all other members present.⁶⁵

If the CBC board votes against the proposed activity, the CBC board member or officer must notify the CBC board in writing of his or her intention, or the relative's intention, not to pursue the proposed activity or the CBC board member or officer must resign. If the CBC board finds a CBC member or officer has violated the requirements for approval, the CBC board member or officer will be deemed removed from the CBC board before the next scheduled board meeting.

If the CBC board does not approve a conflict of interest, the parties to the activity where the conflict of interest exist may opt to cancel the activity or resign from the CBC board or office before the next scheduled board meeting.⁶⁶

A contract entered into between a CBC board member or officer, or relative of a CBC board member or officer, and a CBC which has not been properly disclosed as a conflict of interest or potential conflict of interest is voidable and terminates upon the filing of a written notice to the CBC board of directors.⁶⁷

Findings from the most recent CBC financial and operational examinations included concerns of significant overlap of key individuals serving on both a CBC board of directors and a related party board and executive leadership positions being integrally involved in multiple related parties creating the potential for conflict of interest in CBC contracts for services with related

⁶⁴ "Indirect interest" means an interest in which legal title is held by another as trustee or other representative capacity, but the equitable or beneficial interest is held by the person required to file under Ch. 112, Part III, F.S.

⁶⁵ Section 409.987(7)(c), F.S.

⁶⁶ Section 409.987(7)(d)2., F.S.

⁶⁷ Section 409.987(7)(f), F.S.

parties.⁶⁸ Findings also noted a perception that CBC board of directors were not providing proper fiduciary oversight of CBC operations and budgets.⁶⁹

Competitive Solicitation for Commodities or Contractual Services

Section 287.057, F.S., requires state agencies that wish to procure commodities or contractual services in excess of \$35,000 to use a competitive solicitation process. A competitive solicitation is a process of requesting and receiving two or more sealed bids, proposals, or replies submitted by responsive vendors in accordance with the terms of a competitive process, regardless of procurement method.⁷⁰ Depending on the type of contract and scope of work or goods sought, an agency may use one of three procurement methods: invitation to bid,⁷¹ request for proposals,⁷² or invitation to negotiate.⁷³

III. Effect of Proposed Changes:

Section 1 amends s. 409.987, F.S., to require the Department of Children and Families (DCF) to procure community-based care lead agency (CBC) contracts every five years and allows for the DCF to extend a CBC contract for up to one year based on need.

The bill requires a CBC board of directors to ensure accountability and transparency of the system of care, which includes fiduciary oversight to prevent conflicts of interest, promote accountability and transparency, and protect state and federal funding from misuse. The bill requires the CBC to ensure that board members participate in annual training, as approved by the DCF, related to their responsibilities.

The bill expands those who may have a conflict of interest to include a CBC director or a relative of a director and creates a definition for “related party” to conform to changes made in this section.

The bill requires a CBC board of directors to disclose to the DCF any known, actual, or potential conflicts of interest.

The bill requires a CBC to competitively procure all contracts with related parties in excess of \$35,000, and prohibits CBCs from entering into a contract or be a party to any transaction that creates a conflict of interest, including for the provision of management or administrative services or oversight with related parties, which includes any:

- Entity where any director or executive of such entity is also directly or indirectly related to, or has a direct or indirect financial or other material interest in, the CBC.
- Subsidiary, parent entity, associate firm, joint venture, or any entity that is controlled, influenced, or managed by another entity or any individual related to such entity.

⁶⁸ Florida Department of Children and Families, Office of Inspector General, Internal Audit, Project #A-1819DCF-043, December 3, 2021, available at <https://eds.myflfamilies.com/IGRPTS/AuditFileView.aspx>.

⁶⁹ *Id.*

⁷⁰ Section 287.012(6), F.S.

⁷¹ Section 287.057(1)(a), F.S.

⁷² Section 287.057(1)(b), F.S.

⁷³ Section 287.057(1)(c), F.S.

- Individual who is, or was within the immediately preceding 36 months, an executive officer or a board member of the entity.

The bill removes obsolete language related disclosure of conflicts of interest that occur by a specific date.

The bill creates civil penalties of \$5,000 per occurrence when a CBC does not disclose a known and potential conflict of interest to the DCF in the process described in s. 409.987(b), F.S.

The bill creates civil penalties when a CBC procures a contract that was a conflict of interest and not disclosed to the DCF of \$50,000 for a first offense and \$100,000 for a second or subsequent offense. The bill requires the penalties to apply to any contract entered into, regardless of the method of procurement, including, but not limited to, formal procurement, sing-source contracts, and contracts that do not meet the minimum threshold for formal procurement. The bill requires re-procurement of any contract procured in violation of the disclosure requirements.

The bill allows the DCF to prohibit the execution of a contract for which a conflict of interest exists or will exist after execution.

These provisions all focus on the corporate function and business operations of CBCs, clarifying and detailing requirements around reporting, conflicts of interest, board of director functions, and financial penalties.

Section 2 amends s. 409.988, F.S., to require CBCs to comply with regular, independent auditing of their financial activities, including any requests for records associated with such financial audits within the timeframe established by the DCF or its contracted vendors. It also requires the results of financial audits to be provided to the community alliance in the CBC's service area rather than the CBC's financial information being provided to the community alliance.

The bill requires the CBC to competitively procure any subcontract over \$250,000 and prohibits CBCs from subcontracting for the provision of management and oversight functions. The bill also requires the CBC's contract with the DCF to detail the administrative functions and services the CBC is allowed to subcontract for.

The bill prohibits a CBC from providing more than 35 percent of direct child welfare services unless there is a lack of viable providers available to perform the necessary services. The bill requires the DCF to review and approve or deny a CBC's request to exceed the threshold if there is no community alliance in the CBC's service area. If justification for exceeding the 35 percent threshold is approved, the bill limits the approval to two years and requires the CBC to report quarterly during that period showing its efforts to recruit providers to the geographic service area. The bill also requires the CBC to procure the services before the end of the two years.

The bill expands the data that a CBC must publish on its website to include:

- The number of unlicensed placements for the previous month;

- The percentages and trends for foster parent and group home recruitment and licensure for the previous month;
- The percentage of families being served through family support, in-home, and out-of-home services for the previous month; and
- The percentage of cases that converted from nonjudicial to judicial for the previous month.

These provisions focus on the business operations of CBCs and tighten requirements around procurement, the provision of services, and transparency.

Section 3 amends s. 409.992, F.S. to require CBCs to competitively procure all contracts consistent with the simplified acquisition threshold in federal rule (2 C.F.R. part 200). It also creates financial penalties or sanctions for noncompliance with applicable local, state, or federal law for the procurement of commodities or contractual services. The bill requires the DCF to establish and incorporate the financial penalties or sanctions into the CBC contracts.

The bill requires CBCs to comply with purchasing practices for professional services, including engineering or construction design, in s. 287.055, F.S. It also requires the DCF to retain all rights to and ownership of any real property procured by the CBC upon termination of the CBC's contract. Further, it requires a CBC to return any funds from the sale, transfer, or other dispossession of real property during a CBC contract term to the DCF.

The bill limits the compensation a CBC administrative employee may receive to a capped total amount not to exceed 150 percent of the annual salary paid to the secretary of the DCF, regardless of the number of contracts a CBC executes with the DCF. This is currently \$315,000 of combined state and federal funds.

Section 4 amends s. 409.994, F.S., to expand the situations in which the DCF can petition the court to initiate receivership of a CBC. The bill allows the DCF to petition the court for receivership when the DCF's secretary determines that conditions exist within the CBC that present a danger (rather than an *imminent* danger as in current law) to the health, safety, or welfare of the dependent children in the CBC's care or supervision. Further, it expands when the DCF may petition for receivership from when a CBC *cannot* meet financial obligations to also include when a CBC is *unlikely* to meet financial obligations.

Section 5 amends s. 409.996, F.S. to create flexibility for the DCF to take action against a CBC by removing a tiered intervention and graduated penalties process and instead requires contractual actions and financial penalties for performance deficiencies. The bill requires the DCF to include the following in CBC contracts:

- Contractual actions for failure to comply with contract terms or in the event of performance deficiencies, as determined by the DCF. Such interventions and penalties include, but are not limited to:
 - Corrective action plans.
 - Requirements to accept technical assistance and consultation from the DCF.
 - Financial penalties, including liquidated damages, which the DCF will be solely responsible for determining the monetary value of, that require the CBC to direct, rather than reallocate, funds from administrative costs to the DCF. The bill requires the DCF to use the collected funds to support service delivery of quality improvement activities for

children in the CBC's care. The bill allows the penalties to be imposed for failure to provide timely, sufficient resolution of deficiencies resulting in a corrective action plan or other performance improvement plan issued by the DCF.

- Provisions that require a CBC to pay the DCF for failure to comply with contractual obligations.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None identified.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There is an indeterminate fiscal impact on the community-based care lead agencies (CBCs) due to the financial penalties included in the bill. A CBC that fails to disclose known or actual conflicts of interest or does not comply with other requirements mandated by the bill will experience a negative fiscal impact in the event of the Department of Children and Families imposing the financial penalties authorized by the bill.

C. Government Sector Impact:

The bill has no fiscal impact on state government expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.987, 409.988, 409.990, 409.992, 409.994, and 409.996.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS/CS by Appropriations Committee on Health and Human Services on February 13, 2024:**

The committee substitute:

- Requires the Department of Children and Families (DCF) to use an actuarial-based, three-tiered payment model for the allocation of core services funds to community-based care lead agencies (CBCs).
- Prohibits a CBC, under contract with the DCF, from subcontracting for management and oversight functions. Requires that the contract between the CBC and the DCF detail the administrative functions and services the CBC may subcontract for.
- Requires a CBC that received a DCF temporary exemption to exceed the 35% threshold for directly providing child welfare services, to submit quarterly reports during the exemption period to the DCF and the community alliance, showing its efforts to recruit providers to the geographic service area.

CS by Children, Families, and Elder Affairs on January 17, 2024:

The committee substitute adds the following provisions:

- Requiring CBC board members to complete annual training, as approved by the DCF, on their responsibilities.
- Include a CBC director, or a relative of a CBC director, to persons who can have a conflict of interest.
- Retaining current statutory language on the process of a CBC disclosing a conflict of interest to the DCF and allowing the DCF to impose civil penalties if a CBC does not properly disclose known or potential conflicts of interest as required by that process.
- Requiring CBC board members to disclose any known, actual, or potential conflicts of interest.
- Requiring CBCs to competitively procure all contracts with related parties over \$35,000.
- Requiring the DCF to impose civil penalties against a CBC that procures a contract without proper disclosure of a conflict of interest on any contract entered into by the

CBC, regardless of the method of procurement, including, but not limited to, formal procurement, single-source contract, and contracts that do not meet the minimum threshold for formal procurement.

- Requiring subcontracts over \$250,000 to comply with the competitive procurement process.
- Allowing a CBC to exceed the threshold of providing more than 35 percent of child welfare services in its service area if there is a lack of viable providers and limits the approval to exceed the 35 percent threshold to two years.
- Delaying implementation of the CBC funding model changes until July 1, 2025.
- Including a list of Tier 1 operational base costs in the actuarially sound funding model.
- Requiring a CBC to return any funds from the sale, transfer, or other dispossession of real property to the DCF.
- Updating a cross-reference for early termination of a CBC contract.
- Retaining the requirements that the DCF must submit an annual report on the child welfare results-oriented accountability program.

The committee substitute removes the following provisions:

- Requiring CBCs to submit certain judicial documents to the DCF attorneys within specific timeframes.
- Requiring CBCs to submit spending plans to the DCF for approval prior to receiving allocated funds.
- Allowing a written certification by the DCF's secretary to serve as prima facie to file a petition for receivership of a CBC.
- Requiring CBC contracts to include sanctions or disincentives for failure to comply with specific items.

B. Amendments:

None.



418884

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 172 - 399

and insert:

not disclosed to the department. Civil penalties must be
paid by the board and not from any state or federal funds.

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

a. A civil penalty in the amount of \$50,000 for a first



418884

11 offense.

12 b. A civil penalty in the amount of \$100,000 for a second
13 or subsequent offense.

14 3. The civil penalties for failure to disclose a conflict
15 of interest under subparagraphs 1. and 2. apply to any contract
16 entered into, regardless of the method of procurement,
17 including, but not limited to, formal procurement, single-source
18 contracts, and contracts that do not meet the minimum threshold
19 for formal procurement.

20 4. A contract procured for which a conflict of interest was
21 not disclosed to the department before execution of the contract
22 must be reprocured.

23 5. The department may, at its sole discretion, prohibit
24 execution of a contract for which a conflict of interest exists,
25 or will exist after execution.

26 Section 2. Paragraphs (c), (i), (j), (k), and (l) of
27 subsection (1) of section 409.988, Florida Statutes, are amended
28 to read:

29 409.988 Community-based care lead agency duties; general
30 provisions.—

31 (1) DUTIES.—A lead agency:

32 (c) Shall follow the financial guidelines developed by the
33 department and shall comply with regular, independent auditing
34 of its financial activities, including any requests for records
35 associated with such financial audits within the timeframe
36 established by the department or its contracted vendors ~~provide~~
37 for a regular independent auditing of its financial activities.
38 The results of the financial audit must ~~Such financial~~
39 ~~information shall~~ be provided to the community alliance



418884

40 established under s. 20.19(5).

41 (i) Shall comply with federal and state statutory
42 requirements and agency rules in the provision of contractual
43 services. Any subcontract in excess of \$250,000 must comply with
44 the competitive procurement process.

45 (j) May subcontract for the provision of services,
46 excluding management and oversight functions, required by the
47 contract with the lead agency and the department; however, the
48 subcontracts must specify how the provider will contribute to
49 the lead agency meeting the performance standards established
50 pursuant to the child welfare results-oriented accountability
51 system required by s. 409.997. The contract with the department
52 must detail the administrative functions and services the lead
53 agency is allowed to subcontract. The lead agency shall directly
54 provide no more than 35 percent of all child welfare services
55 provided unless it can demonstrate a need, within the lead
56 agency's geographic service area where there is a lack of viable
57 providers available to perform the necessary services. The
58 approval period to exceed the threshold is limited to 2 years.
59 During this 2-year period, the lead agency must submit quarterly
60 reports to the department and the community alliance showing its
61 efforts to recruit providers to the geographic service area. The
62 lead agency must reprocure for these services before the end of
63 the 2-year period, to exceed this threshold. The local community
64 alliance in the geographic service area in which the lead agency
65 is seeking to exceed the threshold shall review the lead
66 agency's justification for need and recommend to the department
67 whether the department should approve or deny the lead agency's
68 request for an exemption from the services threshold. If there



418884

69 is not a community alliance operating in the geographic service
70 area in which the lead agency is seeking to exceed the
71 threshold, such review and approval or denial of the lead
72 agency's request for an exemption from the services threshold
73 must recommendation shall be made by the department. ~~by~~
74 ~~representatives of local stakeholders, including at least one~~
75 ~~representative from each of the following:~~

- 76 ~~1. The department.~~
- 77 ~~2. The county government.~~
- 78 ~~3. The school district.~~
- 79 ~~4. The county United Way.~~
- 80 ~~5. The county sheriff's office.~~
- 81 ~~6. The circuit court corresponding to the county.~~
- 82 ~~7. The county children's board, if one exists.~~

83 (k) Shall publish on its website by the 15th day of each
84 month at a minimum the data specified in subparagraphs 1.-9. ~~1.-~~
85 ~~5.~~, calculated using a standard methodology determined by the
86 department, for the preceding calendar month regarding its case
87 management services. The following information must ~~shall~~ be
88 reported by each individual subcontracted case management
89 provider, by the lead agency, if the lead agency provides case
90 management services, and in total for all case management
91 services subcontracted or directly provided by the lead agency:

- 92 1. The average caseload of case managers, including only
93 filled positions;
- 94 2. The total number and percentage of case managers who
95 have 25 or more cases on their caseloads;
- 96 3. The turnover rate for case managers and case management
97 supervisors for the previous 12 months;



418884

98 4. The percentage of required home visits completed; ~~and~~
99 5. Performance on outcome measures required pursuant to s.
100 409.997 for the previous 12 months;~~;~~

101 6. The number of unlicensed placements for the previous
102 month;

103 7. The percentage and trends for foster parent and group
104 home recruitment and licensure for the previous month;

105 8. The percentage of families being served through family
106 support, in-home, and out-of-home services for the previous
107 month; and

108 9. The percentage of cases that converted from nonjudicial
109 to judicial for the previous month.

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

111 And the title is amended as follows:

112 Delete lines 20 - 28

113 and insert:

114 community-based care lead agency duties;

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

586-02176-24

2024536c1

1 A bill to be entitled
2 An act relating to community-based child welfare
3 agencies; amending s. 409.987, F.S.; revising
4 requirements for contracts the Department of Children
5 and Families has with community-based care lead
6 agencies; revising requirements for an entity to serve
7 as a lead agency; requiring lead agencies to ensure
8 that board members participate in certain annual
9 training; revising the definition of the term
10 "conflict of interest"; defining the term "related
11 party"; requiring the lead agency's board of directors
12 to disclose any known, actual, or potential conflicts
13 of interest; prohibiting a lead agency from entering
14 into a contract or being a party to a transaction that
15 creates a conflict of interest; requiring a lead
16 agency to competitively procure certain contracts;
17 imposing civil penalties on lead agencies for
18 undisclosed conflicts of interest; providing
19 applicability; amending s. 409.988, F.S.; revising
20 community-based care lead agency duties; amending s.
21 409.991, F.S.; revising the definition of the term
22 "core services funds"; deleting definitions; requiring
23 that the allocation of core services funds be based on
24 a three-tiered payment model; providing specifications
25 for the payment model; requiring that reports be
26 submitted annually to the Governor and the Legislature
27 by a specific date; requiring that all funding for
28 core services be based on the statutory methodology;
29 amending s. 409.992, F.S.; revising requirements for

Page 1 of 18

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

586-02176-24

2024536c1

30 lead agency practices in the procurement of
31 commodities and contractual services; requiring the
32 department to impose certain penalties for a lead
33 agency's noncompliance with applicable procurement
34 law; requiring lead agencies to comply with
35 established purchasing practices for the procurement
36 of real property and professional services; requiring
37 the department to retain all rights to and ownership
38 of real property procured upon termination of
39 contracts; requiring that certain funds be returned to
40 the department; providing applicability of certain
41 limitations on the salaries of community-based care
42 lead agency administrative employees; amending s.
43 409.994, F.S.; revising the conditions under which the
44 department may petition a court for the appointment of
45 a receiver for a community-based care lead agency;
46 amending s. 409.996, F.S.; revising requirements for
47 contracts between the department and lead agencies;
48 revising the actions the department may take upon
49 certain circumstances; making a technical change;
50 providing duties to the department; providing an
51 effective date.

52
53 Be It Enacted by the Legislature of the State of Florida:

54
55 Section 1. Subsections (3) and (4) and paragraphs (a) and
56 (b) of subsection (7) of section 409.987, Florida Statutes, are
57 amended to read:
58 409.987 Lead agency procurement; boards; conflicts of

Page 2 of 18

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

586-02176-24

2024536c1

59 interest.—

60 (3) Notwithstanding s. 287.057, the department shall use 5-
61 year contracts with lead agencies. The 5-year contract must be
62 reprocured at the end of each 5-year contract term. The contract
63 may be extended at the discretion of the department for up to 1
64 year, based on department needs.

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

66 (a) Be organized as a Florida corporation or a governmental
67 entity.

68 (b) Be governed by a board of directors or a board
69 committee composed of board members. Board members shall provide
70 oversight and ensure accountability and transparency for the
71 system of care. The board of directors shall provide fiduciary
72 oversight to prevent conflicts of interest, promote
73 accountability and transparency, and protect state and federal
74 funding from misuse. The lead agency shall ensure that board
75 members participate in annual training, as approved by the
76 department, related to their responsibilities. The membership of
77 the board of directors or board committee must be described in
78 the bylaws or articles of incorporation of each lead agency,
79 which must provide that at least 75 percent of the membership of
80 the board of directors or board committee must be composed
81 consist of persons residing in this state, and at least 51
82 percent of the state residents on the board of directors must
83 reside within the service area of the lead agency. However, for
84 procurements of lead agency contracts initiated on or after July
85 1, 2014:

86 1. At least 75 percent of the membership of the board of
87 directors must be composed ~~consist~~ of persons residing in this

Page 3 of 18

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

586-02176-24

2024536c1

88 state, and at least 51 percent of the membership of the board of
89 directors must be composed ~~consist~~ of persons residing within
90 the service area of the lead agency. If a board committee
91 governs the lead agency, 100 percent of its membership must be
92 composed ~~consist~~ of persons residing within the service area of
93 the lead agency.

94 2. The powers of the board of directors or board committee
95 include, but are not limited to, approving the lead agency's
96 budget and setting the lead agency's operational policy and
97 procedures. A board of directors must additionally have the
98 power to hire the lead agency's executive director, unless a
99 board committee governs the lead agency, in which case the board
100 committee must have the power to confirm the selection of the
101 lead agency's executive director.

102 (c) Demonstrate financial responsibility through an
103 organized plan for regular fiscal audits and the posting of a
104 performance bond.

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

106 1. "Activity" includes, but is not limited to, a contract
107 for goods and services, a contract for the purchase of any real
108 or tangible property, or an agreement to engage with a lead
109 agency for the benefit of a third party in exchange for an
110 interest in real or tangible property, a monetary benefit, or an
111 in-kind contribution.

112 2. "Conflict of interest" means when a board member, a
113 director, or an officer, or a relative of a board member, a
114 director, or an officer, of a lead agency does any of the
115 following:

116 a. Enters into a contract or other transaction for goods or

Page 4 of 18

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

586-02176-24

2024536c1

117 services with the lead agency.

118 b. Holds a direct or indirect interest in a corporation,
119 limited liability corporation, partnership, limited liability
120 partnership, or other business entity that conducts business
121 with the lead agency or proposes to enter into a contract or
122 other transaction with the lead agency. For purposes of this
123 paragraph, the term "indirect interest" has the same meaning as
124 in s. 112.312.

125 c. Knowingly obtains a direct or indirect personal,
126 financial, professional, or other benefit as a result of the
127 relationship of such board member, director, or officer, or
128 relative of the board member, director, or officer, with the
129 lead agency. For purposes of this paragraph, the term "benefit"
130 does not include per diem and travel expenses paid or reimbursed
131 to board members or officers of the lead agency in connection
132 with their service on the board.

133 3. "Related party" means any entity of which a director or
134 an executive of the entity is also directly or indirectly
135 related to, or has a direct or indirect financial or other
136 material interest in, the lead agency. The term also includes
137 any subsidiary, parent entity, associate firm, or joint venture,
138 or any entity that is controlled, influenced, or managed by
139 another entity or an individual related to such entity,
140 including an individual who is, or was within the immediately
141 preceding 3 years, an executive officer or a board member of the
142 entity.

143 ~~4.3-~~ "Relative" means a relative within the third degree of
144 consanguinity by blood or marriage.

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

586-02176-24

2024536c1

146 lead agency for its initial consideration and approval ~~after~~
147 ~~July 1, 2021~~, or any activity that involves a contract that is
148 being considered for renewal ~~on or after July 1, 2021, but~~
149 ~~before January 1, 2022~~, a board member, a director, or an
150 officer of a lead agency shall disclose to the board any
151 activity that may reasonably be construed to be a conflict of
152 interest before such activity is initially considered and
153 approved or a contract is renewed by the board. A rebuttable
154 presumption of a conflict of interest exists if the activity was
155 acted on by the board without prior notice as required under
156 paragraph (c). The board shall disclose any known, actual, or
157 potential conflicts to the department.

158 2. A lead agency may not enter into a contract or be a
159 party to any transaction that creates a conflict of interest,
160 including with related parties for the provision of management
161 or administrative services or oversight. The lead agency shall
162 competitively procure all contracts with related parties in
163 excess of \$35,000 For contracts with a lead agency which are in
164 existence on July 1, 2021, and are not subject to renewal before
165 January 1, 2022, a board member or an officer of the lead agency
166 shall disclose to the board any activity that may reasonably be
167 construed to be a conflict of interest under this section by
168 December 31, 2021.

169 (g)1. Civil penalties in the amount of \$5,000 per
170 occurrence shall be imposed for each known and potential
171 conflict of interest, as described in paragraph (b), which is
172 not disclosed to the department.

173 2. If a contract is procured for which a conflict of
174 interest was not disclosed to the department before execution of

586-02176-24

2024536c1

175 the contract, the following penalties apply:

176 a. A civil penalty in the amount of \$50,000 for a first
177 offense.

178 b. A civil penalty in the amount of \$100,000 for a second
179 or subsequent offense.

180 3. The civil penalties for failure to disclose a conflict
181 of interest under subparagraphs 1. and 2. apply to any contract
182 entered into, regardless of the method of procurement,
183 including, but not limited to, formal procurement, single-source
184 contracts, and contracts that do not meet the minimum threshold
185 for formal procurement.

186 4. A contract procured for which a conflict of interest was
187 not disclosed to the department before execution of the contract
188 must be reprocured.

189 5. The department may, at its sole discretion, prohibit
190 execution of a contract for which a conflict of interest exists,
191 or will exist after execution.

192 Section 2. Paragraphs (c), (i), (j), (k), and (l) of
193 subsection (1) of section 409.988, Florida Statutes, are amended
194 to read:

195 409.988 Community-based care lead agency duties; general
196 provisions.—

197 (1) DUTIES.—A lead agency:

198 (c) Shall follow the financial guidelines developed by the
199 department and shall comply with regular, independent auditing
200 of its financial activities, including any requests for records
201 associated with such financial audits within the timeframe
202 established by the department or its contracted vendors provide
203 for a regular independent auditing of its financial activities.

586-02176-24

2024536c1

204 The results of the financial audit must ~~Such financial~~
205 ~~information shall~~ be provided to the community alliance
206 established under s. 20.19(5).

207 (i) Shall comply with federal and state statutory
208 requirements and agency rules in the provision of contractual
209 services. Any subcontract in excess of \$250,000 must comply with
210 the competitive procurement process.

211 (j) May subcontract for the provision of services,
212 excluding administrative and management functions, required by
213 the contract with the lead agency and the department; however,
214 the subcontracts must specify how the provider will contribute
215 to the lead agency meeting the performance standards established
216 pursuant to the child welfare results-oriented accountability
217 system required by s. 409.997. The lead agency shall directly
218 provide no more than 35 percent of all child welfare services
219 provided unless it can demonstrate a need, within the lead
220 agency's geographic service area where there is a lack of viable
221 providers available to perform the necessary services. The
222 approval period to exceed the threshold must be limited to 2
223 years. The lead agency shall reprocure for these services before
224 the end of the 2-year period, ~~to exceed this threshold.~~ The
225 local community alliance in the geographic service area in which
226 the lead agency is seeking to exceed the threshold shall review
227 the lead agency's justification for need and recommend to the
228 department whether the department should approve or deny the
229 lead agency's request for an exemption from the services
230 threshold. If there is not a community alliance operating in the
231 geographic service area in which the lead agency is seeking to
232 exceed the threshold, such review and approval or denial of the

586-02176-24 2024536c1

233 lead agency's request for an exemption from the services
 234 threshold must ~~recommendation shall~~ be made by the department.
 235 ~~by representatives of local stakeholders, including at least one~~
 236 ~~representative from each of the following:~~

- 237 ~~1. The department.~~
- 238 ~~2. The county government.~~
- 239 ~~3. The school district.~~
- 240 ~~4. The county United Way.~~
- 241 ~~5. The county sheriff's office.~~
- 242 ~~6. The circuit court corresponding to the county.~~
- 243 ~~7. The county children's board, if one exists.~~

244 (k) Shall publish on its website by the 15th day of each
 245 month at a minimum the data specified in subparagraphs 1.-9. ~~1.-~~
 246 ~~5.-~~, calculated using a standard methodology determined by the
 247 department, for the preceding calendar month regarding its case
 248 management services. The following information must ~~shall~~ be
 249 reported by each individual subcontracted case management
 250 provider, by the lead agency, if the lead agency provides case
 251 management services, and in total for all case management
 252 services subcontracted or directly provided by the lead agency:

- 253 1. The average caseload of case managers, including only
 254 filled positions;
- 255 2. The total number and percentage of case managers who
 256 have 25 or more cases on their caseloads;
- 257 3. The turnover rate for case managers and case management
 258 supervisors for the previous 12 months;
- 259 4. The percentage of required home visits completed; ~~and~~
- 260 5. Performance on outcome measures required pursuant to s.
 261 409.997 for the previous 12 months; ~~-~~

586-02176-24 2024536c1

262 6. The number of unlicensed placements for the previous
 263 month;

264 7. The percentage and trends for foster parent and group
 265 home recruitment and licensure for the previous month;

266 8. The percentage of families being served through family
 267 support, in-home, and out-of-home services for the previous
 268 month; and

269 9. The percentage of cases that converted from nonjudicial
 270 to judicial for the previous month.

271 Section 3. Section 409.991, Florida Statutes, is amended to
 272 read:

273 409.991 Allocation of funds for community-based care lead
 274 agencies.-

275 (1) As used in this section, the term+

276 ~~(a)~~ "core services funds" means all funds allocated to
 277 ~~community-based care~~ lead agencies operating under contract with
 278 the department pursuant to s. 409.987. The term does not include
 279 any of, with the following exceptions:

- 280 (a)1- Funds appropriated for independent living services;
- 281 (b)2- Funds appropriated for maintenance adoption
 282 subsidies;
- 283 (c)3- Funds allocated by the department for child
 284 protective investigation service investigations-training;
- 285 (d)4- Nonrecurring funds;
- 286 (e)5- Designated mental health wrap-around service services
 287 funds;
- 288 (f)6- Funds for special projects for a designated
 289 ~~community-based care~~ lead agency; and
- 290 (g)7- Funds appropriated for the Guardianship Assistance

586-02176-24

2024536c1

291 Program under s. 39.6225.

292 ~~(b) "Equity allocation model" means an allocation model~~
 293 ~~that uses the following factors:~~

- 294 ~~1. Proportion of the child population;~~
 295 ~~2. Proportion of child abuse hotline workload; and~~
 296 ~~3. Proportion of children in care.~~

297 ~~(c) "Proportion of child population" means the proportion~~
 298 ~~of children up to 18 years of age during the previous calendar~~
 299 ~~year in the geographic area served by the community-based care~~
 300 ~~lead agency.~~

301 ~~(d) "Proportion of child abuse hotline workload" means the~~
 302 ~~weighted average of the following subcomponents:~~

303 ~~1. The average number of initial and additional child abuse~~
 304 ~~reports received during the month for the most recent 12 months~~
 305 ~~based on child protective investigations trend reports as~~
 306 ~~determined by the department. This subcomponent shall be~~
 307 ~~weighted as 20 percent of the factor.~~

308 ~~2. The average count of children in investigations in the~~
 309 ~~most recent 12 months based on child protective investigations~~
 310 ~~trend reports as determined by the department. This subcomponent~~
 311 ~~shall be weighted as 40 percent of the factor.~~

312 ~~3. The average count of children in investigations with a~~
 313 ~~most serious finding of verified abuse in the most recent 12~~
 314 ~~months based on child protective investigations trend reports as~~
 315 ~~determined by the department. This subcomponent shall be~~
 316 ~~weighted as 40 percent of the factor.~~

317 ~~(e) "Proportion of children in care" means the proportion~~
 318 ~~of the number of children in care receiving in-home services~~
 319 ~~over the most recent 12-month period, the number of children~~

586-02176-24

2024536c1

320 ~~whose families are receiving family support services over the~~
 321 ~~most recent 12-month period, and the number of children who have~~
 322 ~~entered into out-of-home care with a case management overlay~~
 323 ~~during the most recent 24-month period. This subcomponent shall~~
 324 ~~be weighted as follows:~~

325 ~~1. Fifteen percent shall be based on children whose~~
 326 ~~families are receiving family support services.~~

327 ~~2. Fifty-five percent shall be based on children in out-of-~~
 328 ~~home care.~~

329 ~~3. Thirty percent shall be based on children in in-home~~
 330 ~~care.~~

331 (2) Effective July 1, 2025, allocation of core services
 332 funds must be based on an actuarially sound, tiered payment
 333 model. The tiered model's purpose is to achieve the overarching
 334 goals of a stable payment model that adjusts to workload and
 335 incentivizes prevention, family preservation, and permanency.

336 (a) Tier 1 provides operational base and fixed costs, which
 337 do not vary based on the number of children and families served.
 338 Tier 1 payments may vary by geographic catchment area and cost
 339 of living differences. The department shall establish and
 340 annually update Tier 1 payment rates to maintain cost
 341 expectations that are aligned with the population served,
 342 services provided, and environment. Tier 1 expenses may include:

343 1. Administrative expenditures;

344 2. Lease payments;

345 3. Asset depreciation;

346 4. Utilities;

347 5. Select components of case management, including

348 administrative elements;

586-02176-24

2024536c1

349 6. Mandated activities such as training, quality, and
 350 contract management; or

351 7. Activities performed for children and families which are
 352 nonjudicial and not candidates for Title IV-E funding, including
 353 true prevention and community-focused activities.

354 (b) Tier 2 is a per-child, per-month payment designed to
 355 provide funding for lead agencies' expenses that vary based on
 356 the number of children served for a particular month. The
 357 payment rate blends out-of-home rates and in-home rates specific
 358 to each lead agency to create a rate that provides a financial
 359 incentive to lead agencies to provide service in the least
 360 restrictive safe placement. The department shall establish and
 361 annually update Tier 2 payment rates to maintain cost
 362 expectations that are aligned with the population served,
 363 services provided, and environment. Tier 2 rates must be set
 364 annually.

365 (c) Tier 3 provides financial incentives that the
 366 department shall establish to reward lead agencies that achieve
 367 performance measures aligned with the department's goals of
 368 prevention, family preservation, and permanency. The equity
 369 allocation of core services funds shall be calculated based on
 370 the following weights:

371 ~~(a) Proportion of the child population shall be weighted as~~
 372 ~~5 percent of the total.~~

373 ~~(b) Proportion of child abuse hotline workload shall be~~
 374 ~~weighted as 35 percent of the total.~~

375 ~~(c) Proportion of children in care shall be weighted as 60~~
 376 ~~percent of the total.~~

377 (3) By December 1 of each year, beginning in 2024, the

586-02176-24

2024536c1

378 department shall submit a report to the Governor, the President
 379 of the Senate, and the Speaker of the House of Representatives
 380 which includes each lead agency's actual performance in
 381 attaining the previous fiscal year's targets, recommendations
 382 for adjustments to lead agency funding, and adjustments to the
 383 tiered payment model, if necessary. ~~Beginning in the 2015-2016~~
 384 ~~state fiscal year, 100 percent of the recurring core services~~
 385 ~~funding for each community-based care lead agency shall be based~~
 386 ~~on the prior year recurring base of core services funds.~~

387 (4) Effective July 1, 2025, unless otherwise specified in
 388 the General Appropriations Act, the department shall allocate
 389 all funding for core services based on the methodology
 390 established in this section any new core services funds shall be
 391 allocated based on the equity allocation model as follows:

392 ~~(a) Seventy percent of new funding shall be allocated among~~
 393 ~~all community-based care lead agencies.~~

394 ~~(b) Thirty percent of new funding shall be allocated among~~
 395 ~~community-based care lead agencies that are funded below their~~
 396 ~~equitable share. Funds allocated pursuant to this paragraph~~
 397 ~~shall be weighted based on each community-based care lead~~
 398 ~~agency's relative proportion of the total amount of funding~~
 399 ~~below the equitable share.~~

400 Section 4. Subsections (1) and (3) of section 409.992,
 401 Florida Statutes, are amended to read:

402 409.992 Lead agency expenditures.—

403 (1) The procurement of commodities or contractual services
 404 by lead agencies is ~~shall be~~ governed by the financial
 405 guidelines developed by the department and must comply with
 406 applicable state and federal law and follow good business

586-02176-24

2024536c1

407 practices. Pursuant to s. 11.45, the Auditor General may provide
408 technical advice in the development of the financial guidelines.

409 (a) Lead agencies shall competitively procure all
410 contracts, consistent with the simplified acquisition threshold
411 as specified in 2 C.F.R. part 200. Financial penalties or
412 sanctions, as established by the department and incorporated
413 into the contract, shall be imposed by the department for
414 noncompliance with applicable local, state, or federal law for
415 the procurement of commodities or contractual services.

416 (b) Notwithstanding s. 402.73, for procurement of real
417 property or professional services, lead agencies shall comply
418 with established purchasing practices, including the provisions
419 of s. 287.055, as required, for professional services, including
420 engineering or construction design. Upon termination of the
421 contract, the department shall immediately retain all rights to
422 and ownership of real property procured. Any funds from the
423 sale, transfer, or other dispossession of such property during
424 the contract term shall be returned to the department.

425 (3) Notwithstanding any other provision of law, a
426 community-based care lead agency administrative employee may not
427 receive a salary, whether base pay or base pay combined with any
428 bonus or incentive payments from the lead agency or any related
429 party, in excess of 150 percent of the annual salary paid to the
430 secretary of the Department of Children and Families from state-
431 appropriated funds, including state-appropriated federal funds.
432 This limitation applies regardless of the number of contracts a
433 community-based care lead agency may execute with the
434 department. This subsection does not prohibit any party from
435 providing cash that is not from appropriated state funds to a

Page 15 of 18

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

586-02176-24

2024536c1

436 community-based care lead agency administrative employee.

437 Section 5. Paragraphs (c) and (d) of subsection (1) of
438 section 409.994, Florida Statutes, are amended to read:

439 409.994 Community-based care lead agencies; receivership.—

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

444 (c) The department determines that conditions exist in the
445 lead agency which present a an imminent danger to the health,
446 safety, or welfare of the dependent children under that agency's
447 care or supervision. Whenever possible, the department shall
448 make a reasonable effort to facilitate the continued operation
449 of the program.

450 (d) The lead agency cannot meet, or is unlikely to meet,
451 its current financial obligations to its employees, contractors,
452 or foster parents. Issuance of bad checks or the existence of
453 delinquent obligations for payment of salaries, utilities, or
454 invoices for essential services or commodities constitutes shall
455 constitute prima facie evidence that the lead agency lacks the
456 financial ability to meet its financial obligations.

457 Section 6. Paragraph (d) of subsection (1) of section
458 409.996, Florida Statutes, is amended to read:

459 409.996 Duties of the Department of Children and Families.—
460 The department shall contract for the delivery, administration,
461 or management of care for children in the child protection and
462 child welfare system. In doing so, the department retains
463 responsibility for the quality of contracted services and
464 programs and shall ensure that, at a minimum, services are

Page 16 of 18

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

586-02176-24 2024536c1

465 delivered in accordance with applicable federal and state
 466 statutes and regulations and the performance standards and
 467 metrics specified in the strategic plan created under s.
 468 20.19(1).

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

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

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

479 ~~1. Enhanced monitoring and reporting.~~

480 a.2- Corrective action plans.

481 ~~b.3-~~ Requirements to accept technical assistance and
 482 consultation from the department under subsection (6).

483 ~~c.4-~~ Financial penalties, which ~~shall~~ require a lead agency
 484 to direct reallocate funds from administrative costs to the
 485 department. The department shall use the funds collected to
 486 support service delivery of quality improvement activities for
 487 children in the lead agency's care to direct care for children.
 488 These penalties may be imposed for failure to provide timely,
 489 sufficient resolution of deficiencies resulting in a corrective
 490 action plan or other performance improvement plan issued by the
 491 department. Financial penalties may include liquidated damages.

492 ~~d.5-~~ Early termination of contracts, as provided in s.
 493 402.7305(3)(f) ~~s. 402.1705(3)(f).~~

586-02176-24 2024536c1

494 2. The department shall include in each lead agency
 495 contract executed a provision that requires payment to the
 496 department of sanctions or disincentives for failure to comply
 497 with contractual obligations. The department shall establish a
 498 schedule of daily monetary sanctions or disincentives for lead
 499 agencies, which must be incorporated by reference into the
 500 contract. The department is solely responsible for determining
 501 the monetary value of liquidated damages.

502 Section 7. This act shall take effect July 1, 2024.

The Florida Senate

APPEARANCE RECORD

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

2/13/24

Meeting Date

536

Bill Number or Topic

Senate HHS

Committee

Amendment Barcode (if applicable)

Name Casey Penn

Phone 850-488-0914

Address 2401 N. Monroe St

Email samkerce@myflfamily.com

FLH City

FL State

32309 Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

DCF

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

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

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

The Florida Senate

APPEARANCE RECORD

2/13/2024

Meeting Date

536

Bill Number or Topic

Approps Health: Human

Committee

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

Amendment Barcode (if applicable)

Name Kurt Kelly

Phone 352-509-1220

Address 317 E. Park

Street

Email KurtKelly@FLChildren.org

Tallahassee FL

City

State

32301

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

CEO President of Florida Coalition for Children

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

536

2/13/24

Meeting Date

Bill Number or Topic

HEALTH CARE APPROPRIATIONS

Committee

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

Amendment Barcode (if applicable)

Name

MIKE WATKINS

Phone

850 408 4583

Address

525 N. MLK JR BLVD

Street

TALLY FL 32701

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship

I am a registered lobbyist, representing:

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

CHAIR - FLORIDA COALITION CHILDREN

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

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

The Florida Senate
APPEARANCE RECORD

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

563

Bill Number or Topic

Amendment Barcode (if applicable)

2/13/24

Meeting Date

Senate HHS

Committee

Name

Shevann Harris

Phone

850-488-9140

Address

2401 N. Monroes St.

Email

SamKerco@myfamily.com

Street

TLH

City

FL

State

32309

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

DCF

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

2/13/24

Meeting Date

536

Bill Number or Topic

Senate HHS Approps

Committee

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

Amendment Barcode (if applicable)

Name

Sam Kerce

Phone

850-999-458-9140

Address

2140 N. Monroe St.

Email

SamKerce@myflfamily.com

Street

Tallah

City

FL

State

32309

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

DCF

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

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 776

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Powell

SUBJECT: Temporary Cash Assistance Eligibility

DATE: February 12, 2024 **REVISED:** _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 776 leaves the existing prohibition from receiving Temporary Cash Assistance (TCA) and Supplemental Nutrition Assistance Program (SNAP) assistance for individuals with felony drug trafficking convictions, but creates an exemption for victims of human trafficking. Under the bill, these public benefits may not be denied to an individual solely on the basis of a drug trafficking conviction if the Department of Children and Families has determined the individual is a victim of human trafficking.

The bill has an indeterminate, negative fiscal impact on state government. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Public Assistance

Public assistance programs help low-income families meet their basic needs, such as housing, food, and utilities.¹ The social safety net for American families depends on the coordination of a

¹ National Conference of State Legislatures, *Introduction to Benefit Cliffs and Public Assistance Programs*, available at <https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs> (last visited February 1, 2024).

complex patchwork of federal, state, and local funding and program administration.² Through various programs, public assistance can help families to keep children in their family home through economic difficulties³, reduce the material hardship that has been linked to negative outcomes in children⁴, drive the economy in times of market downturns⁵, and support the career advancement of low-income adults striving to break the cycle of intergenerational poverty.⁶

Two of the most commonly utilized public assistance programs in Florida are the Temporary Assistance for Needy Families Temporary Cash Assistance (TANF or TCA) program and the Supplemental Nutrition Assistance Program (SNAP) or food assistance program

Temporary Assistance for Needy Families

The Temporary Assistance for Needy Families (TANF) system was established at the federal level in 1996 through the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.⁷ PRWORA ended the Aid to Families with Dependent Children (AFDC) program, a federal program that provided dedicated funding for cash assistance to needy families with children, and alternatively created the broad-purpose federal TANF block grant.⁸ The TANF block grant became effective July 1, 1997, and was reauthorized by the Deficit Reduction Act of 2005.

Temporary Cash Assistance (TCA)

Direct cash assistance to needy families is the foundation of public welfare in the U.S.⁹ Prior to the establishment of TANF in 1996, direct cash assistance to needy families was the primary

² Brookings Institute, *State Social Safety Net Policy: How are States Addressing Economic Need*, available at <https://www.brookings.edu/events/state-social-safety-net-policy-how-are-states-addressing-economic-need/> (last visited February 1, 2024).

³ Providing assistance to needy families so that children can be cared for in their own homes is one of the four purposes of the TANF program. See Office of Family Assistance, *About TANF*, available at <https://www.acf.hhs.gov/ofa/programs/tanf/about> (last visited February 1, 2024); see also Center on Budget and Policy Priorities, *Three Reasons Why Providing Cash to Families with Children is a Sound Policy Investment*, available at <https://www.cbpp.org/research/income-security/three-reasons-why-providing-cash-to-families-with-children-is-a-sound> (last visited February 1, 2024).

⁴ Urban Institute, *What Explains the Widespread Material Hardship among Low-Income Families with Children?*, available at https://www.urban.org/sites/default/files/publication/99521/what_explains_the_widespread_material_hardship_among_low-income_families_with_children_0.pdf (last visited February 1, 2024).

⁵ Stephen Vogen, Cristina Miller, Katherine Ralston, *Impact of USDA's Supplemental Nutrition Assistance Program (SNAP) on Rural and Urban Economies in the Aftermath of the Great Recession*, Economic Research Service (2021), available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3938336 (last visited February 1, 2024).

⁶ Brookings, *Policies that Reduce Intergenerational Policy*, available at <https://www.brookings.edu/articles/policies-that-reduce-intergenerational-poverty/> (last visited February 1, 2024).

⁷ Center on Budget and Policy Priorities, *Policy Basics: Temporary Assistance for Needy Families*, available at <https://www.cbpp.org/research/family-income-support/policy-basics-an-introduction-to-tanf> (last visited February 1, 2024). See also Department of Health and Human Services, Office of Family Assistance, *Major Provisions of the Welfare Law*, available at <https://www.acf.hhs.gov/ofa/policy-guidance/major-provisions-welfare-law> (last visited February 1, 2024).

⁸ Congressional Research Service, *Temporary Assistance for Needy Families: The Decline in Assistance Receipt Among Eligible Individuals*, available at <https://crsreports.congress.gov/product/pdf/R/R47503> (last visited February 1, 2024).

⁹ Public cash assistance to needy families has its origin in the early 1900s; state and local entities financed “mother’s pension” programs that provided support to single, often widowed, mothers so that children could be raised in their family homes rather than be institutionalized. See Congressional Research Service, *Temporary Assistance for Needy Families: The Decline in Assistance Receipt Among Eligible Individuals*, available at <https://crsreports.congress.gov/product/pdf/R/R47503> (last visited February 1, 2024).

method of providing support to low-income families with children. Since the transition to TANF federal block grant funding, the number of families receiving direct cash assistance has waned significantly even among eligible populations, and currently, the majority of TANF funds are allocated for indirect methods of assisting families.¹⁰

The Temporary Cash Assistance (TCA) program is Florida's direct cash assistance program for needy families. The TCA program is one of several Florida programs funded with the TANF block grant. Through the TCA program, families who meet specific technical, income, and asset requirements¹¹ may receive cash assistance. The cash assistance is provided in the form of monthly payments deposited into an electronic benefits transfer (EBT) account.¹²

TCA is administered by several state agencies through a series of contracts and memoranda of understanding. The Department of Children and Families (DCF) receives federal TANF block grant funds, processes applications, determines initial eligibility, monitors ongoing eligibility, and disburses benefits to recipients. The Florida Department of Commerce¹³ is responsible for financial and performance reporting to ensure compliance with federal and state measures and for providing training and technical assistance to local workforce development boards (LWDBs). LWDBs provide information about available jobs, on-the-job training, and education and training services within their respective areas and contract with one-stop career centers.¹⁴ CareerSource Florida has planning and oversight responsibilities for all workforce-related programs and contracts with the LWDBs on a performance-basis.¹⁵

The number of families receiving TCA dramatically increased during the COVID-19 pandemic, peaking at more than 50,000 families receiving TCA payments in July 2020.¹⁶ While TCA caseloads have not yet returned to pre-pandemic levels, they have decreased steadily since July 2020. In November 2023, a total of 34,015 families, including 44,309 children, received TCA.¹⁷

¹⁰ Public cash assistance to needy families has its origin in the early 1900s; state and local entities financed “mother’s pension” programs that provided support to single, often widowed, mothers so that children could be raised in their family homes rather than be institutionalized. See Congressional Research Service, *Temporary Assistance for Needy Families: The Decline in Assistance Receipt Among Eligible Individuals*, available at <https://crsreports.congress.gov/product/pdf/R/R47503> (last visited February 1, 2024).

¹¹ Children must be under the age of 18, or under age 19 if they are full-time secondary school students. Parents, children, and minor siblings who live together must apply together. Additionally, pregnant women may also receive TCA, either in the third trimester of pregnancy if unable to work, or in the ninth month of pregnancy. See DCF, *Temporary Cash Assistance (TCA)*, available at <https://www.myflfamilies.com/services/public-assistance/temporary-cash-assistance> (last visited February 1, 2024).

¹² DCF, *Temporary Cash Assistance Fact Sheet*, available at https://www.myflfamilies.com/sites/default/files/2022-10/tcafactsheet_0.pdf (last visited February 1, 2024).

¹³ Florida’s Department of Commerce, formerly known as the Department of Economic Opportunity, was renamed as such in the 2023 Legislative session. See Ron DeSantis, *Governor DeSantis Signs Legislation to Streamline Economic Development in Florida*, available at <https://www.flgov.com/2023/05/31/governor-desantis-signs-legislation-to-streamline-economic-development-in-florida/> (last visited February 1, 2024).

¹⁴ Florida Department of Commerce, CareerSource Florida, *Workforce Innovation and Opportunity Act Annual Statewide Performance Report*, available at <https://careersourceflorida.com/wp-content/uploads/2023/12/2022-23-WIOA-Annual-Performance-Report.pdf> (last visited February 1, 2024).

¹⁵ *Id.*

¹⁶ DCF, *ESS Standard Reports: Caseload Report*, available at <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-standard> (last visited February 1, 2024).

¹⁷ DCF, *ESS Standard Reports: Flash Points*, available at <https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-standard> (last visited February 1, 2024).

TCA Eligibility

States have broad discretion in determining who is eligible for cash assistance. Florida's TCA program requires applicants to meet all of the following criteria to be eligible:¹⁸

- Be a U.S. citizen or qualified noncitizen¹⁹;
- Be a legal resident of Florida;
- Have a minor child residing with a custodial parent or relative caregiver, or be a pregnant woman in the ninth month of pregnancy;
- Have a gross income of 185 percent or less of the federal poverty level;²⁰
- Have liquid or nonliquid resources, of all members of the family, valued at less than \$2,000;²¹
- Register for work with the local workforce development board (LWDB), unless an applicant qualifies for an exemption.

Florida imposes a lifetime limit of 48 cumulative months for an adult to be eligible for and receive cash assistance. Current law outlines specific, limited circumstances under which a person may be exempt from the time limitation;²² however, most households receive TCA for fewer than six months.

TCA Work Requirements

To be eligible for full-family TCA, work-eligible adult family members must participate in work activities in accordance with s. 445.024, F.S., unless they qualify for an exemption.²³ Individuals who fail to comply with the work requirements may be sanctioned.²⁴ Individuals are required to participate in work activities for the maximum number of hours allowable under federal law.²⁵ The number of required work or activity hours is determined by calculating the value of the cash benefits and then dividing that number by the hourly minimum wage amount.

¹⁸ DCF, *Temporary Assistance for Needy Families – State Plan Renewal*, available at <https://www.myflfamilies.com/sites/default/files/2022-10/TANF-Plan.pdf> (last visited February 1, 2024).

¹⁹ Section 414.095(3), F.S. A qualified noncitizen includes an individual who is admitted to the United States as a refugee or who is granted asylum, a Cuban or Haitian entrant, or a noncitizen who has been admitted as a permanent resident. It also includes an individual who, or an individual whose children or parent, has been battered or subject to extreme cruelty in the U.S. by a spouse, a parent, or other household member, and has applied for or received protection under the federal Violence Against Women Act, if certain criteria are met.

²⁰ Gross income cannot exceed 185% of the federal poverty level, and a family's countable income cannot exceed the payment standard for the family size. There is a \$90 deduction on earned income per individual. See Florida Department of Children and Families, *Temporary Cash Assistance (TCA)*, available at <https://www.myflfamilies.com/services/public-assistance/temporary-cash-assistance> (last visited January 25, 2024).

²¹ Licensed vehicles with a combined value of not more than \$8,500 are excluded if a family includes individuals subject to the work requirement, or if the vehicle is necessary to transport a disabled family member and the vehicle has been specially equipped to transport the disabled person. See s. 414.075, F.S.

²² Section 414.105, F.S.

²³ Section 414.095(1), F.S. A person may be exempt from the work requirement if they receive benefits under the Supplemental Security Income Program or the Security Disability Program, is a single parent of a child under three months of age (parenting preparation activities may be alternatively required), is exempt from the TCA time limitation due to hardship, or not considered work-eligible under federal policy. See also DCF, *Temporary Assistance for Needy Families – State Plan Renewal*, available at <https://www.myflfamilies.com/sites/default/files/2022-10/TANF-Plan.pdf> (last visited February 1, 2024).

²⁴ Section 414.065, F.S.

²⁵ Section 445.024(2), F.S.

Work Participation Requirements	
Family Composition	Required Work Participation Hours
Single parent with a child under age 6	20 hours weekly of “core” work activities
Single parent with a child over 6, or two-parent families where one parent is disabled	30 hours weekly with at least 20 hours of “core” work activities
Married teen or teen head of household under age 20	Maintains satisfactory attendance at secondary school or the equivalent, or participates in education related directly to employment for at least 20 hours weekly
Two-parent families who do not receive subsidized child care	35 hours weekly with at least 30 hours of “core” work activities, combined between both parents
Two-parent families who receive subsidized child care	55 hours weekly with at least 50 hours in “core” activities, combined between both parents

Pursuant to state and federal law, there are 12 distinct types of work activities which can be used to satisfy a TCA recipient’s work requirement.²⁶ The 12 activities are categorized as either “core” or “supplemental” activities; such categorization impacts how the activity is counted toward a TCA recipient’s work requirement.

Work Activities	
“Core” Activities	“Supplemental” Activities
<ul style="list-style-type: none"> • Unsubsidized employment • Subsidized private-sector employment • Subsidized public-sector employment • Work experience • On-the-job training • Job search and job readiness assistance • Community service programs • Vocational educational training • Providing child care services to an individual participating in a community service program 	<ul style="list-style-type: none"> • Job skills training directly related to employment • Education directly related to employment • Completion of a secondary school program

While these activities may contribute toward a TCA recipient’s work requirement, federal policy limits the extent to which certain activities may satisfy the work requirement. Federal and state law further limits how the different work activities may count toward a person’s work requirement based on the characteristics of the individual and the length of time in which the individual engages in the activity.²⁷

TCA recipients who fail to comply with work requirements may be sanctioned by the LWDBs. Sanctions result in cash assistance being withheld for a specified period of time, the length of which increases with repeated lack of compliance. Consequences for failure to participate in work activities include:²⁸

²⁶ 45 CFR 261-30; s. 445.024(1), F.S.; *see also* DCF, *Temporary Assistance for Needy Families (TANF) – An Overview of Program Requirements* (2016), available at https://www.myflfamilies.com/sites/default/files/2022-10/TANF%20101%20final_1.pdf (last visited January 25, 2024).

²⁷ 45 CFR § 261.31; s. 445.024, F.S.; *see also* Congressional Research Service, *Temporary Assistance for Needy Families (TANF): The Work Participation Standard and Engagement in Welfare-to-Work Activities*, available at <https://crsreports.congress.gov/product/pdf/R/R44751> (last visited January 26, 2024).

²⁸ Section 414.065, F.S.

- First noncompliance – cash assistance is terminated for the entire family for a minimum of ten days or until the individual complies, whichever is later.
- Second noncompliance – cash assistance is terminated for the entire family for one month or until the individual complies, whichever is later.
- Third noncompliance – cash assistance is terminated for the entire family for three months or until the individual complies, whichever is later.

Supplemental Nutrition Assistance Program (SNAP)

The Food and Nutrition Service (FNS), under the U.S. Department of Agriculture (USDA), administers the Supplemental Nutrition Assistance Program (SNAP).²⁹ SNAP is the nation's largest domestic food and nutrition program for low-income Americans, offering nutritional assistance to millions of individuals and families each year through the provision for funds that can be used to purchase eligible foods.³⁰ In fiscal year 2020, SNAP provided assistance to approximately 39.9 million people living in 20.5 million households across the U.S.³¹ SNAP benefits support individual households by reducing the effects of poverty and increasing food security while supporting economic activity across communities, as SNAP benefits directly benefit farmers, retailers, food processors and distributors, and their employees.³²

SNAP is administered at the state level in Florida by the DCF.³³ The DCF determines and monitors eligibility and disburses benefits to SNAP participants. The state and federal governments share the administrative costs of the program, while the federal government funds 100 percent of the benefit amount received by participants.³⁴ Federal laws, regulations, and waivers provide states with various policy options to better target benefits to those most in need,

²⁹ The Food Stamp Program (FSP) originated in 1939 as a pilot program for certain individuals to buy stamps equal to their normal food expenditures: for every \$1 of orange stamps purchased, people received 50 cents worth of blue stamps, which could be used to buy surplus food. The FSP expanded nationwide in 1974. Under the federal welfare reform legislation of 1996, Congress enacted major changes to the FSP, including limiting eligibility for certain adults who did not meet work requirements. The Food and Nutrition Act of 2008 renamed the FSP the Supplemental Nutrition Assistance Program (SNAP) and implemented priorities to strengthen program integrity, simplify program administration, maintain states' flexibility in how they administer their programs, and improve access to SNAP. See US Department of Agriculture, Food and Nutrition Service, *Short History of SNAP*, available at <https://www.fns.usda.gov/snap/short-history-snap> (last visited February 2, 2024).

³⁰ US Department of Agriculture, Economic Research Service, *Supplemental Nutrition Assistance Program (SNAP) Overview*, available at <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/> (last visited February 2, 2024).

³¹ US Department of Agriculture, Food and Nutrition Service, *Characteristics of SNAP Households: FY 2020 and Early Months of the COVID-19 Pandemic: Characteristics of SNAP Households*, available at <https://www.fns.usda.gov/snap/characteristics-snap-households-fy-2020-and-early-months-covid-19-pandemic-characteristics> (last visited February 2, 2024).

³² US Department of Agriculture, Economic Research Service, *Supplemental Nutrition Assistance Program (SNAP) Economic Linkages*, available at <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/economic-linkages/> (last visited February 2, 2024).

³³ Section 414.31, F.S.

³⁴ Center on Budget and Policy Priorities, *Policy Basics: The Supplemental Nutrition Assistance Program (SNAP)*, available at <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap#:~:text=The%20federal%20government%20pays%20the,the%20states%2C%20which%20operate%20it> (last visited February 2, 2024).

streamline program administration and field operations, and coordinate SNAP activities with those of other programs.³⁵

The amount of benefits, or allotment, for which a household qualified depends on the number of individuals in the household and the household's net income. To calculate a household's allotment, 30% of its net income is subtracted from the maximum allotment for that household size.³⁶ This is because SNAP households are expected to spend about 30 percent of their own resources on food.³⁷ As of October 2023, 3,112,411 Floridians were participating in SNAP.³⁸

SNAP Eligibility & Work Requirements

To be eligible for SNAP, households must meet the following criteria:

- (1) Gross monthly income must be at or below 200 percent of the poverty level;
- (2) Net income must be equal to or less than the poverty level; and
- (3) Assets must be below the limits set based on household composition.³⁹

Individuals may be deemed ineligible for SNAP due to any of the following:⁴⁰

- Conviction of drug trafficking;
- Fleeing a felony warrant;
- Breaking SNAP or TANF program rules;
- Failure to cooperate with the child support enforcement agency; or
- Being a noncitizen without qualified status.

Able-bodied adults are generally required to participate in work activities in order to be eligible for SNAP. Federal policy outlines two tiers of work requirements for SNAP recipients: the general work requirement and the Able-Bodied Adult without Dependents (ABAWD) work requirement.

The general work requirement applies to all recipients between 16 and 59 years of age, unless they qualify for an exemption. The general work requirements include requiring a recipient register for work, participating in SNAP Employment and Training (E&T) or workfare if assigned, taking a suitable job if offered, and not voluntarily quitting a job or reducing work hours below 30 a week without a good reason.⁴¹

Individuals are exempt from the general work requirements if they are:⁴²

³⁵ US Department of Agriculture, Food and Nutrition Service, *State Options Report*, available at <https://www.fns.usda.gov/snap/wai-vers/state-options-report> (last visited February 2, 2024).

³⁶ US Department of Agriculture, Food and Nutrition Service, *SNAP Eligibility*, available at <https://www.fns.usda.gov/snap/recipient/eligibility> (last visited February 2, 2024).

³⁷ *Id.*

³⁸ US Department of Agriculture, Food and Nutrition Service, *Supplemental Nutrition Assistance Program: Number of Persons Participating*, available at <https://fns-prod.azureedge.us/sites/default/files/resource-files/snap-persons-1.pdf> (last visited February 2, 2024).

³⁹ DCF, *SNAP Eligibility*, available at <https://www.myflfamilies.com/services/public-assistance/supplemental-nutrition-assistance-program-snap/snap-eligibility> (last visited February 2, 2024). *See also* s. 414.32, F.S.

⁴⁰ *Id.* *See also* s. 414.32, F.S.

⁴¹ US Department of Agriculture, Food and Nutrition Service, *SNAP Work Requirements*, available at <https://www.fns.usda.gov/snap/work-requirements> (last visited February 2, 2024).

⁴² *Id.*

- Already working at least 30 hours a week (or earning wages at least equal to the federal minimum wage multiplied by 30 hours);
- Meeting work requirements for another program (TANF or unemployment compensation);
- Taking care of a child under six or an incapacitated person;
- Unable to work due to a physical or mental limitation;
- Participating regularly in an alcohol or drug treatment program; or
- Studying in school or a training program at least half-time (but college students are subject to additional eligibility rules).

If an individual capable of meeting the general work requirements fails to do so, they are disqualified from getting SNAP for at least a month and must start meeting the requirements to get SNAP again. If the person gets back on SNAP and fails to meet the requirements again, they are disqualified for longer than a month and could be permanently disqualified.⁴³

The ABAWD work requirement applies to Adults between 18 and 52 years of age, able-bodied, and without dependents, unless otherwise exempt from the general work requirement.⁴⁴ ABAWDs are required to work or participate in a qualifying work program for a combined total of at least 80 hours per month. ABAWDs who fail to comply with the ABAWD work requirement for three months in a 36-month period will lose their SNAP benefits.⁴⁵

Prohibition on Receiving TCA and Food Assistance – Felony Drug Convictions

Federal law prohibits TCA and food assistance eligibility for any individual with a felony drug conviction and imposes a lifetime ban on such benefits, unless a state elects to opt out of the provision.⁴⁶ Florida has opted out of this federal provision⁴⁷, with one limitation. Florida has implemented a modified ban wherein an applicant may not be denied benefits solely based on a felony drug conviction, unless the conviction is for drug trafficking⁴⁸, including agreeing, conspiring, combining, or confederating with another person to commit an act after August 22, 1996.⁴⁹

⁴³ US Department of Agriculture, Food and Nutrition Service, *SNAP Work Requirements*, available at <https://www.fns.usda.gov/snap/work-requirements> (last visited February 2, 2024).

⁴⁴ *Id.* Adults who are unable to work due to a physical or mental limitation, are pregnant, have someone under 18 in their SNAP household, are excused from the general work requirement, are a veteran, experiencing homelessness, or were in foster care on their 18th birthday and are under age 24 are exempt from the ABAWD requirements.

⁴⁵ US Department of Agriculture, Food and Nutrition Service, *Supplemental Nutrition Assistance Program (SNAP) ABAWD Policy Guide*, available at <https://fns-prod.azureedge.us/sites/default/files/resource-files/SNAP-ABAWD-Policy-Guide-September-2023.pdf> (last visited February 2, 2024).

⁴⁶ Pub. L. No. 104-193, s. 115.

⁴⁷ Section 414.095(1), F.S.

⁴⁸ Section 414.095, F.S. Any person may be convicted of drug trafficking if they knowingly sell, purchase, manufacture, deliver, or bring into this state specified illegal drugs, such as cannabis, morphine, cocaine, fentanyl, hydrocodone, oxycodone, or if they are knowingly in actual or constructive possession of these drugs, and the drugs are over a certain amount. S. 893.135, F.S. Drug trafficking also includes those who agree, conspire, combine, or confederate with another person to commit the act.

⁴⁹ See DCF's ESS Policy Manual 1420.2200, Individual Convicted Felony Drug Trafficking (TCA), available at <https://www.myflfamilies.com/sites/default/files/2023-02/1410.pdf> (last visited February 2, 2024).

Under Florida law, drug trafficking is a first-degree felony punishable by up to 30 years of imprisonment and – depending upon the drug type and amount trafficked – fines from \$25,000 to \$500,000.⁵⁰ During the application process, individuals seeking public benefits self-attest if they have been convicted of felony drug trafficking. This information is then confirmed by an eligibility specialist during the applicant’s interview. If the illegal behavior that led to the conviction occurred on or before August 22, 1996, the disqualification does not apply regardless of the date of the conviction. If a court expunges the felony drug trafficking conviction, the individual is not subject to the disqualification.⁵¹

In Florida, while an individual is disqualified, his or her family may still apply for and receive benefits. In such instances, the disqualified individual’s needs are excluded in calculating the family’s benefits, although the individual’s income and assets are included in determining the household’s eligibility. This means that while those with felony drug trafficking convictions may still apply for assistance for their children, the overall household receives less support because of the current bans.

The Department of Children and Families reports that in the 2023 calendar year, 402 individuals were denied benefits due to a drug trafficking conviction.⁵² The number of people otherwise eligible who choose not to apply due to disqualification due to a felony drug trafficking conviction is unknown.

Prohibition Policy by State

Many states have chosen to opt out or implement a modified ban on the receipt of SNAP and TCA benefits for individuals with felony drug convictions. Except for South Carolina, all other states and Washington, D.C., have chosen to modify or remove the ban for at least one of the two affected programs.⁵³

As of April 2022, seven⁵⁴ states fully ban TANF benefits, including TCA, for individuals with prior felony drug convictions, while 17⁵⁵ states, including Florida, have modified bans, and 26⁵⁶ states and Washington, D.C., have no ban for SNAP benefits. South Carolina is the only state with a full ban on SNAP benefits for individuals with prior felony drug convictions. Florida is

⁵⁰ Section 893.135, F.S.

⁵¹ See DCF’s ESS Policy Manual 1420.2200, Individual Convicted Felony Drug Trafficking (TCA), available at <https://www.myflfamilies.com/sites/default/files/2023-02/1410.pdf> (last visited February 2, 2024).

⁵² DCF, Agency Bill Analysis for SB 776, on file with the Senate Children, Families, and Elder Affairs Committee.

⁵³ The Center for Law and Social Policy, *No More Double Punishments: Lifting the Ban on SNAP and TANF for People with Prior Felony Drug Convictions*, available at <https://www.clasp.org/publications/report/brief/no-more-double-punishments/> (last visited February 2, 2024).

⁵⁴ Arizona, Georgia, Missouri, Nebraska, South Carolina, Texas, and West Virginia.

⁵⁵ Alaska, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Iowa, Montana, Maryland, Massachusetts, Michigan, Minnesota, North Carolina, Pennsylvania, Tennessee, and Utah.

⁵⁶ Alabama, Arkansas, California, Delaware, Illinois, Kansas, Kentucky, Louisiana, Maine, Mississippi, New Hampshire, New Jersey, New Mexico, New York, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, Vermont, Virginia, Washington, Wisconsin, and Wyoming.

one of 21⁵⁷ states with modified bans, and 28⁵⁸ states and Washington, D.C., have no ban for SNAP benefits.

Recidivism Studies

Studies have shown that public assistance such as TANF and SNAP reduces recidivism, while banning access has been linked to increased recidivism. The Bureau of Justice Statistics reports that approximately 66 percent of state prisoners were rearrested within three years of release, and 82 percent were arrested within 10 years.⁵⁹ Such odds of recidivating can be offset through providing support; the barriers to re-entering society as a productive member are reduced when people are able to meet their basic needs. A Harvard Law School study found that access to SNAP and TANF significantly reduced an individual's risk of being reincarcerated by up to 10 percent within one year.⁶⁰ Additionally, a study of recidivism before and after the Florida ban took effect estimated the ban increased drug traffickers' likelihood of returning to prison by at least 9.5 percent.⁶¹

Human Trafficking

Human trafficking is a form of modern-day slavery involving the transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, or obtaining, another person for the purpose of exploiting that person.⁶² Victims of human trafficking are often subjected to force, fraud, or coercion for the purpose of sexual exploitation or forced labor.⁶³ Human trafficking does not necessarily involve the movement or relocation of a person, nor does it necessarily involve physical captivity.

Human trafficking can affect individuals of any age, gender, or nationality; however, some people are not more vulnerable than others. Significant risk factors include recent migration or relocation, substance use, mental health concerns, and involvement in the child welfare system.⁶⁴ Vulnerable people are lured and coerced through a myriad of means including economic abuse, psychological coercion, threats against family, drug addiction, physical abuse, and sexual abuse.⁶⁵

⁵⁷ Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas, Maryland, Minnesota, Missouri, Montana, Nebraska, North Carolina, Tennessee, Texas, West Virginia, and Wisconsin.

⁵⁸ Arkansas, California, Delaware, Illinois, Iowa, Kentucky, Louisiana, Maine, Michigan, Massachusetts, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Virginia, Washington, and Wyoming.

⁵⁹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018), Special Report*, available at https://bjs.ojp.gov/BJS_PUB/rpr24s0810yfup0818/Web%20content/508%20compliant%20PDFs (last visited February 2, 2024).

⁶⁰ Crystal S. Yang, *Does Public Assistance Reduce Recidivism?*, Vol. 107, No. 5, Am. Econ. Rev. 551 (2017).

⁶¹ Cody Tuttle, *Snapping Back: Food Stamp Bans and Criminal Recidivism*, Vol. 11, No. 2, Am. J. Econ. Pol'y 301 (2019).

⁶² Section 787.06, F.S.

⁶³ *Id.*

⁶⁴ National Human Trafficking Hotline, *Human Trafficking*, available at <https://humantraffickinghotline.org/en/human-trafficking> (last visited February 6, 2024).

⁶⁵ AMA Journal of Ethics, *Human Trafficking, Mental Illness, and Addiction, Avoiding Diagnostic Overshadowing*, available at <https://journalofethics.ama-assn.org/article/human-trafficking-mental-illness-and-addiction-avoiding-diagnostic-overshadowing/2017-01> (last visited February 6, 2024).

It is estimated that at any given time in 2021, there were approximately 27.6 million people engaging in forced labor.⁶⁶ In 2021, the National Human Trafficking Hotline⁶⁷ identified 16,710 trafficking victims in the U.S., of which 1,253 were in Florida⁶⁸; however, these figures do not reflect the true scope and scale of the issue, which cannot be easily quantified due to its underground nature.

Trafficking of illegal drugs and human trafficking often co-occur.⁶⁹ Victims of trafficking may be exploited for the transport of illegal drugs and illegal drugs may also serve as a means of coercion by the trafficker.⁷⁰ Substance use as a means of coercion occurs in various settings, including sexual exploitation and forced labor, as well as intimate personal violence.⁷¹ Through substance use coercion, a trafficker can maintain control over the victim through controlling the victim's access to the substance, forcing the victim to use substances, and using the victim's own substance use as a means of discrediting the victim and making the victim complicit in the victim's own oppression.⁷²

The Legislature has made clear its intent that the perpetrators of human trafficking be penalized for their illegal conduct and that the victims of trafficking be protected and assisted by the state and the agencies⁷³; however, in application it has proven difficult to hold human traffickers accountable, and victims of human trafficking face significant barriers to being recognized as such.

Victims of human trafficking often do not trust the police and rarely seek their assistance.⁷⁴ When victims of human trafficking do not interact with the criminal justice system, they are often perceived as criminals, rather than victims. Trafficking victims are frequently compelled to

⁶⁶ International Labor Organization, *Global Estimates of Modern Slavery Forced Labour and Forced Marriage*, available at https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_854733.pdf (last visited February 6, 2024).

⁶⁷ The National Human Trafficking Hotline is a free service to connect victims and survivors of sex and labor trafficking with services and supports to find help and safety. The hotline also receives tips about potential situations of sex and labor trafficking and facilitates reporting that information to the appropriate authorities. See National Human Trafficking Hotline, *About Us*, available at <https://humantraffickinghotline.org/en/about-us> (last visited February 6, 2024).

⁶⁸ National Human Trafficking Hotline, *Florida Statistics*, available at <https://humantraffickinghotline.org/en/statistics/florida> (last visited February 6, 2024).

⁶⁹ U.S. Drug Enforcement Administration, *Violent Drug Organizations Use Human Trafficking to Expand Profits*, available at <https://www.dea.gov/stories/2021/2021-01/2021-01-28/violent-drug-organizations-use-human-trafficking-expand-profits> (last visited February 6, 2024).

⁷⁰ Asian Pacific Institute on Gender-Based Violence, *Intersections of Human Trafficking, Domestic Violence, and Sexual Assault – National Organizational Advocacy Roundtable*, available at <https://api-gbv.org/wp-content/uploads/2019/02/Trafficking-DV-SA-Intersections-2016-formatted2019.pdf> (last visited February 6, 2024).

⁷¹ U.S. Department of Health and Human Services, *Understanding Substance Use Coercion as a Barrier to Economic Stability for Survivors of Intimate Partner Violence: Policy Implications*, available at <https://aspe.hhs.gov/sites/default/files/private/pdf/264166/Substance-Use-Coercion-Policy-Brief.pdf> (last visited February 6, 2024).

⁷² International Labor Organization, *Global Estimates of Modern Slavery Forced Labour and Forced Marriage*, available at https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_854733.pdf (last visited February 6, 2024).

⁷³ Section 787.06(1)(d), F.S.

⁷⁴ Amy Farrell, Meredith Dank, Ieke de Vries, Matthew Kafafian, Andrea Hughes, Sarah Lockwood, *Failing Victims? Challenges of the Police Response to Human Trafficking*, Vol. 18, No. 3, *Criminology & Pub. Pol'y*, 649, 649-673 (2019).

break the law and may be arrested as a result of that criminal act before they are recognized as a victim of human trafficking. Once a human trafficking victim is charged with a crime, the circumstances around the arrest and the overtaxed criminal court system create significant pressure on the victim to plead guilty, rather than contest the charge or seek to reveal the human trafficking situation.⁷⁵

III. Effect of Proposed Changes:

The bill amends s. 414.095, F.S., to create an exemption to eligibility for victims of human trafficking for Florida's Temporary Cash Assistance (TCA) and Supplemental Nutrition Assistance Program (food assistance) benefits. This will allow individuals with a drug trafficking conviction who are also victims of human trafficking to access benefits assistance, as long as they meet all other eligibility requirements.

The bill takes effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

⁷⁵ The City University of New York, CUNY School of Law, *Clearing the Slate: Seeking Effective Remedies for Criminalized Trafficking Victims*, available at <https://ncjtc-static.fvtc.edu/Resources/RS00002861.pdf> (last visited February 6, 2024).

B. Private Sector Impact:

Individuals previously disqualified from receiving cash or food assistance because of felony drug trafficking convictions who are also human trafficking victims will now be eligible to receive such benefits, assuming they meet all of the other eligibility requirements, which will provide additional financial support to low-income families.

C. Government Sector Impact:

According to the Department of Children and Families (DCF), there is an indeterminate, negative fiscal impact to state government to provide for individuals who would now be eligible for Temporary Cash Assistance (TCA) and/or Supplemental Nutrition Assistance Program (food assistance) benefits. It is unknown how many applicants would be eligible and apply and receive benefits under this bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends s. 414.095 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.)

CS by Children, Families, and Elder Affairs on February 6, 2024:

The committee substitute narrows the bill language and allows an individual convicted of drug trafficking and also determined to be a victim of human trafficking to not be denied TCA and food assistance benefits.

B. Amendments:

None.

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

586-02948-24

2024776c1

1 A bill to be entitled
2 An act relating to temporary cash assistance
3 eligibility; amending s. 414.095, F.S.; providing that
4 benefits may not be denied to certain victims of human
5 trafficking; making technical changes; providing an
6 effective date.
7
8 Be It Enacted by the Legislature of the State of Florida:
9
10 Section 1. Subsection (1) of section 414.095, Florida
11 Statutes, is amended to read:
12 414.095 Determining eligibility for temporary cash
13 assistance.—
14 (1) ELIGIBILITY.—An applicant must meet the eligibility
15 requirements of this section before receiving services or
16 temporary cash assistance under this chapter, except that an
17 applicant ~~must shall be required to~~ register for work and engage
18 in work activities in accordance with s. 445.024, as designated
19 by the local workforce development board, and may receive
20 support services or child care assistance in conjunction with
21 such requirement. The department shall make a determination of
22 eligibility based on the criteria identified ~~listed~~ in this
23 chapter. The department shall monitor continued eligibility for
24 temporary cash assistance through periodic reviews consistent
25 with the food assistance eligibility process. Benefits may not
26 be denied to an individual solely based on a felony drug
27 conviction, unless the conviction is for trafficking pursuant to
28 s. 893.135. If an individual has been determined by the
29 department to be a victim of human trafficking as defined in s.

Page 1 of 2

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

586-02948-24

2024776c1

30 943.0583(1), the individual may not be denied benefits solely on
31 the basis of being convicted of a trafficking offense described
32 in s. 893.135. To be eligible under this section, an individual
33 convicted of a drug felony must be satisfactorily meeting the
34 requirements of the temporary cash assistance program, including
35 all substance abuse treatment requirements. Within the limits
36 specified in this chapter, the state opts out of the provision
37 of Pub. L. No. 104-193, s. 115, ~~which that~~ eliminates
38 eligibility for temporary cash assistance and food assistance
39 for any individual convicted of a controlled substance felony.
40 Section 2. This act shall take effect July 1, 2024.

Page 2 of 2

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



The Florida Senate

Committee Agenda Request

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

Subject: Committee Agenda Request

Date: January 18, 2024

I respectfully request that **Senate Bill #776**, relating to **Temporary Cash Assistance Eligibility**, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Bobby Powell".

Senator Bobby Powell
Florida Senate, District 24

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 964

INTRODUCER: Appropriations Committee on Health and Human Services; Banking and Insurance Committee; and Senator Calatayud

SUBJECT: Coverage for Biomarker Testing

DATE: February 15, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Johnson</u>	<u>Knudson</u>	<u>BI</u>	<u>Fav/CS</u>
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 964 requires the Florida Medicaid program and the Division of State Group Insurance program to provide coverage for biomarker testing for the diagnosis, treatment, management, and ongoing monitoring of disease or condition of an enrollee or insured, respectively to guide treatment decisions when such testing provides clinical utility as demonstrated by medical and scientific evidence.

The bill directs the Agency for Health Care Administration to include the rate impact from this act in the Medicaid managed care program rates that take effect October 1, 2024.

The bill may have an indeterminate fiscal impact on both the Florida Medicaid program and the Division of State Group Insurance. *See* Section V., Fiscal Impact Statement.

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

II. Present Situation:

Biomarkers¹ and Tumor Markers²

A biomarker is a biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. A biomarker may be used to see how well the body responds to a treatment for a disease or condition.

A tumor marker is anything present in or produced by cancer cells or other cells of the body in response to cancer or certain benign (noncancerous) conditions. Tumor markers have traditionally been proteins or other substances that are made at higher amounts by cancer cells than normal cells. These can be found in the blood, urine, tumors, or other tissues or bodily fluids of some patients with cancer. Increasingly, however, genomic markers (such as tumor gene mutations, patterns of tumor gene expression, and nongenetic changes in tumor DNA) are being used as tumor markers. These markers are found both in tumors themselves and in tumor fragments shed into bodily fluids. Many different tumor markers have been characterized and are in clinical use.³ Some are associated with only one type of cancer, whereas others are associated with multiple cancer types.

Biomarker testing is a method to look for genes, proteins, and other substances (biomarkers or tumor markers) that can provide information about cancer and other conditions.

Application of Tumor Markers in Cancer Care⁴

Tumor markers that indicate whether someone is a candidate for a particular targeted therapy⁵ are sometimes referred to as biomarkers for cancer treatment. Tumor markers can provide a wide variety of information that is important for cancer care, such as:

- Helping to diagnose cancer.
- The type of cancer.
- The stage of the cancer.
- An estimate of prognosis.
- Determination of what treatment may be effective. How well the treatment is working.
- Whether cancer has returned.

Types of Tumor Marker Tests

A number of tumor marker tests are currently being used for a wide range of cancer types.⁶ Many tumor marker tests are conducted by commercial and academic laboratories. Sometimes cancer centers use a tumor marker test developed within a single clinical laboratory to meet a specific medical need. All tumor markers are tested in laboratories that meet standards set by the Clinical Laboratory Improvement Amendments program.⁷

¹ [Biomarker Testing for Cancer Treatment - NCI](#) (last visited Jan. 25, 2024).

² [Tumor Markers - NCI \(cancer.gov\)](#) (last visited Jan. 28, 2024).

³ [Tumor Marker Tests in Common Use - NCI \(cancer.gov\)](#) (last visited Jan. 24, 2024).

⁴ [Tumor Markers - NCI \(cancer.gov\)](#) (last visited Jan. 28, 2024).

⁵ This is a type of treatment that uses drugs or other substances to target specific molecules that cancer cells need to survive and spread. See [Definition of targeted therapy - NCI Dictionary of Cancer Terms - NCI](#) (last visited Jan. 27, 2024).

⁶ [Tumor Marker Tests in Common Use - NCI \(cancer.gov\)](#) (last visited Jan. 23, 2024).

⁷ [Clinical Laboratory Improvement Amendments \(CLIA\) | CDC](#) (last visited Jan. 23, 2024).

Division of State Group Insurance

Under the authority of s. 110.123, F.S., the Department of Management Services (DMS), through the Division of State Group Insurance, administers the state group health insurance program under a cafeteria plan consistent with s. 125, Internal Revenue Code. To administer the state group health insurance program, the DMS contracts with third party administrators for self-insured health plans and insured (HMOs), as well as a pharmacy benefits manager for the state employees' self-insured prescription drug program pursuant to s. 110.12315, F.S.

Florida's Medicaid Program⁸

Administration of the Program

The Agency for Health Care Administration (AHCA) is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act (SSA). This authority includes establishing and maintaining a Medicaid state plan approved by the federal Centers for Medicare and Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Florida Legislature.

A Medicaid state plan is an agreement between a state and the federal government describing how that state administers its Medicaid programs; it establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements. State Medicaid programs may request a formal waiver of the requirements codified in the SSA. Federal waivers give states flexibility not afforded through their Medicaid state plan.

In Florida, most Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has three components: Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental. Florida's SMMC program benefits are authorized through federal waivers and are specifically required by the Florida Legislature in ss. 409.973 and 409.98, F.S.

Mandatory Medicaid Coverage

Section 409.905, F.S., relating to mandatory Medicaid services, provides that the AHCA may make payments for delineated services, which are required of the state by Title XIX of the Social Security Act. Currently, the Florida Medicaid program covers biomarker testing under s. 409.905(7), F.S., as a mandatory service under the category of "Independent Laboratory Services." Florida Medicaid reimburses eligible providers for biomarker testing services in accordance with Rule 59G-4.190, F.A.C., the Laboratory Services and Coverage Policy, and Rule 59G-4.002, F.A.C., the Independent and Practitioner Laboratory Fee Schedules.

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service, and the services provided must be determined medically necessary, not duplicative of another

⁸ Agency for Health Care Administration, 2024 Legislative Bill Analysis, *House Bill 885* (Jan. 19, 2024)(on file with the Senate Appropriations Committee on Health and Human Services)

service, and meet the criteria of the policy. When determining coverage or if it is appropriate to add a code to a Medicaid fee schedule, the AHCA considers clinical and practice guidelines as well as costs and maintaining budget neutrality.

The SMMC plans have the flexibility to cover services above and beyond the AHCA's coverage policies, but they may not be more restrictive.

Medically Necessary or Medical Necessity.⁹ Under Florida's Medicaid program, for a medical or allied care, goods, or services furnished or ordered to be considered medically necessary or a medical necessity, it must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
- The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.
- Medically necessary or medical necessity for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

Federal and State Insurance Coverage for Biomarker Testing

In 2020 and 2022, the federal CMS issued a national coverage determination¹⁰ and local coverage determination¹¹ that increased access to comprehensive biomarker testing and next-generation sequencing for Medicare beneficiaries.

Since 2021, four states have enacted laws mandating coverage of testing, diagnosis, treatment, management, or monitoring of a medical condition, including the following states¹²:

- Louisiana Senate Bill 84 requires broad health insurance coverage for genetic and molecular testing for cancer only.¹³

⁹ Agency for Health Care Administration, Florida Medicaid, Definitions Policy (Aug. 2017) Definitions of commonly used terms that are applicable to all sections of Rule 59G, F.A.C., unless otherwise specified.

¹⁰ [NCD - Next Generation Sequencing \(NGS\) \(90.2\) \(cms.gov\)](#) (last visited Jan. 20, 2024).

¹¹ [LCD - Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms \(L37810\) \(cms.gov\)](#) (last visited Jan 20, 2024).

¹² [State Legislation Requiring Coverage of Biomarker Testing Gains Momentum \(acc-cancer.org\)](#) (Sep. 30, 2022) (last visited Jan. 24, 2024).

¹³ [LA SB84 | 2021 | Regular Session | LegiScan](#) (last visited Jan. 24, 2024).

- Illinois House Bill 1779 requires state-regulated insurance and managed care plans to cover biomarker testing for the purposes of diagnosis, treatment, management, or monitoring of any medical condition.¹⁴
- Arizona House Bill 2144 requires health insurance coverage for biomarker testing for the purposes of diagnosis, treatment, management, or monitoring of any medical condition.¹⁵
- Rhode Island Senate Bill 2201 requires state-regulated individual and group health insurance plans to cover biomarker testing for the purposes of diagnosis, treatment, management, or monitoring of any medical condition.¹⁶

Recent Studies on the Long-Term Cost Impacts of Biomarker Testing

A 2022 study found the addition of biomarker testing (liquid biopsy) for non-small cell lung cancer resulted in incremental cost savings of \$3,065 per patient compared to tissue biopsy alone. Increased detection of actionable alterations, using liquid biopsy, was also associated with more patients being treated with targeted therapy. Major drivers of cost-effectiveness were drug acquisition costs and prevalence of actionable alterations.¹⁷

A 2018 study found that biomarker testing for non-small cell lung cancer, instead of single-gene testing, decreased expected testing procedure related costs to the health plan payer by \$24,651. First-line and maintenance treatment costs increased by \$842,205, offset by a \$385,000 decrease in second-line treatment and palliative care costs. Over 5 years, total budget impact was \$432,554 (\$0.0072 per member per month).¹⁸

III. Effect of Proposed Changes:

The bill creates the following definitions for Sections 1 and 2 of the bill relating to the State Group Insurance Program and the Medicaid program, respectively:

- “Biomarker” means a defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions. “Biomarker testing” means an analysis of a patient’s tissue, blood, or other biospecimen for the presence of a biomarker.
- “Clinical utility” means that the test result provides information used in the formulation of a treatment or in a monitoring strategy that impacts a patient’s outcome and informs the clinical decision.

¹⁴ [IL HB1779 | 2021-2022 | 102nd General Assembly | LegiScan](#) (last visited Jan. 24, 2024).

¹⁵ [AZ HB2144 | 2022 | Fifty-fifth Legislature 2nd Regular | LegiScan](#) (last visited Jan. 24, 2024).

¹⁶ [RI S2201 | 2022 | Regular Session | LegiScan](#) (last visited Jan. 24, 2024).

¹⁷ Ezeife DA, Spackman E, Juergens RA, Laskin JJ, Agulnik JS, Hao D, Laurie SA, Law JH, Le LW, Kiedrowski LA, Melosky B, Shepherd FA, Cohen V, Wheatley-Price P, Vandermeer R, Li JJ, Fernandes R, Shokoohi A, Lanman RB, Leigh NB. The economic value of liquid biopsy for genomic profiling in advanced non-small cell lung cancer. *Ther Adv Med Oncol.* 2022 Jul 26;14:17588359221112696. doi: 10.1177/17588359221112696. PMID: 35923926; PMCID: PMC9340413. [The economic value of liquid biopsy for genomic profiling in advanced non-small cell lung cancer - PubMed \(nih.gov\)](#) (last visited Jan. 27, 2024).

¹⁸ Yu TM, Morrison C, Gold EJ, Tradonsky A, Arnold RJG. Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non-Small Cell Lung Cancer. *Value Health.* 2018 Nov;21(11):1278-1285. doi: 10.1016/j.jval.2018.04.1372. Epub 2018 Jun 8. PMID: 30442274. <https://pubmed.ncbi.nlm.nih.gov/30442274/> (last visited Jan. 28, 2024).

- “Nationally recognized clinical practice guidelines” means evidence-based clinical practice guidelines developed by independent organizations or medical professional societies using a transparent methodology and reporting structure and with a conflict-of-interest policy.

Section 1 amends s. 110.12303, F.S., relating to the State Group Insurance program (program) to mandate coverage of biomarker testing for policies issued on or after January 1, 2025. This coverage would include the diagnosis, treatment, management, or ongoing monitoring of an insured’s disease or condition to guide treatment decisions when such testing provides clinical utility to the insured as demonstrated by medical and scientific evidence, including but not limited to, any of the following:

- Labeled indications for a test approved or cleared by the United States Food and Drug Administration (FDA) or indicated tests for an FDA-approved drug.
- Federal Centers for Medicare and Medicaid Services (CMS) national coverage determinations or Medicare Administrative Contractor local coverage determinations.
- Nationally recognized clinical practice guidelines.

The program is required to outline a process for insureds and providers to access a process to request an authorization for biomarker testing.

The biomarker testing services may not be construed to require coverage of biomarker testing for screening purposes.

Section 2 amends s. 409.906, F.S., relating to optional Medicaid services to authorize the Agency for Health Care Administration (AHCA) to pay for biomarker testing for diagnosis, treatment, management, or ongoing monitoring of a recipient’s disease or condition to guide treatment decisions when such testing provides clinical utility to the recipient as demonstrated by medical and scientific evidence, including but not limited to, any of the following:

- Labeled indications for a test approved or cleared by the United States FDA or indicated tests for an FDA-approved drug.
- Federal CMS national coverage determinations or Medicare Administrative Contractor local coverage determinations.
- Nationally recognized clinical practice guidelines.

The AHCA is also required to outline a process for enrollees and providers to access a process to request an authorization for biomarker testing.

The biomarker testing services may not be construed to require coverage of biomarker testing for screening purposes.

Section 3 creates s. 409.9745, F.S., to require managed care plans to provide coverage for biomarker testing for enrollees, as authorized under s. 409.906, F.S., at the same scope, duration, and frequency as the Medicaid program provides for other medically necessary treatments.

Managed care plans are required to outline a process for enrollees and providers to access a process for requesting authorization of biomarker testing.

The bill provides that this provision may not be construed to require coverage of biomarker testing for screening purposes.

Section 4 directs the AHCA to include the rate impact of this act in the Medicaid managed care program rates that take effect October 1, 2024.

Section 5 provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

The bill requires the Medicaid fee for service and the Medicaid managed care plans and the State Group Insurance program to cover biomarker testing for diagnosis, treatment, management, and ongoing monitoring of a disease or condition of an enrollee to guide treatment decisions when such testing provides clinical utility to the recipient and must be demonstrated by medical and scientific evidence, *including but not limited to*:

- Labeled indications for a test approved or cleared by the United States Food and Drug Administration (FDA) or indicated tests for an FDA-approved drug.
- Federal Centers for Medicare and Medicaid Services national coverage determinations or Medicare Administrative Contractor local coverage determinations.
- *Nationally recognized clinical practice guidelines.*

Use of the term “including but not limited to” indicates that the bill does not provide an all-inclusive list for medical and scientific evidence, and it is unclear who would determine the credibility or admissibility of it. Further, the term, “nationally recognized clinical practice guidelines,” does not provide specific named guidelines or examples. The bill provides no rulemaking authority, guidance or standards for the Agency for Health Care Administration or the State Group Insurance program to use for establishing this additional criteria. Thus, this additional, unspecified medical and scientific evidence or guidelines for determining coverage may be an unlawful delegation of legislative authority.

The Legislature may not delegate its constitutional duties to another branch of government.¹⁹ While the Legislature must make fundamental policy decisions, it may delegate the task of implementing that policy to executive agencies with “some minimal standards and guidelines ascertainable by reference to the enactment establishing the program.”²⁰ Moreover, the Legislature can permit “administration of legislative policy by an agency with the expertise and flexibility to deal with complex and fluid conditions.”²¹

Florida courts have found an unlawful delegation of legislative authority in the following instances:

- Where the Legislature allowed the Department of State to “in its discretion allow such a candidate to withdraw...”;²² and
- Where the Legislature created a criminal penalty for escape from certain classifications of juvenile detention facilities, but delegated the classification (or determination whether to classify at all) to an agency.²³

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Indeterminate. The mandated coverage is anticipated to reduce the overall costs of care of an enrollee, insured, or subscriber as a result of the use of a more targeted, optimal treatment protocol.

C. Government Sector Impact:

Florida’s Medicaid Program²⁴

The bill would limit the Agency for Health Care Administration’s (AHCA) ability to determine coverage of biomarker testing using the current established process. The bill could have both a significant operational and fiscal impact on the Medicaid Program as it would require the AHCA to cover all codes that meet the clinical criteria defined by the bill. However, expanding the number of biomarker tests covered under the Florida Medicaid program may result in future cost savings from the use of more targeted, optimal treatment protocols for diseases.

¹⁹ See FLA. CONST. art. II, s. 3.

²⁰ *Askew v. Cross Key Waterways*, 372 So.2d 913, 925 (Fla. 1978).

²¹ *Microtel, Inc. v. Fla. Public Serv. Comm’n.*, 464 So.2d 1189, 1191 (Fla. 1991).

²² *Fla. Dep’t. of State, Div. of Elections v. Martin*, 916 So.2d 763 (Fla. 2005).

²³ *D.P. v. State*, 597 So.2d 952 (Fla. 1st DCA, 1992)(disapproved on other grounds).

²⁴ Correspondence from Patrick Steele, Legislative Affairs Director, Agency for Health Care Administration (Feb. 1, 2024). On file with Senate Banking and Insurance Committee staff.

The bill mandates specific criteria by which biomarker testing must be evaluated for coverage by Florida Medicaid. Currently, the AHCA does not define “specific nationally recognized clinical practice guidelines” in rule for determining coverage. Covered services must be medically necessary as defined by Rule 59G-1.010, F.A.C., not duplicate another service, and meet the criteria in the service specific coverage policy. When determining coverage or if it is appropriate to add a code to a FFS Medicaid fee schedule, the AHCA considers clinical and practice guidelines as well as costs and maintaining budget neutrality.

Typically, the AHCA does not cover every code designated by the American Medical Association (AMA) for a covered service. For example, the Agency covers integumentary and wound care supplies under s. 409.906 F.S., Optional Medicaid services. There are a total of 87 skin substitute procedure codes listed in the AMA Current Procedural Terminology (CPT) codebook. Of these, Florida Medicaid covers a total of 26 CPT codes.

There are numerous biomarker tests that are Propriety Laboratory Analyses (PLA) CPT codes. A PLA code is a descriptor for a lab or manufacturer that wants to identify its proprietary test more specifically. Florida Medicaid currently covers 46 non-PLA biomarker CPT codes under the Laboratory Services Fee Schedule that are listed on the federal Centers for Medicare and Medicaid Services List for Billing and Coding: Biomarkers for Oncology. Florida Medicaid does not typically include PLA codes on FFS fee schedules.

As currently written, the bill requires the AHCA to cover every biomarker test when the medical and scientific evidence, as outlined in the bill, indicates clinical utility to the recipient. This requirement will have a significant fiscal impact to the Medicaid program which is indeterminate and on-going as the number of PLA and non-PLA codes that could meet this criteria is unknown. The impact will be ongoing as the bill will require the AHCA to cover a biomarker test every time a new test meets the criteria outlined in the bill.

State Group Insurance

The fiscal impact of the mandated coverage on the State Group Insurance is indeterminate and may range from zero to \$1.6 million annually.²⁵ It is unclear what particular biomarker tests are currently covered and the criteria that is used to determine coverage of such testing.

VI. Technical Deficiencies:

The additional coverage mandates and criteria for coverage created in ss. 409.906 and 409.9745, F.S. appear to conflict with current coverage requirements of s. 409.905, F.S. Currently, s. 409.905, F.S., relating to the federal mandatory services, requires Florida’s fee for service and

²⁵ Department of Management Services, 2024 Legislative Bill Analysis, *Committee Substitute for House Bill 885* (Feb. 5, 2024)(on file with the Senate Appropriations Committee on Health and Human Services)

Statewide Medicaid Managed Care to provide coverage for biomarker testing, subject to medical necessity and other requirements. However, the bill requires Medicaid to provide coverage for biomarker testing under the optional services required by the state but subject to an appropriation, pursuant to s. 409.906, F.S. This would apply to fee for service, as well as managed care plans. Like mandatory federal services, optional services under the Medicaid program are subject to medical necessity and other requirements. However, the bill requires coverage of biomarker testing when the testing provides *clinical utility*, which appears to be a different standard than medical necessity.

The bill provides that the medical and scientific evidence that may be used to determine if biomarker testing provides clinical utility “includes, but is not limited to” certain specified items. The use of the phrase “includes, but is not limited to” results in the bill being unclear what the additional medical and scientific evidence would be that would require the coverage of a biomarker test.

VII. Related Issues:

The bill takes effect on July 1, 2024. However, the Medicaid provider reimbursement fee schedules are set on a plan year beginning October 1.

VIII. Statutes Affected:

This bill substantially amends sections 110.12303 and 409.906 of the Florida Statutes.

This bill creates section 409.9745 of the Florida Statutes.

IX. Additional Information:

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

CS/CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute directs the Agency for Health Care Administration to include the rate impact from this act in the Medicaid managed care program rates that take effect October 1, 2024.

CS by Banking and Insurance on February 6, 2024:

The committee substitute excludes commercial policies and contracts from the coverage mandate. Such coverage is mandated for the Medicaid fee for service program and the managed care plans and State Group Insurance.

- B. Amendments:

None.



355234

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete line 195

and insert:

Section 4. The Agency for Health Care Administration is directed to include the rate impact of this act in the applicable Medicaid managed medical assistance program and long-term care managed care program rates that become effective on October 1, 2024.

Section 5. This act shall take effect October 1, 2024.



355234

11
12
13
14
15
16
17
18
19

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

And the title is amended as follows:

 Delete line 35

and insert:

 providing construction; requiring the agency to
 include the rate impact of the act in certain rates
 that become effective on a specified date; providing
 an effective date.

By the Committee on Banking and Insurance; and Senator Calatayud

597-03029-24

2024964c1

1 A bill to be entitled
 2 An act relating to coverage for biomarker testing;
 3 amending s. 110.12303, F.S.; defining terms; requiring
 4 the Department of Management Services to provide
 5 coverage of biomarker testing for specified purposes
 6 for state employees' state group health insurance plan
 7 policies issued on or after a specified date;
 8 specifying circumstances under which such coverage may
 9 be provided; requiring state group health insurance
 10 plans to provide enrollees and participating providers
 11 with a clear and convenient process for authorization
 12 requests for biomarker testing; requiring that such
 13 process be readily accessible online; providing
 14 construction; amending s. 409.906, F.S.; defining
 15 terms; authorizing the Agency for Health Care
 16 Administration to pay for biomarker testing under the
 17 Medicaid program for specified purposes, subject to
 18 specific appropriations; specifying circumstances
 19 under which such payments may be made; requiring that
 20 Medicaid recipients and participating providers be
 21 provided a clear and convenient process for
 22 authorization requests for biomarker testing;
 23 requiring that such process be readily accessible
 24 online; providing construction; authorizing the agency
 25 to seek federal approval for biomarker testing
 26 payments; creating s. 409.9745, F.S.; requiring
 27 managed care plans under contract with the agency in
 28 the Medicaid program to provide coverage for biomarker
 29 testing for Medicaid recipients in a certain manner;

Page 1 of 7

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

597-03029-24

2024964c1

30 requiring managed care plans to provide Medicaid
 31 recipients and health care providers with a clear and
 32 convenient process for authorization requests for
 33 biomarker testing; requiring that such process be
 34 readily accessible on the managed care plan's website;
 35 providing construction; providing an effective date.
 36

37 Be It Enacted by the Legislature of the State of Florida:
 38

39 Section 1. Subsection (5) is added to section 110.12303,
 40 Florida Statutes, to read:

41 110.12303 State group insurance program; additional
 42 benefits; price transparency program; reporting.-

43 (5) (a) As used in this subsection, the term:

44 1. "Biomarker" means a defined characteristic that is
 45 measured as an indicator of normal biological processes,
 46 pathogenic processes, or responses to an exposure or
 47 intervention, including therapeutic interventions. The term
 48 includes, but is not limited to, molecular, histologic,
 49 radiographic, or physiologic characteristics but does not
 50 include an assessment of how a patient feels, functions, or
 51 survives.

52 2. "Biomarker testing" means an analysis of a patient's
 53 tissue, blood, or other biospecimen for the presence of a
 54 biomarker. The term includes, but is not limited to, single
 55 analyte tests, multiplex panel tests, protein expression, and
 56 whole exome, whole genome, and whole transcriptome sequencing
 57 performed at a participating in-network laboratory facility that
 58 is certified pursuant to the federal Clinical Laboratory

Page 2 of 7

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

597-03029-24

2024964c1

59 Improvement Amendment (CLIA) or that has obtained a CLIA
 60 Certificate of Waiver by the United States Food and Drug
 61 Administration for the tests.

62 3. "Clinical utility" means the test result provides
 63 information that is used in the formulation of a treatment or
 64 monitoring strategy that informs a patient's outcome and impacts
 65 the clinical decision.

66 (b) For state group health insurance plan policies issued
 67 on or after January 1, 2025, the department shall provide
 68 coverage of biomarker testing for the purposes of diagnosis,
 69 treatment, appropriate management, or ongoing monitoring of an
 70 enrollee's disease or condition to guide treatment decisions if
 71 medical and scientific evidence indicates that the biomarker
 72 testing provides clinical utility to the enrollee. Such medical
 73 and scientific evidence includes, but is not limited to:

74 1. A labeled indication for a test approved or cleared by
 75 the United States Food and Drug Administration;

76 2. An indicated test for a drug approved by the United
 77 States Food and Drug Administration;

78 3. A national coverage determination made by the Centers
 79 for Medicare and Medicaid Services or a local coverage
 80 determination made by the Medicare Administrative Contractor; or

81 4. A nationally recognized clinical practice guideline. As
 82 used in this subparagraph, the term "nationally recognized
 83 clinical practice guideline" means an evidence-based clinical
 84 practice guideline developed by independent organizations or
 85 medical professional societies using a transparent methodology
 86 and reporting structure and with a conflict-of-interest policy.
 87 Guidelines developed by such organizations or societies

597-03029-24

2024964c1

88 establish standards of care informed by a systematic review of
 89 evidence and an assessment of the benefits and costs of
 90 alternative care options and include recommendations intended to
 91 optimize patient care.

92 (c) Each state group health insurance plan shall provide
 93 enrollees and participating providers with a clear and
 94 convenient process to request authorization for biomarker
 95 testing. Such process must be made readily accessible online to
 96 all enrollees and participating providers.

97 (d) This subsection does not require coverage of biomarker
 98 testing for screening purposes.

99 Section 2. Subsection (29) is added to section 409.906,
 100 Florida Statutes, to read:

101 409.906 Optional Medicaid services.—Subject to specific
 102 appropriations, the agency may make payments for services which
 103 are optional to the state under Title XIX of the Social Security
 104 Act and are furnished by Medicaid providers to recipients who
 105 are determined to be eligible on the dates on which the services
 106 were provided. Any optional service that is provided shall be
 107 provided only when medically necessary and in accordance with
 108 state and federal law. Optional services rendered by providers
 109 in mobile units to Medicaid recipients may be restricted or
 110 prohibited by the agency. Nothing in this section shall be
 111 construed to prevent or limit the agency from adjusting fees,
 112 reimbursement rates, lengths of stay, number of visits, or
 113 number of services, or making any other adjustments necessary to
 114 comply with the availability of moneys and any limitations or
 115 directions provided for in the General Appropriations Act or
 116 chapter 216. If necessary to safeguard the state's systems of

597-03029-24 2024964c1

117 providing services to elderly and disabled persons and subject
 118 to the notice and review provisions of s. 216.177, the Governor
 119 may direct the Agency for Health Care Administration to amend
 120 the Medicaid state plan to delete the optional Medicaid service
 121 known as "Intermediate Care Facilities for the Developmentally
 122 Disabled." Optional services may include:

123 (29) BIOMARKER TESTING SERVICES.-

124 (a) As used in this subsection, the term:

125 1. "Biomarker" means a defined characteristic that is
 126 measured as an indicator of normal biological processes,
 127 pathogenic processes, or responses to an exposure or
 128 intervention, including therapeutic interventions. The term
 129 includes, but is not limited to, molecular, histologic,
 130 radiographic, or physiologic characteristics but does not
 131 include an assessment of how a patient feels, functions, or
 132 survives.

133 2. "Biomarker testing" means an analysis of a patient's
 134 tissue, blood, or other biospecimen for the presence of a
 135 biomarker. The term includes, but is not limited to, single
 136 analyte tests, multiplex panel tests, protein expression, and
 137 whole exome, whole genome, and whole transcriptome sequencing
 138 performed at a participating in-network laboratory facility that
 139 is certified pursuant to the federal Clinical Laboratory
 140 Improvement Amendment (CLIA) or that has obtained a CLIA
 141 Certificate of Waiver by the United States Food and Drug
 142 Administration for the tests.

143 3. "Clinical utility" means the test result provides
 144 information that is used in the formulation of a treatment or
 145 monitoring strategy that informs a patient's outcome and impacts

597-03029-24 2024964c1

146 the clinical decision.

147 (b) The agency may pay for biomarker testing for the
 148 purposes of diagnosis, treatment, appropriate management, or
 149 ongoing monitoring of a recipient's disease or condition to
 150 guide treatment decisions if medical and scientific evidence
 151 indicates that the biomarker testing provides clinical utility
 152 to the recipient. Such medical and scientific evidence includes,
 153 but is not limited to:

154 1. A labeled indication for a test approved or cleared by
 155 the United States Food and Drug Administration;

156 2. An indicated test for a drug approved by the United
 157 States Food and Drug Administration;

158 3. A national coverage determination made by the Centers
 159 for Medicare and Medicaid Services or a local coverage
 160 determination made by the Medicare Administrative Contractor; or

161 4. A nationally recognized clinical practice guideline. As
 162 used in this subparagraph, the term "nationally recognized
 163 clinical practice guideline" means an evidence-based clinical
 164 practice guideline developed by independent organizations or
 165 medical professional societies using a transparent methodology
 166 and reporting structure and with a conflict-of-interest policy.
 167 Guidelines developed by such organizations or societies
 168 establish standards of care informed by a systematic review of
 169 evidence and an assessment of the benefits and costs of
 170 alternative care options and include recommendations intended to
 171 optimize patient care.

172 (c) Recipients and participating providers must be provided
 173 access to a clear and convenient process to request
 174 authorization for biomarker testing as provided under this

597-03029-24

2024964c1

175 subsection. Such process must be made readily accessible online
176 to all recipients and participating providers.

177 (d) This subsection does not require coverage of biomarker
178 testing for screening purposes.

179 (e) The agency may seek federal approval necessary to
180 implement this subsection.

181 Section 3. Section 409.9745, Florida Statutes, is created
182 to read:

183 409.9745 Managed care plan biomarker testing.-

184 (1) A managed care plan must provide coverage for biomarker
185 testing for recipients, as authorized under s. 409.906, at the
186 same scope, duration, and frequency as the Medicaid program
187 provides for other medically necessary treatments.

188 (2) The managed care plan shall provide recipients and
189 health care providers with access to a clear and convenient
190 process to request authorization for biomarker testing as
191 provided under this section. Such process must be made readily
192 accessible on the managed care plan's website.

193 (3) This section does not require coverage of biomarker
194 testing for screening purposes.

195 Section 4. This act shall take effect July 1, 2024.



2024 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION

BILL NUMBER:	HB 885
BILL TITLE:	Coverage for Biomarker Testing
BILL SPONSOR:	Rep. Gonzalez Pittman
EFFECTIVE DATE:	7/1/2024

COMMITTEES OF REFERENCE

1) Select Committee on Health Innovation
2) Appropriations Committee
3) Health & Human Services Committee
4) N/A
5) N/A

CURRENT COMMITTEE

Select Committee on Health Innovation

SIMILAR BILLS

BILL NUMBER:	SB 964
SPONSOR:	Sen. Calatayud

PREVIOUS LEGISLATION

BILL NUMBER:	N/A
SPONSOR:	N/A
YEAR:	N/A
LAST ACTION:	N/A

IDENTICAL BILLS

BILL NUMBER:	N/A
SPONSOR:	N/A

Is this bill part of an agency package?

Y ___ N ___

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	1/19/2024
LEAD AGENCY ANALYST:	Aaron Messer
ADDITIONAL ANALYST(S):	Meagan Owens
LEGAL ANALYST:	N/A
FISCAL ANALYST:	N/A

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill amends s. 409.906, Florida Statutes (F.S.), Optional Medicaid Services, to allow the Agency for Health Care Administration (Agency) to cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a recipient's disease or condition to guide treatment decisions.

The bill also amends s. 409.9745, F.S. requiring managed care plans to cover biomarker testing at the same scope, duration, and frequency as the Medicaid program provides for other medically necessary treatments.

Finally, the bill amends s. 627.64183, F.S., s. 627.66133, F.S., and s. 641.31093, F.S. to require biomarker testing coverage from a health insurance policy, a group, blanket, or franchise health insurance policy, and health maintenance contracts or nonprofit health service plans issued on or after January 1, 2025.

This bill has an effective date of July 1, 2024.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Agency for Health Care Administration (Agency) is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act (SSA). This authority includes establishing and maintaining a Medicaid state plan approved by the Centers for Medicare and Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Florida Legislature.

A Medicaid state plan is an agreement between a state and the federal government describing how that state administers its Medicaid programs; it establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements. State Medicaid programs may request a formal waiver of the requirements codified in the SSA. Federal waivers give states flexibility not afforded through their Medicaid state plan.

In Florida, most Medicaid recipients receive their services through a managed care plan (Plan) contracted with the Agency under the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has three components: Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental. Florida's SMMC program benefits are authorized through federal waivers and are specifically required by the Florida Legislature in s. 409.973 and 409.98, F.S.

Currently, Florida Medicaid covers biomarker testing under section 409.905, F.S., Mandatory Medicaid services, subsection (7), Independent Laboratory Services. Florida Medicaid reimburses eligible providers for biomarker testing services in accordance with Rule 59G-4.190, Florida Administrative Code (F.A.C.), the Laboratory Services and Coverage Policy, and Rule 59G-4.002, F.A.C., the Independent and Practitioner Laboratory Fee Schedules. An eligible recipient must be enrolled in the Florida Medicaid program on the date of service, and the services provided must be determined medically necessary, not duplicative of another service, and meet the criteria of the policy. Any additional testing services are covered as medically necessary. Statewide Medicaid Managed Care plans have the flexibility to cover services above and beyond the Agency's coverage policies, but they may not be more restrictive than Agency policy.

2. EFFECT OF THE BILL:

The bill amends section 409.906, Florida Statutes (F.S.), Optional Medicaid Services, to allow the Agency for Health Care Administration (Agency) to cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a recipient's disease or condition to guide treatment decisions. The bill defines "biomarker" as a defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions, and defines "biomarker testing" as an analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker. Additionally, the bill outlines the types of scientific evidence acceptable for test coverage and specifies that the Agency is not required to cover biomarker testing for screening purposes. The Agency is allowed to seek any necessary federal approval for coverage.

The bill also amends s. 409.9745, F.S. requiring managed care plans to cover biomarker testing at the same scope, duration, and frequency as the Medicaid program provides for other medically necessary treatments.

Finally, the bill amends s. 627.64183, F.S., s. 627.66133, F.S., and s. 641.31093, F.S. to require biomarker testing coverage from a health insurance policy, a group, blanket, or franchise health insurance policy, and health maintenance contracts or nonprofit health service plans issued on or after January 1, 2025.

The bill may have an operational impact on the Florida Medicaid program. While Rule 59G-4.190, Florida Administrative Code (F.A.C.), the Laboratory Services and Coverage Policy already covers biomarker testing as medically necessary under section 4.2, Specific Criteria, the Agency may decide to update this rule to reflect the language in the bill. If so, the Agency will update and promulgate the rule in accordance with Chapter 120, F.S., and can be accomplished with the Agency's existing resources. The bill is silent on which current procedural terminology codes are to be covered, so no updates are required to Rule 59G-4.002, F.A.C., the Independent and Practitioner Laboratory Fee Schedules, as biomarker testing codes are already covered.

No updates to the Statewide Medicaid Managed Care plan contracts will be required as health plans are already required to cover, at a minimum, the services in the Agency's coverage policies.

No fiscal impact is expected as biomarker testing is already a covered service under Florida Medicaid.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y ___ N ___X__

If yes, explain:	N/A
Is the change consistent with the agency's core mission?	Y ___ N ___
Rule(s) impacted (provide references to F.A.C., etc.):	N/A

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	N/A
Opponents and summary of position:	N/A

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N X__

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N X__

Board:	N/A
Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N X__

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y ___ N X__

Revenues:	N/A
Expenditures:	N/A
Does the legislation contain a State Government appropriation?	N/A
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N X__

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _X_

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y ___ N _X_

If yes, describe the anticipated impact to the agency including any fiscal impact.	N/A
--	-----

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N _X_

If yes, describe the anticipated impact including any fiscal impact.	N/A
--	-----

ADDITIONAL COMMENTS

N/A

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	N/A
---------------------------	-----



2024 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Department of Management Services

BILL INFORMATION	
BILL NUMBER:	CS/HB 885
BILL TITLE:	Coverage for Biomarker Testing
BILL SPONSOR:	Gonzalez Pittman (Co-introducers) Anderson, Lopez, V.
EFFECTIVE DATE:	7/1/24

COMMITTEES OF REFERENCE
1) Health Innovation
2) Appropriations
3) Health & Human Services
4)
5)

CURRENT COMMITTEE
Appropriations

SIMILAR BILLS	
BILL NUMBER:	SB 964
SPONSOR:	Calatayud

PREVIOUS LEGISLATION	
BILL NUMBER:	HB 805
SPONSOR:	Gonzalez Pittman
YEAR:	2023
LAST ACTION:	Died in Committee

IDENTICAL BILLS	
BILL NUMBER:	
SPONSOR:	

Is this bill part of an agency package?

BILL ANALYSIS INFORMATION	
DATE OF ANALYSIS:	2/5/2024
LEAD AGENCY ANALYST:	Jake Holmgren, Deputy Legislative Affairs Director
ADDITIONAL ANALYST(S):	Teela Sanders, Director, DSGI Greg Mauldin, Deputy Director, DSGI Anna Cleveland, Policy Administrator, DSGI
LEGAL ANALYST:	Jennifer Perkins, Managing Attorney, Healthcare Practice Group
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Requires state group insurance with health policies issued or renewed on or after January 1, 2025, to:

- Cover biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition to guide treatment decisions if medical and scientific evidence indicates that the biomarker testing provides clinical utility to the enrollee.
- Provides an effective date of July 1, 2024.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Under the authority of section 110.123, F.S., the Department of Management Services, through the Division of State Group Insurance (DSGI), administers the state group health insurance program (Program) under a cafeteria plan consistent with section 125, Internal Revenue Code.

To administer the Program, DSGI contracts with third party administrators for self-insured health plans, a fully-insured HMO, and a pharmacy benefits manager (PBM) for the state employees' Self-Insured Prescription Drug Program (PDP) pursuant to section 110.12315, F.S.

The Division of State Group Insurance currently covers some biomarker testing as medically necessary, unless it is considered experimental or investigational.

2. EFFECT OF THE BILL:

Section 1: Creates 110.12303 (5); Adds biomarker testing coverage to state group insurance; Applies to DSGI.

- For health plan policies issued on or after January 1, 2025, the department shall provide coverage of biomarker testing for the purposes of diagnosis, treatment, appropriate management, or on-going monitoring of an enrollee's disease or condition to guide treatment decisions if medical and scientific evidence indicate that biomarker testing provides clinical utility to the enrollee.
- Medical and scientific evidence utilized to include clinical utility includes:
 - A labeled indication for a test approved or cleared by the United States Food and Drug Administration (FDA).
 - An indicated test for a drug approved by the FDA.
 - A national coverage determination made by Centers of Medicare and Medicaid Services or a local coverage determination made by a Medicare Administrative contractor
 - A nationally recognized clinical practice guideline.
 - Defines *nationally recognized clinical practice guidelines* as an evidence-based clinical practice guideline that has been developed by independent organizations or medical professional societies using transparent methodology and reporting. Additionally, there is a conflict-of-interest policy established within the study. Guidelines established by these groups establish a standard of care informed by systematic review of evidence and an assessment of the benefits and costs of alternative care options and include recommendations intended to optimize patient care.
 - Defines *Biomarker* as a defined characteristic that is measured as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions. The term includes, but is not limited to molecular, histologic, radiographic, or physiologic characteristics but does not include an assessment of how a patient feels, functions, or survives.

- *Biomarker Testing* means an analysis of a patient’s tissue, blood, or other biospecimen for the presence of a biomarker. The term includes, but is no limited to, single analyte tests, multiplex panel tests, protein expression, and whole exome, whole genome, and who transcriptome sequencing performed at a participating in-network laboratory facility that is certified pursuant to the federal clinical improvement amendment (CLIA) or that has obtained a CLIA certificate of Waiver by the FDA for tests.
 - *Clinical utility* means the test result provides information that is used in the formulation of a treatment or monitoring strategy that informs a patient’s outcome and impacts the clinical decision.
- Each state group health insurance plan shall provide a clear and convenient process for providers to request authorization for biomarker testing and the process shall be made available to all enrollees and participating providers online.
 - This subsection does not require coverage of biomarker testing for screening purposes.

Estimated Impact on DSGI and Health Plans:

- **Negative fiscal impacts may be expected, but the variables that may drive increased utilization are not clear. The potential fiscal impact on DSGI may range from nil to \$1.6 million annually. This estimate was derived from denied claims for biomarker testing that may become payable should this bill be signed into law.**

Section 2: Adds Section 409.906, F.S; Medicaid Statute for fee-for-service; Does not apply to DSGI.

Section 3: Add Section 409.9745, F.S.; Medicaid Managed Care Statute; Does not apply to DSGI.

Section 4. Establishes an effective date of July 1, 2024.

3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?

Y N

If yes, explain:	Click or tap here to enter text.
What is the expected impact to the agency’s core mission?	Click or tap here to enter text.
Rule(s) impacted (provide references to F.A.C., etc.):	Click or tap here to enter text.

1. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

List any known proponents and opponents:	
Provide a summary of the proponents’ and opponents’ positions:	

2. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS LEGISLATION?

Y N

If yes, provide a description:	Click or tap here to enter text.
Date Due:	Click or tap here to enter text.
Bill Section Number(s):	Click or tap here to enter text.

3. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS LEGISLATION? Y N

Board:	Click or tap here to enter text.
Board Purpose:	Click or tap here to enter text.
Who Appoints:	Click or tap here to enter text.
Appointee Team:	Click or tap here to enter text.
Changes:	Click or tap here to enter text.
Bill Section Number(s):	Click or tap here to enter text.

FISCAL ANALYSIS

1. DOES THE LEGISLATION HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	Click or tap here to enter text.
Expenditures:	Click or tap here to enter text.
Does the legislation increase local taxes or fees?	Click or tap here to enter text.
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	Click or tap here to enter text.

2. DOES THE LEGISLATION HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	Click or tap here to enter text.
Expenditures:	Negative fiscal impacts may be expected, but the variables that may drive increased utilization are not clear. The potential fiscal impact on DSGI may range from nil to \$1.6 million annually. This estimate was derived from denied claims for biomarker testing that may become payable should this bill be signed into law.
Does the legislation contain a State Government appropriation?	Click or tap here to enter text.
If yes, was this appropriated last year?	Click or tap here to enter text.

3. DOES THE LEGISLATION HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	Click or tap here to enter text.
Expenditures:	Click or tap here to enter text.
Other:	Click or tap here to enter text.

4. DOES THE LEGISLATION INCREASE OR DECREASE TAXES, FEES, OR FINES?

Y N

Does the bill increase taxes, fees or fines?	Click or tap here to enter text.
Does the bill decrease taxes, fees or fines?	Click or tap here to enter text.
What is the impact of the increase or decrease?	Click or tap here to enter text.
Bill Section Number:	Click or tap here to enter text.

5. ACTUARIAL STATEMENT OF FISCAL SOUNDNESS (RETIREMENT ONLY)

FRS OR LOCAL

Does the bill comply with the requirements of Article X, Section 14 of the Constitution?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the bill satisfy the actuarial cost impact provisions of Chapter 112, Part VII, Florida Statutes pending completion of actuarial impact statements?	Y <input type="checkbox"/> N <input type="checkbox"/>
Explanation:	Click or tap here to enter text.
Fiscal Note:	Click or tap here to enter text.
Signature: Company or Organization: Date:	Click or tap here to enter text.

TECHNOLOGY IMPACT

1. DOES THE LEGISLATION IMPACT THE AGENCY’S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?

Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	Click or tap here to enter text.
--	----------------------------------

FEDERAL IMPACT

1. DOES THE LEGISLATION HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?

Y N

If yes, describe the anticipated impact including any fiscal impact.	Click or tap here to enter text.
--	----------------------------------

ADDITIONAL COMMENTS

Click or tap here to enter text.

LEGAL - GENERAL COUNSEL’S OFFICE REVIEW

Does the proposed legislation conflict with existing federal law, or regulations? If so, what laws and/or regulations?

No. This is an added benefit and as such does not conflict with federal law or regulation

Does the proposed legislation raise significant constitutional concerns under the U.S. or Florida Constitutions (e.g. separation of powers, access to the courts, equal protection, free speech, establishment clause, impairment of contracts)?

No

Is the proposed legislation likely to generate litigation and, if so, from what interest groups or parties?

No.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Community Affairs, Chair
Appropriations Committee on Education
Education Pre-K 12
Fiscal Policy
Health Policy
Select Committee on Resiliency

SENATOR Alexis Calatayud

38th District

February 11, 2024

Honorable Senator Gayle Harrell
Chair – Appropriations Committee on Health and Human Services
Honorable Chair Harrell,

I respectfully request that **SB-964 Coverage of Biomarker Testing** be placed on the next committee agenda.

The bill requires the Agency for Health Care Administration to provide specified coverage of biomarker testing under the Medicaid program; requiring managed care plans under contract with the agency to provide coverage of biomarker testing in a specified manner; requiring that certain health insurance policies and health maintenance contracts, respectively, provide specified coverage of biomarker testing; requiring that such coverage be provided in a manner that limits disruption in care.

Sincerely,

Alexis M. Calatayud

Senator Alexis M. Calatayud
Florida Senate, District 38

CC: Brooke McKnight, Staff Director
Robin Jackson, Committee Administrative Assistant

The Florida Senate
APPEARANCE RECORD

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

2/13/24

Meeting Date

Senate Health Approps

Committee

964

Bill Number or Topic

Amendment Barcode (if applicable)

Name Susan Harbin

Phone 770-546-8845

Address
Street

Email Susan.harbin@cancer.org

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

American Cancer Society Cancer Action Network

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

Feb 13, 24

Meeting Date

964

Bill Number or Topic

Appro on HHS

Committee

Amendment Barcode (if applicable)

Name

Toni Large

Phone

(850) 556-1461

Address

1100 Brookwood Dr.

Email

toni@largestrategies.com

Street

Tallahassee FL 32308

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

Florida Society of Rheumatology

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

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

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

S-001 (08/10/2021)

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/24

Meeting Date

964

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Jared Willis

Job Title _____

Address _____
Street

Phone 850-284-1996

City

State

Zip

Email jared@catalyststrategiesfl.com

Speaking: For Against Information

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

Representing Alliance for Patient Access

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.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1008

INTRODUCER: Appropriations Committee on Health and Human Services; Senators Grall and Book

SUBJECT: Background Screening Requirements for Health Care Practitioners

DATE: February 15, 2024

REVISED: _____

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

I. Summary:

CS/SB 1008 amends s. 456.0135, F.S., to add background screening requirements to numerous health care professions where not currently required.

The bill requires each health care practitioner who was licensed before July 1, 2024, to comply with the background screening requirements in s. 456.0135, F.S., by July 1, 2025. Additionally, the bill amends each affected practitioner practice act to add the licensure requirement to submit to a background screening pursuant to s. 456.0135, F.S., and, for specified practitioners, to require a background screening for licensure by endorsement.

The bill adds eight offenses to the current list of 52 offenses that can disqualify a person from employment with the screening entity. The bill also makes technical and conforming changes.

The bill has a significant, negative fiscal impact on state government. *See* Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Background Screening

Florida provides standard procedures for screening a prospective employee¹ where the Legislature has determined it is necessary to conduct a criminal history background check to protect vulnerable persons.² Chapter 435, F.S., establishes procedures for criminal history

¹ Section 435.02(2), F.S., defines “employee” to mean any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

² Chapter 435, F.S.

background screening of prospective employees and outlines the screening requirements. There are two levels of background screening: level 1 and level 2.

- Level 1 Screening includes, at a minimum, employment history checks, statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE), and a check of the Dru Sjodin National Sex Offender Public Website,³ and may include criminal records checks through local law enforcement agencies. A Level 1 screening may be paid for and conducted through FDLE's website, which provides immediate results.⁴
- Level 2 Screening includes, at a minimum, fingerprinting for statewide criminal history records checks through FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.⁵

Florida law authorizes and outlines specific elements required for Level 1 and Level 2 background screening and establishes requirements for determining whether an individual passes a screening regarding an individual's criminal history. All individuals subject to background screening must be confirmed to have not been arrested for and waiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent, and the record has not been sealed or expunged for, any of 52 offenses prohibited under Florida law, or similar law of another jurisdiction:⁶

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- Section 777.04, F.S., relating to attempts, solicitation, and conspiracy to commit an offense listed in s. 435.04(2), F.S.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- Section 782.071, F.S., relating to vehicular homicide.
- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 784.011, F.S., relating to assault, if the victim of the offense was a minor.
- Section 784.03, F.S., relating to battery, if the victim of the offense was a minor.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.

³ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. Available at www.nsopw.gov (last visited Jan. 25, 2024).

⁴ Florida Department of Law Enforcement, State of Florida Criminal History Records Check. Available at <http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx> (last visited Jan. 25, 2024).

⁵ Section 435.04, F.S.

⁶ Section 435.04(2), F.S.

- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.
- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Chapter 796, F.S., relating to prostitution.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to burglary.
- Section 810.14, F.S., relating to voyeurism, if the offense is a felony.
- Section 810.145, F.S., relating to video voyeurism, if the offense is a felony.
- Chapter 812, F.S., relating to theft, robbery, and related crimes, if the offense is a felony.
- Section 817.563, F.S., relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.
- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscene literature.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.

Exemptions

Should a person be disqualified from employment due to failing a background screening, he or she may apply to the secretary of the appropriate agency for an exemption. Current law allows the secretary to exempt applicants from disqualification under certain circumstances including:⁷

- Felonies for which at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying felony;
- Misdemeanors prohibited under any of the cited statutes or under similar statutes of other jurisdictions for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court;
- Offenses that were felonies when committed but that are now misdemeanors and for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court; or
- Findings of delinquency. For offenses that would be felonies if committed by an adult and the record has not been sealed or expunged, this exemption may not be granted until at least three years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying offense.

Receiving an exemption allows that individual to be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past. Certain criminal backgrounds, however, render a person ineligible for an exemption; a person who is considered a sexual predator,⁸ career offender,⁹ or registered sexual offender¹⁰ is not eligible for exemption.¹¹

Care Provider Background Screening Clearinghouse

Florida has established different programs for the facilitation of background screenings. The Care Provider Background Screening Clearinghouse (Clearinghouse) is used by state agencies

⁷ Section 435.07, F.S.

⁸ Section 775.21, F.S.

⁹ Section 775.261, F.S.

¹⁰ Section 943.0435, F.S.

¹¹ Section 435.07(4)(b), F.S.

for statutorily-required screenings, including screenings required as part of the licensure process for specified health care professionals.

In 2012, the Legislature created the Clearinghouse to create a single program of screening individuals and allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.¹² Current designated agencies participating in the Clearinghouse include:¹³

- The Agency for Health Care Administration (AHCA);
- The Department of Health (DOH);
- The Department of Children and Families (DCF);
- The Department of Elder Affairs (DOEA);
- The Agency for Persons with Disabilities (APD);
- The Department of Education (DOE);
- Regional workforce boards providing services as defined in s. 445.002(3), F.S.; and
- Local licensing agencies approved pursuant to s. 402.307, F.S., when these agencies are conducting state and national criminal history background screening on persons who work with children or persons who are elderly or disabled.

Employers whose employees are screened through an agency participating in the Clearinghouse must maintain the status of individuals being screened and update the Clearinghouse regarding any employment changes within 10 business days of the change.¹⁴

The Clearinghouse allows for constant review of new criminal history information through the federal Rap Back Service¹⁵ which continually matches fingerprints against new arrests or convictions that occur after the individual was originally screened. Once a person's screening record is in the Clearinghouse, that person may avoid the need for any future state screens and related fees for screenings, depending on the screening agencies or organizations.¹⁶

Background Screening of Health Care Practitioners

The DOH received 134,362 applications last fiscal year for initial health care practitioner licensing. Of those initial applications, 68 percent of applicants were required under law to

¹² Chapter 2012-73, L.O.F.

¹³ Section 435.02(5), F.S. Additional entities were added to the list of designated entities beginning in 2023; these entities include district units, special district units, the Florida School for the Deaf and Blind, the Florida Virtual School, virtual instruction programs, charter schools, home operators, private schools participating in certain scholarship programs, and alternative schools. *See also*, Ch. 2022-154, L.O.F.

¹⁴ Section 435.12(2)(c), F.S.; Beginning January 1, 2024, employers must report changes in an employee's status within five business days for employees screened after January 1, 2024.

¹⁵ The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service. Available at <https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view> (last visited January 25, 2024).

¹⁶ Agency for Health Care Administration, *Clearinghouse Renewals*. Available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited January 25, 2024). Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five year period through a "Clearinghouse Renewal" process which allows employee's fingerprints to be retained without being re-fingerprinted.

submit a Level 2 background screening for state and federal criminal history as part of the application review. These screened professionals use electronic Livescan providers to submit fingerprints at a cost of \$37.50 to the individual, plus the Livescan fees. Screening is processed by the FDLE, sent to the Clearinghouse, and matched to the application within a few days. Last year, 17,532 applicants had screenings that included criminal history and their application review often included the submission of further documentation and an appearance before their professional board to be approved for licensure. Of applicants for initial licensure, 123 were denied licensure, which may have included reasons other than criminal history.¹⁷

The following table is the list of screened and non-screened health care professions.¹⁸

Professions	
Screened	Non-Screened
Athletic Trainers	Acupuncture
Chiropractic Physician	Clinical Laboratory Personnel
Certified Chiropractic Physician's Assistant	Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
Massage Therapists and Massage Establishment Owner	Dentistry and Dental Laboratory
Orthotists, Prosthetists, Pedorthists, Orthotic Fitters, Orthotic Fitter Assistants, O&P Resident	Dietetics and Nutrition
Osteopathic Physician	Electrolysis and Electrolysis Facility
Osteopathic Resident Physicians/Interns/Fellows	Emergency Medical Technician
Medical Doctor	Genetic Counselor
Physician Assistant	Hearing Aid Specialist
Resident Physicians, Interns, Fellows, and House Physicians	Medical Physicist
Anesthesiologist Assistant	Midwifery
Advanced Practice Registered Nurse	Nursing Home Administrator
Certified Nursing Assistant	Occupational Therapy
Compact Upgrade to Multi-State License	Office Surgery Registration
Licensed Practical Nurse	Opticianry and Optical Establishment
Registered Nurse	Optometry
Pharmacy Owner	Pain Management Clinic
Prescription Department Manager	Paramedic
Podiatric Physician	Pharmacist
Certified Podiatric X-Ray Assistant	Physical Therapy

¹⁷ DOH Staff analysis of SB 1008, January 11, 2024. On file with Senate Health Policy Committee staff.

¹⁸ *Id.*

Professions	
Screened	Non-Screened
Applicants to the Florida Veterans Application for Licensure Online Response (VALOR) System	Psychology
Exemption applications for disqualifying offenses	Radiological Technician
	Respiratory Care
	School Psychology
	Speech-Language Pathology and Audiology

In addition to individual license requirements and the requirements in ch. 435, F.S. s. 408.809, F.S., establishes background screening requirements for certain employees of facilities licensed by the AHCA pursuant to ch. 408, F.S. Specifically, the statute requires that the following employees pass a Level 2 background screening:

- The licensee, if an individual.
- The administrator or a similarly titled person who is responsible for the day-to-day operation of the facility.
- The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or facility.
- Any person who has a controlling interest.
- Any person, as required by authorizing statutes, seeking employment with a licensee or facility who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or facility whose responsibilities require him or her to provide personal care or personal services directly to clients, or contracting with a licensee or facility to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor’s employer or the licensee.

Additionally, s. 408.809, F.S., provides a second list of disqualifying offenses which is additional to the list in s. 435.04(2), F.S. Overall, this statute adds 19 offenses to the list of disqualifying offenses after accounting for duplicates.

Once licensed, practitioners in screened professions with ongoing screening requirements have their fingerprints retained with FDLE so new charges are found through rerunning the criminal history checks. Licensees are also required to report any criminal charges when they occur. The process of reviewing new criminal charges may disrupt the licensee’s ability to practice.¹⁹

A licensee who does not pay to retain their fingerprints receives notification from the DOH when those prints are expiring and that fingerprints must be retained or renewed. The DOH employs strategies to ensure compliance by the licensee, such as reminders, email notifications, and

¹⁹ Dept. of Health Staff analysis of SB 1008, January 11, 2024 (on file with Senate Health Policy Committee staff).

letters. Approximately 62,364 licensees (4.3 percent of all licensees) are required to renew their fingerprints per year. Of those, approximately 28 percent fail to do so; failure to renew fingerprints results in disciplinary cases which may ultimately cause a loss of licensure.²⁰

III. Effect of Proposed Changes:

Section 1 amends s. 435.04, F.S., to add the following eight offenses to the current list of 52 offenses that a person can be disqualified from employment for if he or she is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for:

- Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.
- Section 414.39, relating to fraud, if the offense was a felony.
- Section 787.06, relating to human trafficking.
- Section 787.07, relating to human smuggling.
- Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.
- Section 836.10, relating to written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.
- Section 859.01, relating to poisoning food or water.
- Section 873.01, relating to the prohibition on the purchase or sale of human organs and tissue.

Sections 2 and 3 amend s. 456.0135, F.S., to include non-screened health care practitioners licensed under chs. 462, 463, 465, 466, 467, 468 (part I, part II, part III, part V, part X, or part XIV), 478, 483, 484, 486, 490, and 491, F.S., and to require each health care practitioner to comply with the background screening requirements of s. 456.0135, F.S., upon their next licensure renewal that takes place after January 1, 2025.

Sections 4-42 amend various practice acts to include background screening as a licensure requirement. Specifically, the bill amends:

- Acupuncture: Licensure Qualifications and Fees in s. 457.105, F.S.
- Optometry: Licensure and Certification by Examination in s. 463.006, F.S.
- Pharmacy:
 - Licensure by Examination in s. 465.007, F.S.
 - Licensure by Endorsement in s. 465.0075, F.S.
 - Registration of Pharmacy Interns in s. 465.013, F.S.
 - Pharmacy Technician in s. 465.014, F.S.
- Dentistry:
 - Dental Hygiene and Dental Laboratories: Examination of Dentists in s. 466.006, F.S.
 - Dental Hygiene and Dental Laboratories: Application for Health Access Dental License in s. 466.0067, F.S.
 - Dental Hygiene and Dental Laboratories: Examination of Dental Hygienists in s. 466.007, F.S.
- Midwifery: Licensed Midwives in s. 467.011, F.S.

²⁰ Dept. of Health Staff analysis of SB 1008, January 11, 2024 (on file with Senate Health Policy Committee staff).

- Speech-Language Pathology or Audiology:
 - Licensure in s. 468.1185, F.S.
 - Assistant Certification in s. 468.1215, F.S.
 - Licensure by Examination s. 468.1695, F.S.
- Occupational Therapy:
 - Requirements for Licensure in s. 468.209, F.S.
 - Licensure by Endorsement in s. 468.213, F.S.
- Respiratory Therapy:
 - Licensure Requirements in s. 468.355, F.S.
 - Licensure by Endorsement in s. 468.358, F.S.
- Dietitian/Nutritionist:
 - Requirements for Licensure in s. 468.509, F.S.
 - Requirements for Licensure by Endorsement in s. 468.513, F.S.
- Orthotics, Prosthetics, and Pedorthics: License, Registration and Examination in s. 468.803, F.S.
- Electrolysis: Requirements for Licensure in s. 478.45, F.S.
- Clinical Laboratory Personnel: Application for Clinical Laboratory Personnel License in s. 483.815, F.S.
- Medical Physicists in s. 483.901, F.S.
- Genetic Counseling in s. 483.914, F.S.
- Dispensing Optical Devices and Hearing Aids:
 - Licensure of Opticians in s. 484.007, F.S.
 - Licensure by Examination in s. 484.045, F.S.
- Physical Therapy Practice:
 - Physical Therapists in s. 486.031, F.S.
 - Physical Therapist Assistant in s. 486.102, F.S.
- Psychological Services:
 - Licensure by Examination in s. 490.005, F.S.
 - Provisional Licensure in s. 490.0051, F.S.
 - Licensure by Endorsement in s. 490.006, F.S.
- Clinical Counseling and Psychotherapy Services:
 - Intern Registration Requirements in s. 491.0045, F.S.
 - Provisional License Requirements in s. 491.0046, F.S.
 - Licensure by Examination in s. 491.005, F.S.
 - Licensure or Certification by Endorsement in s. 491.006, F.S.
- Physical Therapy Practice:
 - Powers and Duties of the Board of Physical Therapy Practice in s. 486.025, F.S.
 - Physical Therapist; Issuance of Temporary Permit in s. 486.0715, F.S.
 - Physical Therapist Assistant; Issuance of Temporary Permit in s. 486.1065, F.S.
- Clinical Counseling and Psychotherapy Services: Definitions in s. 491.003, F.S.

The bill takes effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

The bill amends s. 435.04, F.S., which affects more professionals than just health care practitioners and could be interpreted to violate Article III, Section 6 of the Florida Constitution, the single subject rule. The Florida Supreme Court has held that the single subject clause contains three requirements: first, each law must embrace only one subject; second, the law may include any matter that is properly connected with the subject; and third, the subject must be briefly expressed in the title.²¹ The subject matter to consider when determining whether a bill embraces a single subject is the bill's title's subject, and the test is whether the bill is designed to accomplish separate objectives with no natural or logical connection to each other.²²

The bill's title indicates that it relates to background screening requirements for healthcare practitioners. However, the bill amends s. 435.04, F.S., to add disqualifying offenses to background screening requirements. Section 435.04, F.S. affects more professionals than just healthcare professionals. Anyone requiring a level 2 background screening would be subject to the provisions in the bill.

In *State vs. Lee*, 356 So. 2d 276 (Fla. 1978), citing with approval *E.g., Colonial Inv. Co. v. Nolan*, 100 Fla. 1349, 131 So. 178 (1930), the Florida Supreme Court stated that [The purpose of the constitutional prohibition against a plurality of subjects in a single legislative act is to prevent a single enactment from becoming a "cloak" for dissimilar legislation having no necessary or appropriate connection with the subject matter.]

²¹ *Franklin v. State*, 887 So. 1063, 1072 (Fla. 2004).

²² *See Ex parte Knight*, 41 So. 786, 788 (Fla. 1906); *Bd. of Pub. Instruction v. Doran*, 224 So. 2d 693, 699 (Fla. 1969).

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

None.

B. Private Sector Impact:

The bill has an indeterminate negative fiscal impact on health care practitioners who are required to submit to a background screening pursuant to the bill's provisions. The cost per practitioner will likely be the cost for the background screening, \$37.50 plus any the Livescan provider's fee, and \$24 every five years for fingerprint retention in the Clearinghouse.²³

Additionally, the Department of Health (DOH) reports that 28 percent of applicants who are required to renew their fingerprints fail to do so and this can lead to licensure actions including fines and eventual revocation or non-renewal of a license. These licensure actions may have a negative fiscal impact on such practitioners.²⁴

C. Government Sector Impact:

The bill may have a positive fiscal impact on the Florida Department of Law Enforcement's (FDLE) Operating Trust Fund. According to the FDLE, the total revenue for the state portion of a state and national criminal history check with five years of fingerprint retention within the Clearinghouse is \$48 per person.²⁵

According to the DOH the bill will have a significant negative fiscal impact on the department, and will require \$2.7 million recurring and \$1.57 million nonrecurring, and 21 full-time equivalent positions. The provisions of the bill will likely increase the number of reviews, cases, investigations, disciplinary actions, and prosecution management that cannot be absorbed within existing resources. The department will experience an increase in workload associated with updating and maintaining technology system requirements. The breakdown of costs is as follows:

- Salaries and Benefits: \$2,392,571 recurring;
- Expense: \$257,375 recurring and \$193,111 nonrecurring;
- OPS: \$332,808;
- Human Resources: \$8,346 recurring;
- Contracted Services: \$250,290 nonrecurring;
- Non-operating Transfer to AHCA: \$50,000 recurring and \$800,000 nonrecurring.²⁶

²³ Dept. of Health Staff analysis of SB 1008, January 11, 2024 (on file with Senate Health Policy Committee staff).

²⁴ *Id.*

²⁵ Florida Dept. of Law Enforcement staff analysis of SB 1008, Dec. 22, 2023, revised Jan. 19, 2024, (on file with Senate Health Policy Committee staff).

²⁶ *Supra* note 23.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Florida Department of Law Enforcement's (FDLE) staff analysis indicates that the additional practitioners who are required to get fingerprinted within one year of the bill's passage may cause unexpected termination of processes within the Biometric Identification System (BIS) and FALCON (the application that manages retained applicant fingerprints). At a minimum, the increase could cause significant detrimental system issues which would negatively impact the processing of criminal booking responses and all other applicant (non-criminal) background checks.²⁷ The FDLE recommends staggering the time frames by which each profession must be screened or extending the timeframe by which all professions must be screened.²⁸

The bill amends s. 457.105, F.S., pertaining to acupuncture for applicants and licensees to submit to background screening; however, ch. 457, F.S., was not included in the amended language for s. 456.0135(1), F.S.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 435.04, 456.0135, 457.105, 463.006, 465.007, 465.0075, 465.013, 465.014, 466.006, 466.0067, 466.007, 467.011, 468.1185, 468.1215, 468.1695, 468.209, 468.213, 468.355, 468.358, 468.509, 468.513, 468.803, 478.45, 483.815, 483.901, 483.914, 484.007, 484.045, 486.031, 486.102, 490.005, 490.0051, 490.006, 491.0045, 491.0046, 491.005, 491.006, 486.025, 486.0715, 486.1065, and 491.003.

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

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

CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute:

- Amends s. 435.04, F.S., to add the following offenses to the current list of offenses that a person who is required to undergo a background screening must not have in order to pass a background screen:
 - Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.
 - Section 414.39, relating to fraud, if the offense was a felony.
 - Section 787.06, relating to human trafficking.
 - Section 787.07, relating to human smuggling.

²⁷ FDLE staff analysis of SB 1008, Dec. 22, 2023, revised Jan. 19, 2024, on file with Senate Health Policy Committee staff.

²⁸ *Id.*

- Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.
- Section 836.10, relating to written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.
- Section 859.01, relating to poisoning food or water.
- Section 873.01, relating to the prohibition on the purchase or sale of human organs and tissue.
- Requires compliance with the background screening requirements of s. 456.0135, F.S., before a healthcare practitioner may renew their license.

B. Amendments:

None.



182152

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
02/14/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Before line 55

insert:

Section 1. Subsection (4) of section 408.809, Florida
Statutes, is amended to read:

408.809 Background screening; prohibited offenses.—

(4) In addition to the offenses listed in s. 435.04, all
persons required to undergo background screening pursuant to
this part or authorizing statutes must not have an arrest



182152

11 awaiting final disposition for, must not have been found guilty
12 of, regardless of adjudication, or entered a plea of nolo
13 contendere or guilty to, and must not have been adjudicated
14 delinquent and the record not have been sealed or expunged for
15 any of the following offenses or any similar offense of another
16 jurisdiction:

17 (a) Any authorizing statutes, if the offense was a felony.

18 (b) This chapter, if the offense was a felony.

19 (c) Section 39.205, relating to the failure to report child
20 abuse, abandonment, or neglect.

21 (d) Section 409.920, relating to Medicaid provider fraud.

22 (e) ~~(d)~~ Section 409.9201, relating to Medicaid fraud.

23 (f) Section 414.39, relating to fraud, if the offense was a
24 felony.

25 (g) ~~(e)~~ Section 741.28, relating to domestic violence.

26 (h) ~~(f)~~ Section 777.04, relating to attempts, solicitation,
27 and conspiracy to commit an offense listed in this subsection.

28 (i) ~~(g)~~ Section 784.03, relating to battery, if the victim
29 is a vulnerable adult as defined in s. 415.102 or a patient or
30 resident of a facility licensed under chapter 395, chapter 400,
31 or chapter 429.

32 (j) Section 787.06, relating to human trafficking.

33 (k) Section 787.07, relating to human smuggling.

34 (l) ~~(h)~~ Section 817.034, relating to fraudulent acts through
35 mail, wire, radio, electromagnetic, photoelectronic, or
36 photooptical systems.

37 (m) ~~(i)~~ Section 817.234, relating to false and fraudulent
38 insurance claims.

39 (n) ~~(j)~~ Section 817.481, relating to obtaining goods by



182152

40 using a false or expired credit card or other credit device, if
41 the offense was a felony.

42 (o)~~(k)~~ Section 817.50, relating to fraudulently obtaining
43 goods or services from a health care provider.

44 (p)~~(l)~~ Section 817.505, relating to patient brokering.

45 (q)~~(m)~~ Section 817.568, relating to criminal use of
46 personal identification information.

47 (r)~~(n)~~ Section 817.60, relating to obtaining a credit card
48 through fraudulent means.

49 (s)~~(o)~~ Section 817.61, relating to fraudulent use of credit
50 cards, if the offense was a felony.

51 (t)~~(p)~~ Section 831.01, relating to forgery.

52 (u)~~(q)~~ Section 831.02, relating to uttering forged
53 instruments.

54 (v)~~(r)~~ Section 831.07, relating to forging bank bills,
55 checks, drafts, or promissory notes.

56 (w)~~(s)~~ Section 831.09, relating to uttering forged bank
57 bills, checks, drafts, or promissory notes.

58 (x)~~(t)~~ Section 831.30, relating to fraud in obtaining
59 medicinal drugs.

60 (y)~~(u)~~ Section 831.31, relating to the sale, manufacture,
61 delivery, or possession with the intent to sell, manufacture, or
62 deliver any counterfeit controlled substance, if the offense was
63 a felony.

64 (z) Section 831.311, relating to the unlawful sale,
65 manufacture, alteration, delivery, uttering, or possession of
66 counterfeit-resistant prescription blanks for controlled
67 substances.

68 (aa) Section 836.10, relating to written or electronic



182152

69 threats to kill, do bodily injury, or conduct a mass shooting or
70 an act of terrorism.

71 (bb) Section 859.01, relating to poisoning food or water.

72 (cc) Section 873.01, relating to the prohibition on the
73 purchase or sale of human organs and tissue.

74 (dd) ~~(v)~~ Section 895.03, relating to racketeering and
75 collection of unlawful debts.

76 (ee) ~~(w)~~ Section 896.101, relating to the Florida Money
77 Laundering Act.

78

79 If, upon rescreening, a person who is currently employed or
80 contracted with a licensee and was screened and qualified under
81 s. 435.04 has a disqualifying offense that was not a
82 disqualifying offense at the time of the last screening, but is
83 a current disqualifying offense and was committed before the
84 last screening, he or she may apply for an exemption from the
85 appropriate licensing agency and, if agreed to by the employer,
86 may continue to perform his or her duties until the licensing
87 agency renders a decision on the application for exemption if
88 the person is eligible to apply for an exemption and the
89 exemption request is received by the agency no later than 30
90 days after receipt of the rescreening results by the person.

91 Section 2. Persons subject to the background screening
92 requirements of s. 408.809, Florida Statutes, who were screened
93 before July 1, 2024, must submit to rescreening in compliance
94 with the following schedule:

95 (1) Persons for whom the last screening was conducted on or
96 before June 30, 2021, must be rescreened by July 1, 2025.

97 (2) Persons for whom the last screening was conducted



182152

98 between July 1, 2021, and June 30, 2022, must be rescreened by
99 July 1, 2026.

100 (3) Persons for whom the last screening was conducted
101 between July 1, 2022, and June 30, 2023, must be rescreened by
102 July 1, 2027.

103 (4) Persons for whom the last screening was conducted
104 between July 1, 2023, and June 30, 2024, must be rescreened by
105 July 1, 2028.

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

108 And the title is amended as follows:

109 Delete line 3

110 and insert:

111 ; amending s. 408.809, F.S.; specifying additional
112 disqualifying offenses under the background screening
113 requirements for certain persons in health care
114 practice settings; requiring certain persons to submit
115 to rescreening in compliance with a specified
116 schedule; amending s. 456.0135,



581238

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/14/2024	.	
	.	
	.	
	.	

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

1 **Senate Substitute for Amendment (182152) (with title**
2 **amendment)**

3
4 Before line 55
5 insert:

6 Section 1. Subsection (2) of section 435.04, Florida
7 Statutes, as amended by section 2 of chapter 2023-220, Laws of
8 Florida, is amended to read:

9 435.04 Level 2 screening standards.—

10 (2) The security background investigations under this



581238

11 section must ensure that persons subject to this section have
12 not been arrested for and are not awaiting final disposition of,
13 have not been found guilty of, regardless of adjudication, or
14 entered a plea of nolo contendere or guilty to, or have not been
15 adjudicated delinquent and the record has not been sealed or
16 expunged for, any offense prohibited under any of the following
17 provisions of state law or similar law of another jurisdiction:

18 (a) Section 39.205, relating to the failure to report child
19 abuse, abandonment, or neglect.

20 (b) Section 393.135, relating to sexual misconduct with
21 certain developmentally disabled clients and reporting of such
22 sexual misconduct.

23 (c) ~~(b)~~ Section 394.4593, relating to sexual misconduct with
24 certain mental health patients and reporting of such sexual
25 misconduct.

26 (d) Section 414.39, relating to fraud, if the offense was a
27 felony.

28 (e) ~~(e)~~ Section 415.111, relating to adult abuse, neglect,
29 or exploitation of aged persons or disabled adults.

30 (f) ~~(d)~~ Section 777.04, relating to attempts, solicitation,
31 and conspiracy to commit an offense listed in this subsection.

32 (g) ~~(e)~~ Section 782.04, relating to murder.

33 (h) ~~(f)~~ Section 782.07, relating to manslaughter, aggravated
34 manslaughter of an elderly person or disabled adult, or
35 aggravated manslaughter of a child.

36 (i) ~~(g)~~ Section 782.071, relating to vehicular homicide.

37 (j) ~~(h)~~ Section 782.09, relating to killing of an unborn
38 child by injury to the mother.

39 (k) ~~(i)~~ Chapter 784, relating to assault, battery, and



581238

40 culpable negligence, if the offense was a felony.

41 (l)~~(j)~~ Section 784.011, relating to assault, if the victim
42 of the offense was a minor.

43 (m)~~(k)~~ Section 784.021, relating to aggravated assault.

44 (n)~~(l)~~ Section 784.03, relating to battery, if the victim
45 of the offense was a minor.

46 (o)~~(m)~~ Section 784.045, relating to aggravated battery.

47 (p)~~(n)~~ Section 784.075, relating to battery on staff of a
48 detention or commitment facility or on a juvenile probation
49 officer.

50 (q)~~(o)~~ Section 787.01, relating to kidnapping.

51 (r)~~(p)~~ Section 787.02, relating to false imprisonment.

52 (s)~~(q)~~ Section 787.025, relating to luring or enticing a
53 child.

54 (t)~~(r)~~ Section 787.04(2), relating to taking, enticing, or
55 removing a child beyond the state limits with criminal intent
56 pending custody proceedings.

57 (u)~~(s)~~ Section 787.04(3), relating to carrying a child
58 beyond the state lines with criminal intent to avoid producing a
59 child at a custody hearing or delivering the child to the
60 designated person.

61 (v) Section 787.06, relating to human trafficking.

62 (w) Section 787.07, relating to human smuggling.

63 (x)~~(t)~~ Section 790.115(1), relating to exhibiting firearms
64 or weapons within 1,000 feet of a school.

65 (y)~~(u)~~ Section 790.115(2)(b), relating to possessing an
66 electric weapon or device, destructive device, or other weapon
67 on school property.

68 (z)~~(v)~~ Section 794.011, relating to sexual battery.



581238

69 (aa)~~(w)~~ Former s. 794.041, relating to prohibited acts of
70 persons in familial or custodial authority.

71 (bb)~~(x)~~ Section 794.05, relating to unlawful sexual
72 activity with certain minors.

73 (cc)~~(y)~~ Section 794.08, relating to female genital
74 mutilation.

75 (dd)~~(z)~~ Chapter 796, relating to prostitution.

76 (ee)~~(aa)~~ Section 798.02, relating to lewd and lascivious
77 behavior.

78 (ff)~~(bb)~~ Chapter 800, relating to lewdness and indecent
79 exposure and offenses against students by authority figures.

80 (gg)~~(cc)~~ Section 806.01, relating to arson.

81 (hh)~~(dd)~~ Section 810.02, relating to burglary.

82 (ii)~~(ee)~~ Section 810.14, relating to voyeurism, if the
83 offense is a felony.

84 (jj)~~(ff)~~ Section 810.145, relating to video voyeurism, if
85 the offense is a felony.

86 (kk)~~(gg)~~ Chapter 812, relating to theft, robbery, and
87 related crimes, if the offense is a felony.

88 (ll)~~(hh)~~ Section 817.563, relating to fraudulent sale of
89 controlled substances, only if the offense was a felony.

90 (mm)~~(ii)~~ Section 825.102, relating to abuse, aggravated
91 abuse, or neglect of an elderly person or disabled adult.

92 (nn)~~(jj)~~ Section 825.1025, relating to lewd or lascivious
93 offenses committed upon or in the presence of an elderly person
94 or disabled adult.

95 (oo)~~(kk)~~ Section 825.103, relating to exploitation of an
96 elderly person or disabled adult, if the offense was a felony.

97 (pp)~~(ll)~~ Section 826.04, relating to incest.



581238

98 ~~(qq)~~ ~~(mm)~~ Section 827.03, relating to child abuse,
99 aggravated child abuse, or neglect of a child.

100 ~~(rr)~~ ~~(nn)~~ Section 827.04, relating to contributing to the
101 delinquency or dependency of a child.

102 ~~(ss)~~ ~~(oo)~~ Former s. 827.05, relating to negligent treatment
103 of children.

104 ~~(tt)~~ ~~(pp)~~ Section 827.071, relating to sexual performance by
105 a child.

106 (uu) Section 831.311, relating to the unlawful sale,
107 manufacture, alteration, delivery, uttering, or possession of
108 counterfeit-resistant prescription blanks for controlled
109 substances.

110 (vv) Section 836.10, relating to written or electronic
111 threats to kill, do bodily injury, or conduct a mass shooting or
112 an act of terrorism.

113 ~~(ww)~~ ~~(qq)~~ Section 843.01, relating to resisting arrest with
114 violence.

115 ~~(xx)~~ ~~(rr)~~ Section 843.025, relating to depriving a law
116 enforcement, correctional, or correctional probation officer
117 means of protection or communication.

118 ~~(yy)~~ ~~(ss)~~ Section 843.12, relating to aiding in an escape.

119 ~~(zz)~~ ~~(tt)~~ Section 843.13, relating to aiding in the escape
120 of juvenile inmates in correctional institutions.

121 ~~(aaa)~~ ~~(uu)~~ Chapter 847, relating to obscene literature.

122 (bbb) Section 859.01, relating to poisoning food or water.

123 (ccc) Section 873.01, relating to the prohibition on the
124 purchase or sale of human organs and tissue.

125 ~~(ddd)~~ ~~(vv)~~ Section 874.05, relating to encouraging or
126 recruiting another to join a criminal gang.



127 (eee)~~(ww)~~ Chapter 893, relating to drug abuse prevention
128 and control, only if the offense was a felony or if any other
129 person involved in the offense was a minor.

130 (fff)~~(xx)~~ Section 916.1075, relating to sexual misconduct
131 with certain forensic clients and reporting of such sexual
132 misconduct.

133 (ggg)~~(yy)~~ Section 944.35(3), relating to inflicting cruel
134 or inhuman treatment on an inmate resulting in great bodily
135 harm.

136 (hhh)~~(zz)~~ Section 944.40, relating to escape.

137 (iii)~~(aa)~~ Section 944.46, relating to harboring,
138 concealing, or aiding an escaped prisoner.

139 (jjj)~~(bb)~~ Section 944.47, relating to introduction of
140 contraband into a correctional facility.

141 (kkk)~~(cc)~~ Section 985.701, relating to sexual misconduct
142 in juvenile justice programs.

143 (lll)~~(dd)~~ Section 985.711, relating to contraband
144 introduced into detention facilities.

145
146 ===== T I T L E A M E N D M E N T =====

147 And the title is amended as follows:

148 Delete line 3

149 and insert:

150 ; amending s. 435.04, F.S.; specifying additional
151 disqualifying offenses under the background screening
152 requirements for certain persons; amending s.
153 456.0135,



501850

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/14/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete line 84
and insert:
s. 456.0135, Florida Statutes, upon their next licensure renewal
that takes place after January 1, 2025. Beginning January 1,
2025, the Department of Health may not renew the license of a
health care practitioner until he or she complies with the
background screening requirements of s. 456.0135, Florida
Statutes.



501850

11
12
13
14
15
16
17
18
19
20
21

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

And the title is amended as follows:

Delete line 9

and insert:

requirements by their next licensure renewal beginning
after a specified date; prohibiting the Department of
Health, beginning on a specified date, from renewing
the license of a health care practitioner until he or
she complies with the background screening
requirements; amending ss.

By Senator Grall

29-01094A-24

20241008__

1 A bill to be entitled
 2 An act relating to background screening requirements
 3 for health care practitioners; amending s. 456.0135,
 4 F.S.; expanding certain background screening
 5 requirements to apply to all health care
 6 practitioners, rather than specified practitioners;
 7 requiring health care practitioners licensed before a
 8 specified date to comply with the background screening
 9 requirements by a specified date; amending ss.
 10 457.105, 463.006, 465.007, 465.0075, 465.013, 465.014,
 11 466.006, 466.0067, 466.007, 467.011, 468.1185,
 12 468.1215, 468.1695, 468.209, 468.213, 468.355,
 13 468.358, 468.509, 468.513, 468.803, 478.45, 483.815,
 14 483.901, 483.914, 484.007, 484.045, 486.031, 486.102,
 15 490.005, 490.0051, 490.006, 491.0045, 491.0046,
 16 491.005, and 491.006, F.S.; revising licensure,
 17 registration, or certification requirements, as
 18 applicable, for acupuncturists; optometrists;
 19 pharmacists; pharmacist licenses by endorsement;
 20 registered pharmacy interns; pharmacy technicians;
 21 dentists; health access dental licenses; dental
 22 hygienists; midwives; speech-language pathologists and
 23 audiologists; speech-language pathology assistants and
 24 audiology assistants; nursing home administrators;
 25 occupational therapists and occupational therapy
 26 assistants; occupational therapist and occupational
 27 therapy assistant licenses by endorsement; respiratory
 28 therapists; respiratory therapist licenses by
 29 endorsement; dietitian/nutritionists;

Page 1 of 47

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

29-01094A-24

20241008__

30 dietitian/nutritionist licenses by endorsement;
 31 practitioners of orthotics, prosthetics, or
 32 pedorthics; electrologists; clinical laboratory
 33 personnel; medical physicists; genetic counselors;
 34 opticians; hearing aid specialists; physical
 35 therapists; physical therapist assistants;
 36 psychologists and school psychologists; provisional
 37 licenses for psychologists; psychologist and school
 38 psychologist licenses by endorsement; intern
 39 registrations for clinical social work, marriage and
 40 family therapy, and mental health counseling;
 41 provisional licenses for clinical social workers,
 42 marriage and family therapists, and mental health
 43 counselors; clinical social workers, marriage and
 44 family therapists, and mental health counselors; and
 45 clinical social worker, marriage and family therapist,
 46 and mental health counselor licenses by endorsement,
 47 respectively, to include background screening
 48 requirements; making conforming and technical changes;
 49 amending ss. 486.025, 486.0715, 486.1065, and 491.003,
 50 F.S.; conforming cross-references; providing an
 51 effective date.

52
 53 Be It Enacted by the Legislature of the State of Florida:

54
 55 Section 1. Subsection (1) of section 456.0135, Florida
 56 Statutes, is amended to read:
 57 456.0135 General background screening provisions.—
 58 (1) An application for initial licensure received on or

Page 2 of 47

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

29-01094A-24 20241008__
 59 after January 1, 2013, under chapter 458, chapter 459, chapter
 60 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter
 61 465 ~~s. 465.022~~, chapter 466, chapter 467, part I, part II, part
 62 III, part V, part X, part XIII, or part XIV of chapter 468,
 63 chapter 478, or chapter 480, chapter 483, chapter 484, chapter
 64 486, chapter 490, or chapter 491 ~~must shall~~ include fingerprints
 65 pursuant to procedures established by the department through a
 66 vendor approved by the Department of Law Enforcement and fees
 67 imposed for the initial screening and retention of fingerprints.
 68 Fingerprints must be submitted electronically to the Department
 69 of Law Enforcement for state processing, and the Department of
 70 Law Enforcement shall forward the fingerprints to the Federal
 71 Bureau of Investigation for national processing. Each board, or
 72 the department if there is no board, must shall screen the
 73 results to determine whether if an applicant meets licensure
 74 requirements. For any subsequent renewal of the applicant's
 75 license which that requires a national criminal history check,
 76 the department shall request the Department of Law Enforcement
 77 to forward the retained fingerprints of the applicant to the
 78 Federal Bureau of Investigation unless the fingerprints are
 79 enrolled in the national retained print arrest notification
 80 program.

81 Section 2. Health care practitioners as defined in s.
 82 456.001, Florida Statutes, who were licensed before July 1,
 83 2024, must comply with the background screening requirements of
 84 s. 456.0135, Florida Statutes, by July 1, 2025.

85 Section 3. Subsection (2) of section 457.105, Florida
 86 Statutes, is amended to read:

87 457.105 Licensure qualifications and fees.—

29-01094A-24 20241008__
 88 (2) A person may become licensed to practice acupuncture if
 89 the person applies to the department and meets all of the
 90 following criteria:

91 (a) Is 21 years of age or older, has good moral character,
 92 and has the ability to communicate in English, which is
 93 demonstrated by having passed the national written examination
 94 in English or, if such examination was passed in a foreign
 95 language, by also having passed a nationally recognized English
 96 proficiency examination.†

97 (b) Has completed 60 college credits from an accredited
 98 postsecondary institution as a prerequisite to enrollment in an
 99 authorized 3-year course of study in acupuncture and oriental
 100 medicine, and has completed a 3-year course of study in
 101 acupuncture and oriental medicine, and effective July 31, 2001,
 102 a 4-year course of study in acupuncture and oriental medicine,
 103 which meets standards established by the board by rule, which
 104 standards include, but are not limited to, successful completion
 105 of academic courses in western anatomy, western physiology,
 106 western pathology, western biomedical terminology, first aid,
 107 and cardiopulmonary resuscitation (CPR). However, any person who
 108 enrolled in an authorized course of study in acupuncture before
 109 August 1, 1997, must have completed only a 2-year course of
 110 study which meets standards established by the board by rule,
 111 which standards must include, but are not limited to, successful
 112 completion of academic courses in western anatomy, western
 113 physiology, and western pathology.†

114 (c) Has successfully completed a board-approved national
 115 certification process, is actively licensed in a state that has
 116 examination requirements that are substantially equivalent to or

29-01094A-24

20241008__

117 more stringent than those of this state, or passes an
 118 examination administered by the department, which examination
 119 tests the applicant's competency and knowledge of the practice
 120 of acupuncture and oriental medicine. At the request of any
 121 applicant, oriental nomenclature for the points must ~~shall~~ be
 122 used in the examination. The examination must ~~shall~~ include a
 123 practical examination of the knowledge and skills required to
 124 practice modern and traditional acupuncture and oriental
 125 medicine, covering diagnostic and treatment techniques and
 126 procedures, ~~and~~

127 (d) Pays the required fees set by the board by rule not to
 128 exceed the following amounts:

129 1. Examination fee: \$500 plus the actual per applicant cost
 130 to the department for purchase of the written and practical
 131 portions of the examination from a national organization
 132 approved by the board.

133 2. Application fee: \$300.

134 3. Reexamination fee: \$500 plus the actual per applicant
 135 cost to the department for purchase of the written and practical
 136 portions of the examination from a national organization
 137 approved by the board.

138 4. Initial biennial licensure fee: \$400, if licensed in the
 139 first half of the biennium, and \$200, if licensed in the second
 140 half of the biennium.

141 (e) Submits to background screening in accordance with s.
 142 456.0135.

143 Section 4. Subsection (1) of section 463.006, Florida
 144 Statutes, is amended to read:

145 463.006 Licensure and certification by examination.-

Page 5 of 47

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

29-01094A-24

20241008__

146 (1) Any person desiring to be a licensed practitioner under
 147 ~~pursuant to~~ this chapter must apply to the department, submit to
 148 background screening in accordance with s. 456.0135, and ~~must~~
 149 submit proof to the department that she or he meets all of the
 150 following criteria:

151 (a) Has completed the application forms as required by the
 152 board, remitted an application fee for certification not to
 153 exceed \$250, remitted an examination fee for certification not
 154 to exceed \$250, and remitted an examination fee for licensure
 155 not to exceed \$325, all as set by the board.

156 (b) Is at least 18 years of age.

157 (c) Has graduated from an accredited school or college of
 158 optometry approved by rule of the board.

159 (d) Is of good moral character.

160 (e) Has successfully completed at least 110 hours of
 161 transcript-quality coursework and clinical training in general
 162 and ocular pharmacology as determined by the board, at an
 163 institution that:

164 1. Has facilities for both didactic and clinical
 165 instructions in pharmacology; and

166 2. Is accredited by a regional or professional accrediting
 167 organization that is recognized and approved by the Commission
 168 on Recognition of Postsecondary Accreditation or the United
 169 States Department of Education.

170 (f) Has completed at least 1 year of supervised experience
 171 in differential diagnosis of eye disease or disorders as part of
 172 the optometric training or in a clinical setting as part of the
 173 optometric experience.

174 Section 5. Subsection (1) of section 465.007, Florida

Page 6 of 47

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

29-01094A-24

20241008__

175 Statutes, is amended to read:

176 465.007 Licensure by examination.—

177 (1) Any person desiring to be licensed as a pharmacist
178 shall apply to the department to take the licensure examination.
179 The department shall examine each applicant who the board
180 certifies has met all of the following criteria:

181 (a) Completed the application form and remitted an
182 examination fee set by the board not to exceed \$100 plus the
183 actual per applicant cost to the department for purchase of
184 portions of the examination from the National Association of
185 Boards of Pharmacy or a similar national organization. The fees
186 authorized under this section shall be established in sufficient
187 amounts to cover administrative costs.

188 (b) Submitted to background screening in accordance with s.
189 456.0135.

190 (c) Submitted satisfactory proof that she or he is not less
191 than 18 years of age and:

192 1. Is a recipient of a degree from a school or college of
193 pharmacy accredited by an accrediting agency recognized and
194 approved by the United States Office of Education; or

195 2. Is a graduate of a 4-year undergraduate pharmacy program
196 of a school or college of pharmacy located outside the United
197 States, has demonstrated proficiency in English by passing both
198 the Test of English as a Foreign Language (TOEFL) and the Test
199 of Spoken English (TSE), has passed the Foreign Pharmacy
200 Graduate Equivalency Examination that is approved by rule of the
201 board, and has completed a minimum of 500 hours in a supervised
202 work activity program within this state under the supervision of
203 a pharmacist licensed by the department, which program is

29-01094A-24

20241008__

204 approved by the board.

205 (d) ~~(e)~~ Submitted satisfactory proof that she or he has
206 completed an internship program approved by the board. No such
207 board-approved program shall exceed 2,080 hours, all of which
208 may be obtained prior to graduation.

209 Section 6. Subsection (1) of section 465.0075, Florida
210 Statutes, is amended to read:

211 465.0075 Licensure by endorsement; requirements; fee.—

212 (1) The department shall issue a license by endorsement to
213 any applicant who applies to the department and remits a
214 nonrefundable fee of not more than \$100, as set by the board,
215 and ~~who whom~~ the board certifies has met all of the following
216 criteria:

217 (a) ~~Has~~ Met the qualifications for licensure in s.
218 465.007(1)(b), ~~and~~ (c), and (d).~~†~~

219 (b) ~~Has~~ Obtained a passing score, as established by rule of
220 the board, on the licensure examination of the National
221 Association of Boards of Pharmacy or a similar nationally
222 recognized examination, if the board certifies that the
223 applicant has taken the required examination.~~†~~

224 (c)1. ~~Has~~ Submitted evidence of the active licensed
225 practice of pharmacy, including practice in community or public
226 health by persons employed by a governmental entity, in another
227 jurisdiction for at least 2 of the immediately preceding 5 years
228 or evidence of successful completion of board-approved
229 postgraduate training or a board-approved clinical competency
230 examination within the year immediately preceding application
231 for licensure; or

232 2. ~~Has~~ Completed an internship meeting the requirements of

29-01094A-24 20241008__

233 s. 465.007(1)(d) ~~s. 465.007(1)(e)~~ within the 2 years immediately
 234 preceding application, ~~and~~
 235 (d) ~~has~~ Obtained a passing score on the pharmacy
 236 jurisprudence portions of the licensure examination, as required
 237 by board rule.

238 Section 7. Section 465.013, Florida Statutes, is amended to
 239 read:

240 465.013 Registration of pharmacy interns.—The department
 241 shall register as pharmacy interns persons certified by the
 242 board as being enrolled in an intern program at an accredited
 243 school or college of pharmacy or who are graduates of accredited
 244 schools or colleges of pharmacy and are not yet licensed in the
 245 state. Applicants for registration must submit to background
 246 screening in accordance with s. 456.0135. The board may refuse
 247 to certify to the department or may revoke the registration of
 248 any intern for good cause, including grounds enumerated in this
 249 chapter for revocation of pharmacists' licenses.

250 Section 8. Subsection (2) of section 465.014, Florida
 251 Statutes, is amended to read:

252 465.014 Pharmacy technician.—

253 (2) Any person who wishes to work as a pharmacy technician
 254 in this state must register by filing an application with the
 255 board on a form adopted by rule of the board and submit to
 256 background screening in accordance with s. 456.0135. The board
 257 shall register each applicant who has remitted a registration
 258 fee set by the board, not to exceed \$50 biennially; has
 259 completed the application form and remitted a nonrefundable
 260 application fee set by the board, not to exceed \$50; has
 261 submitted to background screening; is at least 17 years of age;

29-01094A-24 20241008__

262 and has completed a pharmacy technician training program
 263 approved by the Board of Pharmacy. Notwithstanding any
 264 requirements in this subsection, any registered pharmacy
 265 technician registered pursuant to this section before January 1,
 266 2011, who has worked as a pharmacy technician for a minimum of
 267 1,500 hours under the supervision of a licensed pharmacist or
 268 received certification as a pharmacy technician by certification
 269 program accredited by the National Commission for Certifying
 270 Agencies is exempt from the requirement to complete an initial
 271 training program for purposes of registration as required by
 272 this subsection.

273 Section 9. Paragraph (b) of subsection (1) of section
 274 466.006, Florida Statutes, is amended to read:

275 466.006 Examination of dentists.—

276 (1)

277 (b)1. Any person desiring to be licensed as a dentist shall
 278 apply to the department to take the licensure examinations and
 279 shall verify the information required on the application by
 280 oath. The application must ~~shall~~ include two recent photographs.
 281 There shall be an application fee set by the board not to exceed
 282 \$100 which shall be nonrefundable and. ~~There shall also be an~~
 283 ~~examination fee set by the board, which shall not to exceed \$425~~
 284 plus the actual per applicant cost to the department for
 285 purchase of some or all of the examination from the American
 286 Board of Dental Examiners or its successor entity, if any,
 287 provided the board finds the successor entity's clinical
 288 examination complies with ~~the provisions of~~ this section. The
 289 examination fee may be refunded ~~refundable~~ if the applicant is
 290 found ineligible to take the examinations.

29-01094A-24

20241008__

291 2. Applicants for licensure must also submit to background
 292 screening in accordance with s. 456.0135.

293 Section 10. Section 466.0067, Florida Statutes, is amended
 294 to read:

295 466.0067 Application for health access dental license.—The
 296 Legislature finds that there is an important state interest in
 297 attracting dentists to practice in underserved health access
 298 settings in this state and further, that allowing out-of-state
 299 dentists who meet certain criteria to practice in health access
 300 settings without the supervision of a dentist licensed in this
 301 state is substantially related to achieving this important state
 302 interest. Therefore, notwithstanding the requirements of s.
 303 466.006, the board shall grant a health access dental license to
 304 practice dentistry in this state in health access settings as
 305 defined in s. 466.003 to an applicant who meets all of the
 306 following criteria:

307 (1) Files an appropriate application approved by the
 308 board.~~†~~

309 (2) Pays an application license fee for a health access
 310 dental license, laws-and-rule exam fee, and an initial licensure
 311 fee. The fees specified in this subsection may not differ from
 312 an applicant seeking licensure pursuant to s. 466.006.~~†~~

313 (3) Has submitted to background screening in accordance
 314 with s. 456.0135 and has not been convicted of or pled nolo
 315 contendere to, regardless of adjudication, any felony or
 316 misdemeanor related to the practice of a health care
 317 profession.~~†~~

318 (4) Submits proof of graduation from a dental school
 319 accredited by the Commission on Dental Accreditation of the

29-01094A-24

20241008__

320 American Dental Association or its successor agency.~~†~~

321 (5) Submits documentation that she or he has completed, or
 322 will obtain before licensure, continuing education equivalent to
 323 this state's requirement for dentists licensed under s. 466.006
 324 for the last full reporting biennium before applying for a
 325 health access dental license.~~†~~

326 (6) Submits proof of her or his successful completion of
 327 parts I and II of the dental examination by the National Board
 328 of Dental Examiners and a state or regional clinical dental
 329 licensing examination that the board has determined effectively
 330 measures the applicant's ability to practice safely.~~†~~

331 (7) Currently holds a valid, active dental license in good
 332 standing which has not been revoked, suspended, restricted, or
 333 otherwise disciplined from another of the United States, the
 334 District of Columbia, or a United States territory.~~†~~

335 (8) Has never had a license revoked from another of the
 336 United States, the District of Columbia, or a United States
 337 territory.~~†~~

338 (9) Has never failed the examination specified in s.
 339 466.006, unless the applicant was reexamined pursuant to s.
 340 466.006 and received a license to practice dentistry in this
 341 state.~~†~~

342 (10) Has not been reported to the National Practitioner
 343 Data Bank, unless the applicant successfully appealed to have
 344 his or her name removed from the data bank.~~†~~

345 (11) Submits proof that he or she has been engaged in the
 346 active, clinical practice of dentistry providing direct patient
 347 care for 5 years immediately preceding the date of application,
 348 or in instances when the applicant has graduated from an

29-01094A-24 20241008__

349 accredited dental school within the preceding 5 years, submits
 350 proof of continuous clinical practice providing direct patient
 351 care since graduation, ~~and~~
 352 (12) Has passed an examination covering the laws and rules
 353 of the practice of dentistry in this state as described in s.
 354 466.006(4) (a).

355 Section 11. Subsection (1) of section 466.007, Florida
 356 Statutes, is amended to read:

357 466.007 Examination of dental hygienists.—
 358 (1) 1. Any person desiring to be licensed as a dental
 359 hygienist shall apply to the department to take the licensure
 360 examinations and shall verify the information required on the
 361 application by oath. The application must ~~shall~~ include two
 362 recent photographs of the applicant. There shall be a
 363 nonrefundable application fee set by the board not to exceed
 364 \$100 and an examination fee set by the board ~~which shall~~ not to
 365 exceed be more than \$225. The examination fee may be refunded if
 366 the applicant is found ineligible to take the examinations.

367 2. Applicants for licensure must also submit to background
 368 screening in accordance with s. 456.0135.

369 Section 12. Subsection (5) is added to section 467.011,
 370 Florida Statutes, to read:

371 467.011 Licensed midwives; qualifications; examination.—The
 372 department shall issue a license to practice midwifery to an
 373 applicant who meets all of the following criteria:

374 (5) Submits to background screening in accordance with s.
 375 456.0135.

376 Section 13. Subsections (2) and (3) of section 468.1185,
 377 Florida Statutes, are amended to read:

29-01094A-24 20241008__

378 468.1185 Licensure.—
 379 (2) The board shall certify for licensure any applicant who
 380 has met all of the following criteria:

381 (a) Satisfied the education and supervised clinical
 382 requirements of s. 468.1155.
 383 (b) Satisfied the professional experience requirement of s.
 384 468.1165.
 385 (c) Passed the licensure examination required by s.
 386 468.1175.
 387 (d) For an applicant for an audiologist license who has
 388 obtained a doctoral degree in audiology, has satisfied the
 389 education and supervised clinical requirements of paragraph (a)
 390 and the professional experience requirements of paragraph (b).
 391 (e) Submitted to background screening in accordance with s.
 392 456.0135.

393 (3) The board shall certify as qualified for a license by
 394 endorsement as a speech-language pathologist or audiologist an
 395 applicant who:

396 (a) Holds a valid license or certificate in another state
 397 or territory of the United States to practice the profession for
 398 which the application for licensure is made, if the criteria for
 399 issuance of such license were substantially equivalent to or
 400 more stringent than the licensure criteria which existed in this
 401 state at the time the license was issued; or
 402 (b) Holds a valid certificate of clinical competence of the
 403 American Speech-Language and Hearing Association or board
 404 certification in audiology from the American Board of Audiology;
 405 and
 406 (c) Submits to background screening in accordance with s.

29-01094A-24 20241008__

407 456.0135.

408 Section 14. Subsections (1) and (2) of section 468.1215,
409 Florida Statutes, are amended to read:

410 468.1215 Speech-language pathology assistant and audiology
411 assistant; certification.—

412 (1) The department shall issue a certificate as a speech-
413 language pathology assistant to each applicant who the board
414 certifies has met all of the following criteria:

415 (a) Completed the application form and remitted the
416 required fees, including a nonrefundable application fee.

417 (b) Submitted to background screening in accordance with s.
418 456.0135.

419 (c) Earned a bachelor's degree from a college or university
420 accredited by a regional association of colleges and schools
421 recognized by the Department of Education which includes at
422 least 24 semester hours of coursework as approved by the board
423 at an institution accredited by an accrediting agency recognized
424 by the Council for Higher Education Accreditation.

425 (2) The department shall issue a certificate as an
426 audiology assistant to each applicant who the board certifies
427 has met all of the following criteria:

428 (a) Completed the application form and remitted the
429 required fees, including a nonrefundable application fee.

430 (b) Submitted to background screening in accordance with s.
431 456.0135.

432 (c) Earned a high school diploma or its equivalent.

433 Section 15. Present subsections (2), (3), and (4) of
434 section 468.1695, Florida Statutes, are redesignated as
435 subsections (3), (4), and (5), respectively, a new subsection

29-01094A-24 20241008__

436 (2) is added to that section, and present subsection (2) of that
437 section is amended, to read:

438 468.1695 Licensure by examination.—

439 (2) Applicants for licensure must also submit to background
440 screening in accordance with s. 456.0135.

441 (3)~~(2)~~ The department shall examine each applicant who the
442 board certifies has completed the application form, submitted to
443 background screening, and remitted an examination fee set by the
444 board not to exceed \$250 and who:

445 (a)1. Holds a baccalaureate degree from an accredited
446 college or university and majored in health care administration,
447 health services administration, or an equivalent major, or has
448 credit for at least 60 semester hours in subjects, as prescribed
449 by rule of the board, which prepare the applicant for total
450 management of a nursing home; and

451 2. Has fulfilled the requirements of a college-affiliated
452 or university-affiliated internship in nursing home
453 administration or of a 1,000-hour nursing home administrator-in-
454 training program prescribed by the board; or

455 (b)1. Holds a baccalaureate degree from an accredited
456 college or university; and

457 2.a. Has fulfilled the requirements of a 2,000-hour nursing
458 home administrator-in-training program prescribed by the board;
459 or

460 b. Has 1 year of management experience allowing for the
461 application of executive duties and skills, including the
462 staffing, budgeting, and directing of resident care, dietary,
463 and bookkeeping departments within a skilled nursing facility,
464 hospital, hospice, assisted living facility with a minimum of 60

29-01094A-24 20241008__

465 licensed beds, or geriatric residential treatment program and,
466 if such experience is not in a skilled nursing facility, has
467 fulfilled the requirements of a 1,000-hour nursing home
468 administrator-in-training program prescribed by the board.

469 Section 16. Subsections (1) and (2) of section 468.209,
470 Florida Statutes, are amended to read:

471 468.209 Requirements for licensure.—

472 (1) An applicant applying for a license as an occupational
473 therapist or as an occupational therapy assistant shall apply to
474 the department on forms furnished by the department. The
475 department shall license each applicant who the board certifies
476 meets all of the following criteria:

477 (a) Has completed the file a written application form and
478 remitted, accompanied by the application for licensure fee
479 prescribed in s. 468.221.

480 (b) Has submitted to background screening in accordance
481 with s. 456.0135, on forms provided by the department, showing
482 to the satisfaction of the board that she or he:

483 (c) (a) Is of good moral character.

484 (d) (b) Has successfully completed the academic requirements
485 of an educational program in occupational therapy recognized by
486 the board, with concentration in biologic or physical science,
487 psychology, and sociology, and with education in selected manual
488 skills. Such a program shall be accredited by the American
489 Occupational Therapy Association's Accreditation Council for
490 Occupational Therapy Education, or its successor.

491 (e) (c) Has successfully completed a period of supervised
492 fieldwork experience at a recognized educational institution or
493 a training program approved by the educational institution where

29-01094A-24 20241008__

494 she or he met the academic requirements. For an occupational
495 therapist, a minimum of 6 months of supervised fieldwork
496 experience is required. For an occupational therapy assistant, a
497 minimum of 2 months of supervised fieldwork experience is
498 required.

499 ~~(f) (d)~~ Has passed an examination conducted or adopted by
500 the board as provided in s. 468.211.

501 (2) An applicant who has practiced as a state-licensed or
502 American Occupational Therapy Association-certified occupational
503 therapy assistant for 4 years and who, before January 24, 1988,
504 completed a minimum of 24 weeks of supervised occupational-
505 therapist-level fieldwork experience may take the examination to
506 be licensed as an occupational therapist without meeting the
507 educational requirements for occupational therapists made
508 otherwise applicable under paragraph (1) (d) (1) (b).

509 Section 17. Subsection (3) is added to section 468.213,
510 Florida Statutes, to read:

511 468.213 Licensure by endorsement.—

512 (3) Applicants for licensure by endorsement must submit to
513 background screening in accordance with s. 456.0135.

514 Section 18. Section 468.355, Florida Statutes, is amended
515 to read:

516 468.355 Licensure requirements.—To be eligible for
517 licensure by the board, an applicant must be an active
518 "certified respiratory therapist" or an active "registered
519 respiratory therapist" as designated by the National Board for
520 Respiratory Care, or its successor, and submit to background
521 screening in accordance with s. 456.0135.

522 Section 19. Subsection (4) of section 468.358, Florida

29-01094A-24

20241008__

523 Statutes, is amended to read:

524 468.358 Licensure by endorsement.—

525 (4) ~~Applicants for licensure shall not be granted by~~
 526 ~~endorsement under as provided in this section must submit~~
 527 ~~without the submission of a proper application, remit and the~~
 528 ~~payment of the requisite application fee, and submit to~~
 529 ~~background screening in accordance with s. 456.0135 fees~~
 530 ~~therefor.~~

531 Section 20. Present subsections (2), (3), and (4) of
 532 section 468.509, Florida Statutes, are redesignated as
 533 subsections (3), (4), and (5), respectively, a new subsection
 534 (2) is added to that section, and present subsection (2) of that
 535 section is amended, to read:

536 468.509 Dietitian/nutritionist; requirements for
 537 licensure.—

538 (2) Applicants for licensure must also submit to background
 539 screening in accordance with s. 456.0135.

540 (3)(2) The department shall examine any applicant who the
 541 board certifies has completed the application form, submitted to
 542 background screening, and remitted the application and
 543 examination fees specified in s. 468.508 and who:

544 (a)1. Possesses a baccalaureate or postbaccalaureate degree
 545 with a major course of study in human nutrition, food and
 546 nutrition, dietetics, or food management, or an equivalent major
 547 course of study, from a school or program accredited, at the
 548 time of the applicant's graduation, by the appropriate
 549 accrediting agency recognized by the Commission on Recognition
 550 of Postsecondary Accreditation and the United States Department
 551 of Education; and

Page 19 of 47

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

29-01094A-24

20241008__

552 2. Has completed a preprofessional experience component of
 553 not less than 900 hours or has education or experience
 554 determined to be equivalent by the board; or

555 (b)1. Has an academic degree, from a foreign country, that
 556 has been validated by an accrediting agency approved by the
 557 United States Department of Education as equivalent to the
 558 baccalaureate or postbaccalaureate degree conferred by a
 559 regionally accredited college or university in the United
 560 States;

561 2. Has completed a major course of study in human
 562 nutrition, food and nutrition, dietetics, or food management;
 563 and

564 3. Has completed a preprofessional experience component of
 565 not less than 900 hours or has education or experience
 566 determined to be equivalent by the board.

567 Section 21. Subsection (1) of section 468.513, Florida
 568 Statutes, is amended to read:

569 468.513 Dietitian/nutritionist; licensure by endorsement.—

570 (1) The department shall issue a license to practice
 571 dietetics and nutrition by endorsement to any applicant who
 572 submits to background screening in accordance with s. 456.0135
 573 and the board certifies as qualified, upon receipt of a
 574 completed application and the fee specified in s. 468.508.

575 Section 22. Subsection (2) of section 468.803, Florida
 576 Statutes, is amended to read:

577 468.803 License, registration, and examination
 578 requirements.—

579 (2) An applicant for registration, examination, or
 580 licensure must apply to the department on a form prescribed by

Page 20 of 47

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

29-01094A-24 20241008__

581 the board for consideration of board approval. Each initial
 582 applicant shall submit fingerprints to the department in
 583 accordance with s. 456.0135 and any other procedures specified
 584 by the department for state and national criminal history checks
 585 of the applicant. The board shall screen the results to
 586 determine if an applicant meets licensure requirements. The
 587 board shall consider for examination, registration, or licensure
 588 each applicant whom the board verifies meets all of the
 589 following criteria:

- 590 (a) Has submitted the completed application and completed
 591 the fingerprinting requirements and has paid the applicable
 592 application fee, not to exceed \$500. The application fee is
 593 nonrefundable.†
- 594 (b) Is of good moral character.†
- 595 (c) Is 18 years of age or older.† ~~and~~
- 596 (d) Has completed the appropriate educational preparation.
 597 Section 23. Subsection (1) of section 478.45, Florida
 598 Statutes, is amended to read:
 599 478.45 Requirements for licensure.—
 600 (1) An applicant applying for licensure as an electrologist
 601 shall apply to the department on forms furnished by the
 602 department. The department shall license each applicant who the
 603 board certifies meets all of the following criteria:
 604 (a) Has completed the file a written application form and
 605 remitted, accompanied by the application for licensure fee
 606 prescribed in s. 478.55.
 607 (b) Has submitted to background screening in accordance
 608 with s. 456.0135, on a form provided by the board, showing to
 609 the satisfaction of the board that the applicant:

29-01094A-24 20241008__

- 610 ~~(c)(a)~~ Is at least 18 years old.
- 611 ~~(d)(b)~~ Is of good moral character.
- 612 ~~(e)(e)~~ Possesses a high school diploma or a high school
 613 equivalency diploma.
- 614 ~~(f)(d)~~ Has not committed an act in any jurisdiction which
 615 would constitute grounds for disciplining an electrologist in
 616 this state.
- 617 ~~(g)(e)~~ Has successfully completed the academic requirements
 618 of an electrolysis training program, not to exceed 120 hours,
 619 and the practical application thereof as approved by the board.
- 620 Section 24. Section 483.815, Florida Statutes, is amended
 621 to read:
 622 483.815 Application for clinical laboratory personnel
 623 license.—An application for a clinical laboratory personnel
 624 license shall be made under oath on forms provided by the
 625 department and shall be accompanied by payment of fees as
 626 provided by this part. Applicants for licensure must also submit
 627 to background screening in accordance with s. 456.0135. A
 628 license may be issued authorizing the performance of procedures
 629 of one or more categories.
- 630 Section 25. Present paragraphs (b) through (k) of
 631 subsection (4) of section 483.901, Florida Statutes, are
 632 redesignated as paragraphs (c) through (l), respectively, a new
 633 paragraph (b) is added to that subsection, and paragraph (a) of
 634 that subsection is amended, to read:
 635 483.901 Medical physicists; definitions; licensure.—
 636 (4) LICENSE REQUIRED.—An individual may not engage in the
 637 practice of medical physics, including the specialties of
 638 diagnostic radiological physics, therapeutic radiological

29-01094A-24 20241008__

639 physics, medical nuclear radiological physics, or medical health
640 physics, without a license issued by the department for the
641 appropriate specialty.

642 (a) The department shall adopt rules to administer this
643 section which specify license application and renewal fees,
644 continuing education requirements, background screening
645 requirements, and standards for practicing medical physics. The
646 department shall require a minimum of 24 hours per biennium of
647 continuing education offered by an organization approved by the
648 department. The department may adopt rules to specify continuing
649 education requirements for persons who hold a license in more
650 than one specialty.

651 (b) Applicants for a medical physicist license must submit
652 to background screening in accordance with s. 456.0135.

653 Section 26. Subsections (2) and (3) of section 483.914,
654 Florida Statutes, are amended to read:

655 483.914 Licensure requirements.—

656 (2) The department shall issue a license, valid for 2
657 years, to each applicant who meets all of the following
658 criteria:

659 (a) Has completed an application.

660 (b) Has submitted to background screening in accordance
661 with s. 456.0135.

662 (c) Is of good moral character.

663 (d) ~~(e)~~ Provides satisfactory documentation of having
664 earned:

665 1. A master's degree from a genetic counseling training
666 program or its equivalent as determined by the Accreditation
667 Council of Genetic Counseling or its successor or an equivalent

29-01094A-24 20241008__

668 entity; or

669 2. A doctoral degree from a medical genetics training
670 program accredited by the American Board of Medical Genetics and
671 Genomics or the Canadian College of Medical Geneticists.

672 ~~(e)~~ ~~(d)~~ Has passed the examination for certification as:

673 1. A genetic counselor by the American Board of Genetic
674 Counseling, Inc., the American Board of Medical Genetics and
675 Genomics, or the Canadian Association of Genetic Counsellors; or

676 2. A medical or clinical geneticist by the American Board
677 of Medical Genetics and Genomics or the Canadian College of
678 Medical Geneticists.

679 (3) The department may issue a temporary license for up to
680 2 years to an applicant who meets all requirements for licensure
681 except for the certification examination requirement imposed
682 under paragraph ~~(2)~~ ~~(e)~~ ~~(2)~~ ~~(d)~~ and is eligible to sit for that
683 certification examination.

684 Section 27. Subsection (1) of section 484.007, Florida
685 Statutes, is amended to read:

686 484.007 Licensure of opticians; permitting of optical
687 establishments.—

688 (1) Any person desiring to practice opticianry shall apply
689 to the department, upon forms prescribed by it, to take a
690 licensure examination. The department shall examine each
691 applicant who the board certifies meets all of the following
692 criteria:

693 (a) Has completed the application form and remitted a
694 nonrefundable application fee set by the board, in the amount of
695 \$100 or less, and an examination fee set by the board, in the
696 amount of \$325 plus the actual per applicant cost to the

29-01094A-24 20241008__

697 department for purchase of portions of the examination from the
698 American Board of Opticianry or a similar national organization,
699 or less, and refundable if the board finds the applicant
700 ineligible to take the examination.~~†~~

701 (b) Submits to background screening in accordance with s.
702 456.0135.

703 (c) Is not less than 18 years of age.~~†~~

704 (d)~~(e)~~ Is a graduate of an accredited high school or
705 possesses a certificate of equivalency of a high school
706 education.~~†~~ ~~and~~

707 (e)1.~~(d)1.~~ Has received an associate degree, or its
708 equivalent, in opticianry from an educational institution the
709 curriculum of which is accredited by an accrediting agency
710 recognized and approved by the United States Department of
711 Education or the Council on Postsecondary Education or approved
712 by the board;

713 2. Is an individual licensed to practice the profession of
714 opticianry pursuant to a regulatory licensing law of another
715 state, territory, or jurisdiction of the United States, who has
716 actively practiced in such other state, territory, or
717 jurisdiction for more than 3 years immediately preceding
718 application, and who meets the examination qualifications as
719 provided in this subsection;

720 3. Is an individual who has actively practiced in another
721 state, territory, or jurisdiction of the United States for more
722 than 5 years immediately preceding application and who provides
723 tax or business records, affidavits, or other satisfactory
724 documentation of such practice and who meets the examination
725 qualifications as provided in this subsection; or

29-01094A-24 20241008__

726 4. Has registered as an apprentice with the department and
727 paid a registration fee not to exceed \$60, as set by rule of the
728 board. The apprentice shall complete 6,240 hours of training
729 under the supervision of an optician licensed in this state for
730 at least 1 year or of a physician or optometrist licensed under
731 the laws of this state. These requirements must be met within 5
732 years after the date of registration. However, any time spent in
733 a recognized school may be considered as part of the
734 apprenticeship program provided herein. The board may establish
735 administrative processing fees sufficient to cover the cost of
736 administering apprentice rules adopted ~~as promulgated~~ by the
737 board.

738 Section 28. Subsection (2) of section 484.045, Florida
739 Statutes, is amended to read:

740 484.045 Licensure by examination.—

741 (2) The department shall license each applicant who the
742 board certifies meets all of the following criteria:

743 (a) Has completed the application form and remitted the
744 required fees.

745 (b) Has submitted to background screening in accordance
746 with s. 456.0135.

747 (c) Is of good moral character.

748 (d)~~(e)~~ Is 18 years of age or older.

749 (e)~~(d)~~ Is a graduate of an accredited high school or its
750 equivalent.

751 (f)1.~~(e)1.~~ Has met the requirements of the training
752 program; or

753 2.a. Has a valid, current license as a hearing aid
754 specialist or its equivalent from another state and has been

29-01094A-24 20241008__

755 actively practicing in such capacity for at least 12 months; or
 756 b. Is currently certified by the National Board for
 757 Certification in Hearing Instrument Sciences and has been
 758 actively practicing for at least 12 months.
 759 ~~(g)(f)~~ Has passed an examination, as prescribed by board
 760 rule.
 761 ~~(h)(g)~~ Has demonstrated, in a manner designated by rule of
 762 the board, knowledge of state laws and rules relating to the
 763 fitting and dispensing of prescription hearing aids.
 764 Section 29. Section 486.031, Florida Statutes, is amended
 765 to read:
 766 486.031 Physical therapist; licensing requirements.—To be
 767 eligible for licensing as a physical therapist, an applicant
 768 must meet all of the following criteria:
 769 (1) Be at least 18 years old.
 770 (2) Be of good moral character.
 771 (3) Have submitted to background screening in accordance
 772 with s. 456.0135. ~~and~~
 773 (4) ~~(a)(3)(a)~~ Have ~~been~~ graduated from a school of physical
 774 therapy which has been approved for the educational preparation
 775 of physical therapists by the appropriate accrediting agency
 776 recognized by the Council for Higher Education Accreditation, or
 777 its successor entity, Commission on Recognition of Postsecondary
 778 ~~Accreditation~~ or the United States Department of Education at
 779 the time of her or his graduation and have passed, to the
 780 satisfaction of the board, the American Registry Examination
 781 prior to 1971 or a national examination approved by the board to
 782 determine her or his fitness for practice as a physical
 783 therapist as hereinafter provided;

29-01094A-24 20241008__

784 (b) Have received a diploma from a program in physical
 785 therapy in a foreign country and have educational credentials
 786 deemed equivalent to those required for the educational
 787 preparation of physical therapists in this country, as
 788 recognized by the appropriate agency as identified by the board,
 789 and have passed to the satisfaction of the board an examination
 790 to determine her or his fitness for practice as a physical
 791 therapist as hereinafter provided; or
 792 (c) Be entitled to licensure without examination as
 793 provided in s. 486.081.
 794 Section 30. Section 486.102, Florida Statutes, is amended
 795 to read:
 796 486.102 Physical therapist assistant; licensing
 797 requirements.—To be eligible for licensing by the board as a
 798 physical therapist assistant, an applicant must meet all of the
 799 following criteria:
 800 (1) Be at least 18 years old.
 801 (2) Be of good moral character.
 802 (3) Have submitted to background screening in accordance
 803 with s. 456.0135. ~~and~~
 804 (4) ~~(a)(3)(a)~~ Have ~~been~~ graduated from a school giving a
 805 course of not less than 2 years for physical therapist
 806 assistants, which has been approved for the educational
 807 preparation of physical therapist assistants by the appropriate
 808 accrediting agency recognized by the Council for Higher
 809 Education Accreditation, or its successor entity, Commission on
 810 ~~Recognition of Postsecondary Accreditation~~ or the United States
 811 Department of Education, at the time of her or his graduation
 812 and have passed to the satisfaction of the board an examination

29-01094A-24 20241008__

813 to determine her or his fitness for practice as a physical
 814 therapist assistant as hereinafter provided;

815 (b) Have ~~been~~ graduated from a school giving a course for
 816 physical therapist assistants in a foreign country and have
 817 educational credentials deemed equivalent to those required for
 818 the educational preparation of physical therapist assistants in
 819 this country, as recognized by the appropriate agency as
 820 identified by the board, and passed to the satisfaction of the
 821 board an examination to determine her or his fitness for
 822 practice as a physical therapist assistant as hereinafter
 823 provided;

824 (c) Be entitled to licensure without examination as
 825 provided in s. 486.107; or

826 (d) Have been enrolled between July 1, 2014, and July 1,
 827 2016, in a physical therapist assistant school in this state
 828 which was accredited at the time of enrollment; and

829 1. Have ~~been~~ graduated ~~or be eligible to graduate from such~~
 830 ~~school no later than July 1, 2018;~~ and

831 2. Have passed to the satisfaction of the board an
 832 examination to determine his or her fitness for practice as a
 833 physical therapist assistant as provided in s. 486.104.

834 Section 31. Present paragraphs (b), (c), and (d) of
 835 subsection (1) of section 490.005, Florida Statutes, are
 836 redesignated as paragraphs (c), (d), and (e), respectively, a
 837 new paragraph (b) is added to that subsection, and subsection
 838 (2) is amended, to read:

839 490.005 Licensure by examination.—

840 (1) Any person desiring to be licensed as a psychologist
 841 shall apply to the department to take the licensure examination.

Page 29 of 47

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

29-01094A-24 20241008__

842 The department shall license each applicant whom the board
 843 certifies has met all of the following requirements:

844 (b) Submitted to background screening in accordance with s.
 845 456.0135.

846 (2) Any person desiring to be licensed as a school
 847 psychologist shall apply to the department to take the licensure
 848 examination. The department shall license each applicant who the
 849 department certifies has met all of the following requirements:

850 (a) Satisfactorily completed the application form and
 851 submitted a nonrefundable application fee not to exceed \$250 and
 852 an examination fee sufficient to cover the per applicant cost to
 853 the department for development, purchase, and administration of
 854 the examination, but not to exceed \$250 as set by department
 855 rule.

856 (b) Submitted to background screening in accordance with s.
 857 456.0135.

858 (c) Submitted satisfactory proof to the department that the
 859 applicant:

860 1. Has received a doctorate, specialist, or equivalent
 861 degree from a program primarily psychological in nature and has
 862 completed 60 semester hours or 90 quarter hours of graduate
 863 study, in areas related to school psychology as defined by rule
 864 of the department, from a college or university which at the
 865 time the applicant was enrolled and graduated was accredited by
 866 an accrediting agency recognized and approved by the Council for
 867 Higher Education Accreditation or its successor organization or
 868 from an institution that is a member in good standing with the
 869 Association of Universities and Colleges of Canada.

870 2. Has had a minimum of 3 years of experience in school

Page 30 of 47

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

29-01094A-24 20241008__

871 psychology, 2 years of which must be supervised by an individual
872 who is a licensed school psychologist or who has otherwise
873 qualified as a school psychologist supervisor, by education and
874 experience, as set forth by rule of the department. A doctoral
875 internship may be applied toward the supervision requirement.

876 3. Has passed an examination provided by the department.

877 Section 32. Present paragraphs (b) and (c) of subsection
878 (1) of section 490.0051, Florida Statutes, are redesignated as
879 paragraphs (c) and (d), respectively, and a new paragraph (b) is
880 added to that subsection, to read:

881 490.0051 Provisional licensure; requirements.-

882 (1) The department shall issue a provisional psychology
883 license to each applicant whom the board certifies has met all
884 of the following criteria:

885 (b) Submitted to background screening in accordance with s.
886 456.0135.

887 Section 33. Subsection (1) of section 490.006, Florida
888 Statutes, is amended to read:

889 490.006 Licensure by endorsement.-

890 (1) The department shall license a person as a psychologist
891 or school psychologist who, upon applying to the department,
892 submitting to background screening in accordance with s.
893 456.0135, and remitting the appropriate fee, demonstrates to the
894 department or, in the case of psychologists, to the board that
895 the applicant:

896 (a) Is a diplomate in good standing with the American Board
897 of Professional Psychology, Inc.; or

898 (b) Possesses a doctoral degree in psychology and has at
899 least 10 years of experience as a licensed psychologist in any

29-01094A-24 20241008__

900 jurisdiction or territory of the United States within the 25
901 years preceding the date of application.

902 Section 34. Subsections (1), (2), (4), and (6) of section
903 491.0045, Florida Statutes, are amended to read:

904 491.0045 Intern registration; requirements.-

905 (1) An individual who has not satisfied the postgraduate or
906 post-master's level experience requirements, as specified in s.
907 491.005(1)(d), (3)(d), or (4)(d) ~~s. 491.005(1)(c), (3)(c), or~~
908 ~~(4)(e)~~, must register as an intern in the profession for which
909 he or she is seeking licensure before commencing the post-
910 master's experience requirement or an individual who intends to
911 satisfy part of the required graduate-level practicum,
912 internship, or field experience, outside the academic arena for
913 any profession, and must register as an intern in the profession
914 for which he or she is seeking licensure before commencing the
915 practicum, internship, or field experience.

916 (2) The department shall register as a clinical social
917 worker intern, marriage and family therapist intern, or mental
918 health counselor intern each applicant who the board certifies
919 has met all of the following criteria:

920 (a) Completed the application form and remitted a
921 nonrefundable application fee not to exceed \$200, as set by
922 board rule;
923

924 (b) Submitted to background screening in accordance with s.
925 456.0135.

926 (c)1. Completed the education requirements as specified in
927 s. 491.005(1)(d), (3)(d), or (4)(d) ~~s. 491.005(1)(c), (3)(c), or~~
928 ~~(4)(e)~~ for the profession for which he or she is applying for
licensure, if needed; and

29-01094A-24

20241008__

929 2. Submitted an acceptable supervision plan, as determined
930 by the board, for meeting the practicum, internship, or field
931 work required for licensure that was not satisfied in his or her
932 graduate program.

933 ~~(d)(e)~~ Identified a qualified supervisor.

934 (4) An individual who fails to comply with this section may
935 not be granted a license under this chapter, and any time spent
936 by the individual completing the experience requirement as
937 specified in s. 491.005(1)(d), (3)(d), or (4)(d) ~~s.~~
938 ~~491.005(1)(e), (3)(e), or (4)(e)~~ before registering as an intern
939 does not count toward completion of the requirement.

940 (6) Any registration issued after March 31, 2017, expires
941 60 months after the date it is issued. The board may make a one-
942 time exception to the requirements of this subsection in
943 emergency or hardship cases, as defined by board rule, if the
944 candidate has passed the theory and practice examination
945 described in s. 491.005(1)(e), (3)(e), and (4)(e) ~~s.~~
946 ~~491.005(1)(d), (3)(d), and (4)(d)~~.

947 Section 35. Subsection (2) of section 491.0046, Florida
948 Statutes, is amended to read:

949 491.0046 Provisional license; requirements.—

950 (2) The department shall issue a provisional clinical
951 social worker license, provisional marriage and family therapist
952 license, or provisional mental health counselor license to each
953 applicant who the board certifies has met all of the following
954 criteria:

955 (a) Completed the application form and remitted a
956 nonrefundable application fee not to exceed \$100, as set by
957 board rule, ~~and~~

29-01094A-24

20241008__

958 (b) Submitted to background screening in accordance with s.
959 456.0135.

960 (c) Earned a graduate degree in social work, a graduate
961 degree with a major emphasis in marriage and family therapy or a
962 closely related field, or a graduate degree in a major related
963 to the practice of mental health counseling, ~~and~~

964 ~~(d)(e)~~ Met the following minimum coursework requirements:

965 1. For clinical social work, a minimum of 15 semester hours
966 or 22 quarter hours of the coursework required by s.
967 491.005(1)(c)2.b. ~~s. 491.005(1)(b)2.b.~~

968 2. For marriage and family therapy, 10 of the courses
969 required by s. 491.005(3)(c) ~~s. 491.005(3)(b)~~, as determined by
970 the board, and at least 6 semester hours or 9 quarter hours of
971 the course credits must have been completed in the area of
972 marriage and family systems, theories, or techniques.

973 3. For mental health counseling, a minimum of seven of the
974 courses required under s. 491.005(4)(c)1.a., b., or c. ~~s.~~
975 ~~491.005(4)(b)1.a.-e.~~

976 Section 36. Subsections (1) through (4) of section 491.005,
977 Florida Statutes, are amended to read:

978 491.005 Licensure by examination.—

979 (1) CLINICAL SOCIAL WORK.—Upon verification of
980 documentation and payment of a fee not to exceed \$200, as set by
981 board rule, the department shall issue a license as a clinical
982 social worker to an applicant whom the board certifies has met
983 all of the following criteria:

984 (a) Submitted an application and paid the appropriate fee.

985 (b) Submitted to background screening in accordance with s.
986 456.0135.

29-01094A-24

20241008__

987 (c)1. Received a doctoral degree in social work from a
 988 graduate school of social work which at the time the applicant
 989 graduated was accredited by an accrediting agency recognized by
 990 the United States Department of Education or received a master's
 991 degree in social work from a graduate school of social work
 992 which at the time the applicant graduated:

993 a. Was accredited by the Council on Social Work Education;
 994 b. Was accredited by the Canadian Association for Social
 995 Work Education; or
 996 c. Has been determined to have been a program equivalent to
 997 programs approved by the Council on Social Work Education by the
 998 Foreign Equivalency Determination Service of the Council on
 999 Social Work Education. An applicant who graduated from a program
 1000 at a university or college outside of the United States or
 1001 Canada must present documentation of the equivalency
 1002 determination from the council in order to qualify.

1003 2. The applicant's graduate program emphasized direct
 1004 clinical patient or client health care services, including, but
 1005 not limited to, coursework in clinical social work, psychiatric
 1006 social work, medical social work, social casework,
 1007 psychotherapy, or group therapy. The applicant's graduate
 1008 program must have included all of the following coursework:

1009 a. A supervised field placement which was part of the
 1010 applicant's advanced concentration in direct practice, during
 1011 which the applicant provided clinical services directly to
 1012 clients.

1013 b. Completion of 24 semester hours or 32 quarter hours in
 1014 theory of human behavior and practice methods as courses in
 1015 clinically oriented services, including a minimum of one course

29-01094A-24

20241008__

1016 in psychopathology, and no more than one course in research,
 1017 taken in a school of social work accredited or approved pursuant
 1018 to subparagraph 1.

1019 3. If the course title which appears on the applicant's
 1020 transcript does not clearly identify the content of the
 1021 coursework, the applicant provided additional documentation,
 1022 including, but not limited to, a syllabus or catalog description
 1023 published for the course.

1024 (d)~~(e)~~ Completed at least 2 years of clinical social work
 1025 experience, which took place subsequent to completion of a
 1026 graduate degree in social work at an institution meeting the
 1027 accreditation requirements of this section, under the
 1028 supervision of a licensed clinical social worker or the
 1029 equivalent who is a qualified supervisor as determined by the
 1030 board. An individual who intends to practice in Florida to
 1031 satisfy clinical experience requirements must register pursuant
 1032 to s. 491.0045 before commencing practice. If the applicant's
 1033 graduate program was not a program which emphasized direct
 1034 clinical patient or client health care services as described in
 1035 subparagraph (c)2. ~~(b)~~2., the supervised experience requirement
 1036 must take place after the applicant has completed a minimum of
 1037 15 semester hours or 22 quarter hours of the coursework
 1038 required. A doctoral internship may be applied toward the
 1039 clinical social work experience requirement. A licensed mental
 1040 health professional must be on the premises when clinical
 1041 services are provided by a registered intern in a private
 1042 practice setting.

1043 (e)~~(d)~~ Passed a theory and practice examination designated
 1044 by board rule.

29-01094A-24

20241008__

1045 (f) ~~(e)~~ Demonstrated, in a manner designated by board rule,
 1046 knowledge of the laws and rules governing the practice of
 1047 clinical social work, marriage and family therapy, and mental
 1048 health counseling.

(2) CLINICAL SOCIAL WORK.—

1050 (a) Notwithstanding ~~the provisions of~~ paragraph (1) (c)
 1051 ~~(1) (b)~~, coursework which was taken at a baccalaureate level
 1052 shall not be considered toward completion of education
 1053 requirements for licensure unless an official of the graduate
 1054 program certifies in writing on the graduate school's stationery
 1055 that a specific course, which students enrolled in the same
 1056 graduate program were ordinarily required to complete at the
 1057 graduate level, was waived or exempted based on completion of a
 1058 similar course at the baccalaureate level. If this condition is
 1059 met, the board shall apply the baccalaureate course named toward
 1060 the education requirements.

1061 (b) An applicant from a master's or doctoral program in
 1062 social work which did not emphasize direct patient or client
 1063 services may complete the clinical curriculum content
 1064 requirement by returning to a graduate program accredited by the
 1065 Council on Social Work Education or the Canadian Association of
 1066 Schools of Social Work, or to a clinical social work graduate
 1067 program with comparable standards, in order to complete the
 1068 education requirements for examination. However, a maximum of 6
 1069 semester or 9 quarter hours of the clinical curriculum content
 1070 requirement may be completed by credit awarded for independent
 1071 study coursework as defined by board rule.

1072 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
 1073 documentation and payment of a fee not to exceed \$200, as set by

Page 37 of 47

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

29-01094A-24

20241008__

1074 board rule, the department shall issue a license as a marriage
 1075 and family therapist to an applicant whom the board certifies
 1076 has met all of the following criteria:

(a) Submitted an application and paid the appropriate fee.

1078 (b) Submitted to background screening in accordance with s.
 1079 456.0135.

(c) 1. Attained one of the following:

1081 a. A minimum of a master's degree in marriage and family
 1082 therapy from a program accredited by the Commission on
 1083 Accreditation for Marriage and Family Therapy Education.

1084 b. A minimum of a master's degree with a major emphasis in
 1085 marriage and family therapy or a closely related field from a
 1086 university program accredited by the Council on Accreditation of
 1087 Counseling and Related Educational Programs and graduate courses
 1088 approved by the board.

1089 c. A minimum of a master's degree with an emphasis in
 1090 marriage and family therapy or a closely related field, with a
 1091 degree conferred before September 1, 2027, from an
 1092 institutionally accredited college or university and graduate
 1093 courses approved by the board.

1094 2. If the course title that appears on the applicant's
 1095 transcript does not clearly identify the content of the
 1096 coursework, the applicant provided additional documentation,
 1097 including, but not limited to, a syllabus or catalog description
 1098 published for the course. The required master's degree must have
 1099 been received in an institution of higher education that, at the
 1100 time the applicant graduated, was fully accredited by an
 1101 institutional accrediting body recognized by the Council for
 1102 Higher Education Accreditation or its successor organization or

Page 38 of 47

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

29-01094A-24

20241008__

1103 was a member in good standing with Universities Canada, or an
 1104 institution of higher education located outside the United
 1105 States and Canada which, at the time the applicant was enrolled
 1106 and at the time the applicant graduated, maintained a standard
 1107 of training substantially equivalent to the standards of
 1108 training of those institutions in the United States which are
 1109 accredited by an institutional accrediting body recognized by
 1110 the Council for Higher Education Accreditation or its successor
 1111 organization. Such foreign education and training must have been
 1112 received in an institution or program of higher education
 1113 officially recognized by the government of the country in which
 1114 it is located as an institution or program to train students to
 1115 practice as professional marriage and family therapists or
 1116 psychotherapists. The applicant has the burden of establishing
 1117 that the requirements of this provision have been met, and the
 1118 board shall require documentation, such as an evaluation by a
 1119 foreign equivalency determination service, as evidence that the
 1120 applicant's graduate degree program and education were
 1121 equivalent to an accredited program in this country. An
 1122 applicant with a master's degree from a program that did not
 1123 emphasize marriage and family therapy may complete the
 1124 coursework requirement in a training institution fully
 1125 accredited by the Commission on Accreditation for Marriage and
 1126 Family Therapy Education recognized by the United States
 1127 Department of Education.

1128 (d)~~(e)~~ Completed at least 2 years of clinical experience
 1129 during which 50 percent of the applicant's clients were
 1130 receiving marriage and family therapy services, which must be at
 1131 the post-master's level under the supervision of a licensed

Page 39 of 47

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

29-01094A-24

20241008__

1132 marriage and family therapist with at least 5 years of
 1133 experience, or the equivalent, who is a qualified supervisor as
 1134 determined by the board. An individual who intends to practice
 1135 in Florida to satisfy the clinical experience requirements must
 1136 register pursuant to s. 491.0045 before commencing practice. If
 1137 a graduate has a master's degree with a major emphasis in
 1138 marriage and family therapy or a closely related field which did
 1139 not include all of the coursework required by paragraph (c) ~~(b)~~,
 1140 credit for the post-master's level clinical experience may not
 1141 commence until the applicant has completed a minimum of 10 of
 1142 the courses required by paragraph (c) ~~(b)~~, as determined by the
 1143 board, and at least 6 semester hours or 9 quarter hours of the
 1144 course credits must have been completed in the area of marriage
 1145 and family systems, theories, or techniques. Within the 2 years
 1146 of required experience, the applicant shall provide direct
 1147 individual, group, or family therapy and counseling to cases
 1148 including those involving unmarried dyads, married couples,
 1149 separating and divorcing couples, and family groups that include
 1150 children. A doctoral internship may be applied toward the
 1151 clinical experience requirement. A licensed mental health
 1152 professional must be on the premises when clinical services are
 1153 provided by a registered intern in a private practice setting.
 1154 (e)~~(d)~~ Passed a theory and practice examination designated
 1155 by board rule.
 1156 (f)~~(e)~~ Demonstrated, in a manner designated by board rule,
 1157 knowledge of the laws and rules governing the practice of
 1158 clinical social work, marriage and family therapy, and mental
 1159 health counseling.

1160

Page 40 of 47

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

29-01094A-24 20241008__

1161 For the purposes of dual licensure, the department shall license
 1162 as a marriage and family therapist any person who meets the
 1163 requirements of s. 491.0057. Fees for dual licensure may not
 1164 exceed those stated in this subsection.

1165 (4) MENTAL HEALTH COUNSELING.—Upon verification of
 1166 documentation and payment of a fee not to exceed \$200, as set by
 1167 board rule, the department shall issue a license as a mental
 1168 health counselor to an applicant whom the board certifies has
 1169 met all of the following criteria:

1170 (a) Submitted an application and paid the appropriate fee.

1171 (b) Submitted to background screening in accordance with s.
 1172 456.0135.

1173 (c)1. Attained a minimum of an earned master's degree from
 1174 a mental health counseling program accredited by the Council for
 1175 the Accreditation of Counseling and Related Educational Programs
 1176 which consists of at least 60 semester hours or 80 quarter hours
 1177 of clinical and didactic instruction, including a course in
 1178 human sexuality and a course in substance abuse. If the master's
 1179 degree is earned from a program related to the practice of
 1180 mental health counseling which is not accredited by the Council
 1181 for the Accreditation of Counseling and Related Educational
 1182 Programs, then the coursework and practicum, internship, or
 1183 fieldwork must consist of at least 60 semester hours or 80
 1184 quarter hours and meet all of the following requirements:

1185 a. Thirty-three semester hours or 44 quarter hours of
 1186 graduate coursework, which must include a minimum of 3 semester
 1187 hours or 4 quarter hours of graduate-level coursework in each of
 1188 the following 11 content areas: counseling theories and
 1189 practice; human growth and development; diagnosis and treatment

29-01094A-24 20241008__

1190 of psychopathology; human sexuality; group theories and
 1191 practice; individual evaluation and assessment; career and
 1192 lifestyle assessment; research and program evaluation; social
 1193 and cultural foundations; substance abuse; and legal, ethical,
 1194 and professional standards issues in the practice of mental
 1195 health counseling. Courses in research, thesis or dissertation
 1196 work, practicums, internships, or fieldwork may not be applied
 1197 toward this requirement.

1198 b. A minimum of 3 semester hours or 4 quarter hours of
 1199 graduate-level coursework addressing diagnostic processes,
 1200 including differential diagnosis and the use of the current
 1201 diagnostic tools, such as the current edition of the American
 1202 Psychiatric Association's Diagnostic and Statistical Manual of
 1203 Mental Disorders. The graduate program must have emphasized the
 1204 common core curricular experience.

1205 c. The equivalent, as determined by the board, of at least
 1206 700 hours of university-sponsored supervised clinical practicum,
 1207 internship, or field experience that includes at least 280 hours
 1208 of direct client services, as required in the accrediting
 1209 standards of the Council for Accreditation of Counseling and
 1210 Related Educational Programs for mental health counseling
 1211 programs. This experience may not be used to satisfy the post-
 1212 master's clinical experience requirement.

1213 2. Provided additional documentation if a course title that
 1214 appears on the applicant's transcript does not clearly identify
 1215 the content of the coursework. The documentation must include,
 1216 but is not limited to, a syllabus or catalog description
 1217 published for the course.

1218

29-01094A-24 20241008__

1219 Education and training in mental health counseling must have
 1220 been received in an institution of higher education that, at the
 1221 time the applicant graduated, was fully accredited by an
 1222 institutional accrediting body recognized by the Council for
 1223 Higher Education Accreditation or its successor organization or
 1224 was a member in good standing with Universities Canada, or an
 1225 institution of higher education located outside the United
 1226 States and Canada which, at the time the applicant was enrolled
 1227 and at the time the applicant graduated, maintained a standard
 1228 of training substantially equivalent to the standards of
 1229 training of those institutions in the United States which are
 1230 accredited by an institutional accrediting body recognized by
 1231 the Council for Higher Education Accreditation or its successor
 1232 organization. Such foreign education and training must have been
 1233 received in an institution or program of higher education
 1234 officially recognized by the government of the country in which
 1235 it is located as an institution or program to train students to
 1236 practice as mental health counselors. The applicant has the
 1237 burden of establishing that the requirements of this provision
 1238 have been met, and the board shall require documentation, such
 1239 as an evaluation by a foreign equivalency determination service,
 1240 as evidence that the applicant's graduate degree program and
 1241 education were equivalent to an accredited program in this
 1242 country. Beginning July 1, 2025, an applicant must have a
 1243 master's degree from a program that is accredited by the Council
 1244 for Accreditation of Counseling and Related Educational
 1245 Programs, the Masters in Psychology and Counseling Accreditation
 1246 Council, or an equivalent accrediting body which consists of at
 1247 least 60 semester hours or 80 quarter hours to apply for

29-01094A-24 20241008__

1248 licensure under this paragraph.

1249 (d) ~~(e)~~ Completed at least 2 years of clinical experience in
 1250 mental health counseling, which must be at the post-master's
 1251 level under the supervision of a licensed mental health
 1252 counselor or the equivalent who is a qualified supervisor as
 1253 determined by the board. An individual who intends to practice
 1254 in Florida to satisfy the clinical experience requirements must
 1255 register pursuant to s. 491.0045 before commencing practice. If
 1256 a graduate has a master's degree with a major related to the
 1257 practice of mental health counseling which did not include all
 1258 the coursework required under sub-subparagraphs (c)1.a and b.
 1259 ~~(b)1.a. and b.~~, credit for the post-master's level clinical
 1260 experience may not commence until the applicant has completed a
 1261 minimum of seven of the courses required under sub-subparagraphs
 1262 (c)1.a and b. ~~(b)1.a. and b.~~, as determined by the board, one of
 1263 which must be a course in psychopathology or abnormal
 1264 psychology. A doctoral internship may be applied toward the
 1265 clinical experience requirement. A licensed mental health
 1266 professional must be on the premises when clinical services are
 1267 provided by a registered intern in a private practice setting.

1268 (e) ~~(d)~~ Passed a theory and practice examination designated
 1269 by board rule.

1270 (f) ~~(e)~~ Demonstrated, in a manner designated by board rule,
 1271 knowledge of the laws and rules governing the practice of
 1272 clinical social work, marriage and family therapy, and mental
 1273 health counseling.

1274 Section 37. Subsection (1) of section 491.006, Florida
 1275 Statutes, is amended to read:
 1276 491.006 Licensure or certification by endorsement.—

29-01094A-24

20241008__

1277 (1) The department shall license or grant a certificate to
 1278 a person in a profession regulated by this chapter who, upon
 1279 applying to the department and remitting the appropriate fee,
 1280 demonstrates to the board that he or she:

1281 (a) Has demonstrated, in a manner designated by rule of the
 1282 board, knowledge of the laws and rules governing the practice of
 1283 clinical social work, marriage and family therapy, and mental
 1284 health counseling.

1285 (b) Submitted to background screening in accordance with s.
 1286 456.0135.

1287 (c)1. Holds an active valid license to practice and has
 1288 actively practiced the licensed profession in another state for
 1289 3 of the last 5 years immediately preceding licensure;

1290 2. Has passed a substantially equivalent licensing
 1291 examination in another state or has passed the licensure
 1292 examination in this state in the profession for which the
 1293 applicant seeks licensure; and

1294 3. Holds a license in good standing, is not under
 1295 investigation for an act that would constitute a violation of
 1296 this chapter, and has not been found to have committed any act
 1297 that would constitute a violation of this chapter.

1298
 1299 The fees paid by any applicant for certification as a master
 1300 social worker under this section are nonrefundable.

1301 Section 38. Section 486.025, Florida Statutes, is amended
 1302 to read:

1303 486.025 Powers and duties of the Board of Physical Therapy
 1304 Practice.—The board may administer oaths, summon witnesses, take
 1305 testimony in all matters relating to its duties under this

Page 45 of 47

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

29-01094A-24

20241008__

1306 chapter, establish or modify minimum standards of practice of
 1307 physical therapy as defined in s. 486.021, including, but not
 1308 limited to, standards of practice for the performance of dry
 1309 needling by physical therapists, and adopt rules pursuant to ss.
 1310 120.536(1) and 120.54 to implement this chapter. The board may
 1311 also review the standing and reputability of any school or
 1312 college offering courses in physical therapy and whether the
 1313 courses of such school or college in physical therapy meet the
 1314 standards established by the appropriate accrediting agency
 1315 referred to in s. 486.031(4)(a) ~~s. 486.031(3)(a)~~. In determining
 1316 the standing and reputability of any such school and whether the
 1317 school and courses meet such standards, the board may
 1318 investigate and personally inspect the school and courses.

1319 Section 39. Paragraph (b) of subsection (1) of section
 1320 486.0715, Florida Statutes, is amended to read:

1321 486.0715 Physical therapist; issuance of temporary permit.—

1322 (1) The board shall issue a temporary physical therapist
 1323 permit to an applicant who meets the following requirements:

1324 (b) Is a graduate of an approved United States physical
 1325 therapy educational program and meets all the eligibility
 1326 requirements for licensure under chapter ~~en-~~ 456, s. 486.031(1)-
 1327 (4)(a) ~~s. 486.031(1)-(3)(a)~~, and related rules, except passage
 1328 of a national examination approved by the board is not required.

1329 Section 40. Paragraph (b) of subsection (1) of section
 1330 486.1065, Florida Statutes, is amended to read:

1331 486.1065 Physical therapist assistant; issuance of
 1332 temporary permit.—

1333 (1) The board shall issue a temporary physical therapist
 1334 assistant permit to an applicant who meets the following

Page 46 of 47

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

29-01094A-24

20241008__

1335 requirements:

1336 (b) Is a graduate of an approved United States physical
1337 therapy assistant educational program and meets all the
1338 eligibility requirements for licensure under chapter ch. 456, s.
1339 486.102(1)-(4) (a) ~~s. 486.102(1)-(3) (a)~~, and related rules,
1340 except passage of a national examination approved by the board
1341 is not required.

1342 Section 41. Subsections (15), (16), and (17) of section
1343 491.003, Florida Statutes, are amended to read:

1344 491.003 Definitions.—As used in this chapter:

1345 (15) "Registered clinical social worker intern" means a
1346 person registered under this chapter who is completing the
1347 postgraduate clinical social work experience requirement
1348 specified in s. 491.005(1) (d) ~~s. 491.005(1) (e)~~.

1349 (16) "Registered marriage and family therapist intern"
1350 means a person registered under this chapter who is completing
1351 the post-master's clinical experience requirement specified in
1352 s. 491.005(3) (d) ~~s. 491.005(3) (e)~~.

1353 (17) "Registered mental health counselor intern" means a
1354 person registered under this chapter who is completing the post-
1355 master's clinical experience requirement specified in s.
1356 491.005(4) (d) ~~s. 491.005(4) (e)~~.

1357 Section 42. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

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

Subject: Committee Agenda Request

Date: January 31, 2024

I respectfully request that **Senate Bill #1008**, relating to Background Screening Requirements for Health Care Practitioners, be placed on the:

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

A handwritten signature in blue ink that reads "Erin K. Grall".

Senator Erin Grall
Florida Senate, District 29

The Florida Senate
APPEARANCE RECORD

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

2/13/24

Meeting Date

SB 1008

Bill Number or Topic

Appropriations/HHS

Committee

Amendment Barcode (if applicable)

Name Amee Diaz Lyon

Phone 850-205-9000

Address 119 South Monroe Street #200

Email adl@mhdfirm.com

Street

Tallahassee FL 32301

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

the Florida Physical therapy Association

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1118

INTRODUCER: Senator Harrell

SUBJECT: Nursing Education Programs

DATE: February 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.	Gerbrandt	McKnight	AHS	Favorable
3.			RC	

I. Summary:

SB 1118 amends s. 464.019, F.S., related to the approval of nursing education programs to:

- Revise program application requirements;
- Authorize the Board of Nursing (BON) to deny certain program applications;
- Revise annual reporting requirements and authorize the BON to terminate programs that do not meet reporting requirements;
- Revise the criteria by which the BON may terminate a program for not meeting certain graduate passage rates;
- Authorize the Department of Health to conduct onsite inspections to determine compliance;
- Revise the BON rule-making authority; and
- Repeal the BON’s rule-making authority to grant an extension of the accreditation deadline.

The bill has no fiscal impact on state expenditures.

The bill takes effect July 1, 2024.

II. Present Situation:

Florida Postsecondary Nursing Education Programs

The number of approved pre-licensure licensed practical nurse (LPN) and registered nurse (RN) nursing education programs in Florida continues to grow from 482 programs in 2020 to 515 in August, 2023.¹ Pre-licensure nursing programs include pre-licensure programs offered by Florida state universities, colleges, public school districts, private institutions licensed by the Florida

¹ Florida Center for Nursing (2023), *Florida’s Nursing Education Program Report Academic Year 2022-2023*, Tampa, Fla., available at https://issuu.com/flcenterfornursing/docs/nursing_education_report-interactive (last visited Feb. 1, 2024).

Commission for Independent Education (CIE), private institutions that are members of the Independent Colleges and Universities of Florida (ICUF), and religious institutions authorized by law to offer nursing programs.²

Post-licensure nursing programs advance the training of licensed RNs and include Registered Nurse to Bachelor of Science in Nursing (RN to BSN), Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), Doctor of Philosophy (Ph.D.) programs, and nursing certificates. Upon completion of some master's and doctorate programs, RNs transition to an advanced practice registered nurse (APRN) license. These roles include nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), psychiatric mental health nurse practitioner, and certified registered nurse anesthetist (CRNA).³

Pre-licensure Nursing Education Programs

Educational institutions that wish to conduct a program in Florida for the pre-licensure education of RNs or LPNs must meet specific requirements to be approved by the Board of Nursing (BON).⁴ The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document:⁵

- For an RN education program, the program director and that at least 50 percent of the program's faculty members must be RNs who have a master's degree or higher in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing;
- For an LPN education program, the program director and at least 50 percent of the program's faculty members must be RNs who have a bachelor's degree or higher in nursing;
- The program's nursing major curriculum consists of at least:
 - Fifty percent clinical training in the U.S., the District of Columbia (D.C.), or a possession or territory of the U.S. for an LPN, ARN, or a diploma RN;
 - Forty percent of clinical training in a U.S. state, D.C., or a possession or territory of the U.S. for a B.S. degree RN education program, and no more than 50 percent of the program's clinical training may consist of clinical simulation;
- The RN and LPN educational degree requirements may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree;
- The program must have signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites;
- The program must have written policies for faculty which include provisions for direct or indirect supervision by faculty or clinical preceptors for students in clinical training consistent with the following standards:
 - The number of program faculty members must equal at least one faculty member directly supervising every 12 students unless the written agreement between the program and the

² Florida Center for Nursing (2023), *Florida's Nursing Education Program Report Academic Year 2022-2023*, Tampa, Fla., available at https://issuu.com/flcenterfornursing/docs/nursing_education_report-interactive (last visited Feb. 1, 2024).

³ *Id.*

⁴ Section 464.019, F.S. and Florida Board of Nursing, *Education and Training Programs*, available at <https://floridasnursing.gov/education-and-training-programs/> (last visited Feb. 1, 2024).

⁵ Section 464.019(1), F.S.

- agency, facility, or organization providing clinical training sites allows more students, not to exceed 18, to be directly supervised by one program faculty member;
- For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor and a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility;
 - For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility;
 - For community-based clinical experiences not involving student participation in invasive or complex nursing activities, indirect supervision may occur only when a supervising program faculty member is available to the student by telephone; and
 - A program's clinical training policies must require that a clinical preceptor who is supervising students in an RN education program be an RN or, if supervising students in an LPN education program, be an RN or LPN;
- The RN or LPN nursing curriculum plan must document clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. An RN curriculum plan must also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings;
 - An RN or LPN education program must provide theoretical instruction and clinical application in the following:
 - Personal, family, and community health concepts;
 - Nutrition;
 - Human growth and development throughout the lifespan;
 - Body structure and function;
 - Interpersonal relationship skills;
 - Mental health concepts;
 - Pharmacology and administration of medications; and
 - Legal aspects of practice; and
 - An RN nursing education program must also provide theoretical instruction and clinical experience in:
 - Interpersonal relationships and leadership skills;
 - Professional role and function; and
 - Health teaching and counseling skills.

Program Approval Process

Upon receipt of a program application and the required fee, the Department of Health (DOH) must examine the application to determine if it is complete. If the application is not complete, the DOH must notify the educational institution in writing of any errors or omissions within 30 days after the DOH's receipt of the application. A program application is deemed complete upon the DOH's receipt of:

- The initial application, if the DOH does not notify the educational institution of any errors or omissions within the initial 30-day period after receipt; or

- Upon receipt of a revised application that corrects each error and omission that the DOH has notified the applicant of within the initial 30-day period after receipt of the application.⁶

Once a complete application is received, the BON may conduct an onsite evaluation if necessary to document the applicant's curriculum and staffing. Within 90 days after the DOH's receipt of the complete program application, the BON must:

- Approve the application; or
- Provide the educational institution with a Notice of Intent to Deny if information or documents are missing.⁷

The notice must specify in writing the reasons for the BON's denial of the application, and the BON may not deny an application because an educational institution failed to correct an error or omission that the DOH failed to notify the institution of within the 30-day notice period. The educational institution may request a hearing on the Notice of Intent to Deny the application pursuant to ch. 120, F.S. A program application is deemed approved if the BON does not act within the 90-day review period. Upon the BON's approval of a program application, the program becomes an "approved" program.⁸

Approved Nursing Pre-licensure Education Programs Annual Report

Each approved pre-licensure education program must submit to the BON an annual report by November 1, which must include:

- An affidavit certifying continued compliance with s. 465.019(1), F.S.;
- A summary description of the program's compliance with s. 465.019(1), F.S.; and
- Documentation for the previous academic year that describes:
 - The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates;
 - The program's retention rates for students tracked from program entry to graduation; and
 - The program's accreditation status, including identification of the accrediting agency.⁹

If an approved program fails to submit the required annual report, the BON must notify the program director and president or chief executive officer of the institution in writing within 15 days after the due date. The program director must appear before the BON to explain the delay. If the program director fails to appear, or if the program does not submit the annual report within six months after the due date, the BON must terminate the program.¹⁰

⁶ Sections 464.019(2) and 464.003(4), F.S.

⁷ *Id.*

⁸ *Id.*

⁹ Section 464.019(3), F.S.

¹⁰ Section 464.019(5), F.S.

Approved Nursing Pre-licensure Education Programs Accountability

Graduate Passage Rates

An approved nursing pre-licensure education program must achieve a graduate National Council of State Boards of Nursing Licensing Examination (NELEX) passage rate of first-time test takers which is not more than ten percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are U.S. educated, first-time test takers, as calculated by the contracted testing service of the National Council of State Boards of Nursing.¹¹

For purposes of s. 464.019(5), F.S., an approved program is comparable to all degree programs of the same program type from among the following program types:¹²

- RN nursing education programs that terminate in a bachelor's degree;
- RN nursing education programs that terminate in an associate degree;
- RN nursing education programs that terminate in a diploma; and
- LPN nursing education programs.

If an approved program's graduate passage rates do not equal or exceed the required passage rates for two consecutive calendar years, the BON must place the program on probationary status and the program director must appear before the BON to present a remediation plan, which must include specific benchmarks to identify progress toward a graduate passage rate goal. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any one calendar year.¹³

The BON must deny a program application for a new pre-licensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the BON must remove the program's probationary status.

If the program, during the two calendar years following its placement on probation, does not achieve the required passage rate for any one calendar year, the BON may extend the program's probationary status for one additional year if certain criteria are met. If the program is not granted the one-year extension or fails to achieve the required passage rate by the end of the extension, the BON must terminate the program. If students from a program that is terminated transfer to an approved or accredited program under the direction of the Commission for Independent Education, the BON must recalculate the passage rates of the programs receiving the transfer students and exclude the test scores of those students transferring more than 12 credits.¹⁴

An "accredited" nursing education program is a program for the pre-licensure education of RNs or LPNs that is conducted at a U.S. educational institution, whether in Florida, another state, or D.C., and that is accredited by a specialized nursing accrediting agency that is nationally

¹¹ Section 464.019(5), F.S.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

recognized by the U.S. Secretary of Education to accredit nursing education programs.¹⁵ Accredited programs do not have to meet requirements related to program application, approval, or submission of annual reports to the BON.¹⁶

All approved and accredited programs must meet accountability requirements related to the graduate passage rate on the NELEX.

All approved nursing programs, except those specifically excluded,¹⁷ must seek accreditation within five years of enrolling the program's first students.¹⁸ An approved program that has been placed on probation must disclose its probationary status in writing to the program's students and applicants.¹⁹ If an accredited program ceases to be accredited, the educational institution conducting the program must provide written notice to that effect to the BON, the program's students and applicants, and each entity providing clinical training sites or experiences. It may then apply to be an approved program.²⁰

The BON does not have rulemaking authority to administer s. 464.019, F.S., except:

- The BON must adopt rules that prescribe the format for submitting program applications and annual reports, and to administer the documentation of the accreditation of nursing education programs.²¹
- The board may adopt rules relating to the nursing curriculum, including rules relating to the uses and limitations of simulation technology, and rules relating to the criteria to qualify for an extension of time to meet the accreditation requirements.²²

Under these rulemaking requirements and authority, the BON may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in s. 464.019, F.S.²³

III. Effect of Proposed Changes:

The bill adds the following requirements to the application process for nursing education program approval:

¹⁵ Section 464.003(1), F.S. Eligible institutional and accrediting Agencies available to Florida Nursing Programs are: Accreditation Commission for Education in Nursing (ACEN), Inc., formerly, National League for Nursing Accrediting Commission; Commission on Collegiate Nursing Education (CCNE)); National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA); National Nurse Practitioner Residency and Fellowship Training Consortium;. and Florida Board of Nursing, See U.S. Department of Education, Accreditation in the U.S., available at <https://www2.ed.gov/print/admins/finaid/accred/accreditation.html#> (last visited Feb. 1, 2024); and Florida Board of Nursing, *What is the difference between an "approved" and an "accredited" pre-licensure nursing education program in Florida?* available at <https://floridasnursing.gov/help-center/what-is-the-difference-between-an-approved-and-an-accredited-pre-licensure-nursing-education-program-in-florida/> (last visited Feb. 1, 2024).

¹⁶ Section 464.019(9), F.S.

¹⁷ Excluded institutions are those exempt from licensure by the Commission of Independent Education under ss. 1005.06(1) and 464.019(11)(d), F.S.

¹⁸ Section 464.019(11)(a)-(d), F.S.

¹⁹ *Id.*

²⁰ Section 464.019(9)(b), F.S.

²¹ Section 464.019(8), F.S.

²² *Id.*

²³ *Id.*

- The legal name of the nursing education program director must be included;
- The nursing educational program's annual report to the Board of Nursing (BON) must be submitted by the program director;
- The nursing education program must have evaluation and standardized admission criteria that identify students who are likely to need additional educational support and a student academic support plan; and
- The nursing education program must have a comprehensive examination to prepare nursing students for the National Council of State Boards of Nursing Licensing Examination (NELEX);
 - This type of comprehensive examination:
 - Must be termed an "exit examination" that all nursing education programs will administer;
 - May not be the sole exclusion to graduation if the student has otherwise completed all coursework required by the program; and
 - The program director must be responsible for ensuring that the program's average exit exam results are placed on the program's website and reported to the BON along with the annual report.

The nursing education program must submit to the BON established criteria for remediation that will be offered to students who do not successfully pass the exit examination. A program with NELEX passage rates at least ten percentage points below the average passage rate for the most recent calendar year must offer remediation at no additional cost or refer the student to an approved remedial program and pay for that program for the student.

The bill requires the BON to deny an application from a nursing education program that has had adverse action taken against it by another regulatory jurisdiction in the U.S. The BON may also revoke the approval of an existing approved program that has had adverse action taken against it by another regulatory jurisdiction in the U.S.

The bill reduces the period for which an approved nursing education program's graduate passage rates are permitted to go below the required passage rates before the BON must place the program on probation, from two consecutive calendar years to one calendar year.

The bill requires the program director to submit to the BON a written remediation plan with specific nationally-recognized benchmarks to identify progress toward a graduate passage rate goal, and to present that plan to the BON. If the program director fails to submit the required written remediation plan, or fails to appear before the BON to present the remediation plan no later than six months after the date of the program being placed on probation, the bill requires the BON to terminate the nursing education program and the program director is subject to professional discipline for failing to perform any statutory or legal obligation placed upon a licensee.

The bill requires that if a nursing education program, during the calendar year following being placed on probation, does not achieve the required passage rate, the BON must terminate the program.

The bill authorizes agents or employees of the Department of Health (DOH) to conduct onsite evaluations or inspections at reasonable hours to ensure that approved programs or accredited programs are in full compliance with ch. 464, F.S., or to determine whether ch. 464, F.S., or s. 456.072, F.S., is being violated. The DOH may collect any evidence necessary or as required to ensure compliance with ch. 464, F.S. or for prosecution. A refusal by a nursing education program to allow an onsite evaluation or inspection is deemed a violation of a legal obligation imposed by the BON and the DOH.

The bill grants rulemaking authority to the BON to enforce and administer s. 464.019(5), F.S.; and repeals the BON rulemaking authority to establish the criteria for nursing education programs to qualify for an extension of time to meet the accreditation requirements under s. 464.019(11), F.S., and repeals s. 464.019(11)(f), F.S., which gives the BON authority to grant an extension of the accreditation deadline.

The bill takes effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill does not have a fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 464.019 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.

By Senator Harrell

31-00960A-24

20241118__

1 A bill to be entitled
 2 An act relating to nursing education programs;
 3 amending s. 464.019, F.S.; revising application
 4 requirements for nursing education program approval;
 5 requiring the Board of Nursing to deny an application
 6 under certain circumstances; authorizing the board to
 7 revoke a program's approval under certain
 8 circumstances; revising requirements for annual
 9 reports approved programs are required to submit to
 10 the board; providing for the revocation of a program's
 11 approval, and discipline of its program director,
 12 under certain circumstances; revising remediation
 13 procedures for approved programs with graduate passage
 14 rates that do not meet specified requirements;
 15 subjecting program directors of approved programs to
 16 specified disciplinary action under certain
 17 circumstances; deleting a provision authorizing the
 18 board to extend a program's probationary status;
 19 authorizing agents of the Department of Health to
 20 conduct onsite evaluations and inspections of approved
 21 and accredited nursing education programs; authorizing
 22 the department to collect evidence as part of such
 23 evaluations and inspections; deeming failure or
 24 refusal of a program to allow such evaluation or
 25 inspection as a violation of a legal obligation;
 26 revising rulemaking authority of the board; deleting a
 27 provision authorizing approved nursing education
 28 programs to request an extension to meet the board's
 29 accreditation requirements; providing an effective

Page 1 of 13

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

31-00960A-24

20241118__

30 date.
 31
 32 Be It Enacted by the Legislature of the State of Florida:
 33
 34 Section 1. Subsections (1), (2), (3), (5), and (8) and
 35 paragraph (f) of subsection (11) of section 464.019, Florida
 36 Statutes, are amended to read:
 37 464.019 Approval of nursing education programs.—
 38 (1) PROGRAM APPLICATION.—An educational institution that
 39 wishes to conduct a program in this state for the prelicensure
 40 education of professional or practical nurses must submit to the
 41 department a program application and review fee of \$1,000 for
 42 each prelicensure nursing education program to be offered at the
 43 institution's main campus, branch campus, or other instructional
 44 site. The program application must include the legal name of the
 45 educational institution, the legal name of the nursing education
 46 program, the legal name of the nursing education program
 47 director, and, if such institution is accredited, the name of
 48 the accrediting agency. The application must also document that:
 49 (a)1. For a professional nursing education program, the
 50 program director and at least 50 percent of the program's
 51 faculty members are registered nurses who have a master's or
 52 higher degree in nursing or a bachelor's degree in nursing and a
 53 master's or higher degree in a field related to nursing.
 54 2. For a practical nursing education program, the program
 55 director and at least 50 percent of the program's faculty
 56 members are registered nurses who have a bachelor's or higher
 57 degree in nursing.
 58

Page 2 of 13

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

31-00960A-24 20241118__

59 The educational degree requirements of this paragraph must ~~may~~
 60 be documented by an official transcript or by a written
 61 statement from the program director of the educational
 62 institution verifying that the institution conferred the degree.
 63 The program director shall certify the official transcript or
 64 written statement as true and accurate.

65 (b) The program's nursing major curriculum consists of at
 66 least:

67 1. Fifty percent clinical training in the United States,
 68 the District of Columbia, or a possession or territory of the
 69 United States for a practical nursing education program, an
 70 associate degree professional nursing education program, or a
 71 professional diploma nursing education program.

72 2. Forty percent clinical training in the United States,
 73 the District of Columbia, or a possession or territory of the
 74 United States for a bachelor's degree professional nursing
 75 education program.

76 (c) No more than 50 percent of the program's clinical
 77 training consists of clinical simulation.

78 (d) The program has signed agreements with each agency,
 79 facility, and organization included in the curriculum plan as
 80 clinical training sites and community-based clinical experience
 81 sites.

82 (e) The program has written policies for faculty which
 83 include provisions for direct or indirect supervision by program
 84 faculty or clinical preceptors for students in clinical training
 85 consistent with the following standards:

86 1. The number of program faculty members equals at least
 87 one faculty member directly supervising every 12 students unless

31-00960A-24 20241118__

88 the written agreement between the program and the agency,
 89 facility, or organization providing clinical training sites
 90 allows more students, not to exceed 18 students, to be directly
 91 supervised by one program faculty member.

92 2. For a hospital setting, indirect supervision may occur
 93 only if there is direct supervision by an assigned clinical
 94 preceptor, a supervising program faculty member is available by
 95 telephone, and such arrangement is approved by the clinical
 96 facility.

97 3. For community-based clinical experiences that involve
 98 student participation in invasive or complex nursing activities,
 99 students must be directly supervised by a program faculty member
 100 or clinical preceptor and such arrangement must be approved by
 101 the community-based clinical facility.

102 4. For community-based clinical experiences not subject to
 103 subparagraph 3., indirect supervision may occur only when a
 104 supervising program faculty member is available to the student
 105 by telephone.

106
 107 A program's policies established under this paragraph must
 108 require that a clinical preceptor who is supervising students in
 109 a professional nursing education program be a registered nurse
 110 or, if supervising students in a practical nursing education
 111 program, be a registered nurse or licensed practical nurse.

112 (f) The professional or practical nursing curriculum plan
 113 documents clinical experience and theoretical instruction in
 114 medical, surgical, obstetric, pediatric, and geriatric nursing.
 115 A professional nursing curriculum plan shall also document
 116 clinical experience and theoretical instruction in psychiatric

31-00960A-24

20241118__

117 nursing. Each curriculum plan must document clinical training
 118 experience in appropriate settings that include, but are not
 119 limited to, acute care, long-term care, and community settings.

120 (g) The professional or practical nursing education program
 121 provides theoretical instruction and clinical application in
 122 personal, family, and community health concepts; nutrition;
 123 human growth and development throughout the life span; body
 124 structure and function; interpersonal relationship skills;
 125 mental health concepts; pharmacology and administration of
 126 medications; and legal aspects of practice. A professional
 127 nursing education program must also provide theoretical
 128 instruction and clinical application in interpersonal
 129 relationships and leadership skills; professional role and
 130 function; and health teaching and counseling skills.

131 (h) The professional or practical nursing education program
 132 has established evaluation and standardized admission criteria.
 133 The admission criteria must, at a minimum, identify those
 134 students who are likely to need additional educational support
 135 to be successful program graduates. The program shall maintain
 136 documentation of the individualized student academic support
 137 plan for those students identified as in need of additional
 138 preparation and educational support.

139 (i) The professional or practical nursing education program
 140 has an established comprehensive examination to prepare students
 141 for the National Council of State Boards of Nursing Licensing
 142 Examination (NCLEX). This type of comprehensive examination must
 143 be termed an exit examination that all programs will administer
 144 and may not be the sole exclusion to graduation if the student
 145 has otherwise successfully completed all coursework required by

Page 5 of 13

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

31-00960A-24

20241118__

146 the program. The program director is responsible for ensuring
 147 that the average exit exam results of the program are placed on
 148 the program's website and reported to the board along with the
 149 annual report required in subsection (3).

150 (j) The program shall submit to the board established
 151 criteria for remediation that will be offered to students who do
 152 not successfully pass the exit examination. A program with NCLEX
 153 passage rates at least 10 percentage points below the average
 154 passage rate for the most recent calendar year must offer
 155 remediation at no additional cost or refer the student to an
 156 approved remedial program and pay for that program for the
 157 student.

(2) PROGRAM APPROVAL.—

158 (a) Upon receipt of a program application and review fee,
 159 the department shall examine the application to determine if it
 160 is complete. If the application is not complete, the department
 161 shall notify the educational institution in writing of any
 162 errors or omissions within 30 days after the department's
 163 receipt of the application. A program application is deemed
 164 complete upon the department's receipt of:
 165

166 1. The initial application, if the department does not
 167 notify the educational institution of any errors or omissions
 168 within the 30-day period; or

169 2. A revised application that corrects each error and
 170 omission of which the department notifies the educational
 171 institution within the 30-day period.

172 (b) Following the department's receipt of a complete
 173 program application, the board may conduct an onsite evaluation
 174 if necessary to document the applicant's compliance with

Page 6 of 13

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

31-00960A-24 20241118__

175 subsection (1). Within 90 days after the department's receipt of
 176 a complete program application, the board shall:

177 1. Approve the application if it documents compliance with
 178 subsection (1); or

179 2. Provide the educational institution with a notice of
 180 intent to deny the application if it does not document
 181 compliance with subsection (1). The notice must specify written
 182 reasons for the board's denial of the application. The board may
 183 not deny a program application because of an educational
 184 institution's failure to correct an error or omission that the
 185 department failed to provide notice of to the institution within
 186 the 30-day notice period under paragraph (a). The educational
 187 institution may request a hearing on the notice of intent to
 188 deny the program application pursuant to chapter 120.

189 (c) A program application is deemed approved if the board
 190 does not act within the 90-day review period provided under
 191 paragraph (b).

192 (d) Upon the board's approval of a program application, the
 193 program becomes an approved program.

194 (e) The board shall deny an application from a program that
 195 has had adverse action taken against it by another regulatory
 196 jurisdiction in the United States. The board may also revoke the
 197 approval of an existing approved program that has had adverse
 198 action taken against it by another regulatory jurisdiction in
 199 the United States.

200 (3) ANNUAL REPORT.—By November 1 of each year, each
 201 approved program's director ~~program~~ shall submit to the board an
 202 annual report comprised of an affidavit certifying continued
 203 compliance with subsection (1), a summary description of the

31-00960A-24 20241118__

204 program's compliance with subsection (1), and documentation for
 205 the previous academic year that, to the extent applicable,
 206 describes:

207 (a) The number of student applications received, qualified
 208 applicants, applicants accepted, accepted applicants who enroll
 209 in the program, students enrolled in the program, and program
 210 graduates.

211 (b) The program's retention rates for students tracked from
 212 program entry to graduation.

213 (c) The program's accreditation status, including
 214 identification of the accrediting agency.

215

216 The board shall terminate the program pursuant to chapter 120 if
 217 the requirements of this subsection are not met. The program
 218 director is also subject to discipline under s. 456.072(1)(k).

219 (5) ACCOUNTABILITY.—

220 (a)1. An approved program must achieve a graduate passage
 221 rate for first-time test takers which is not more than 10
 222 percentage points lower than the average passage rate during the
 223 same calendar year for graduates of comparable degree programs
 224 who are United States educated, first-time test takers on the
 225 National Council of State Boards of Nursing Licensing
 226 Examination, as calculated by the contract testing service of
 227 the National Council of State Boards of Nursing. For purposes of
 228 this subparagraph, an approved program is comparable to all
 229 degree programs of the same program type from among the
 230 following program types:

231 a. Professional nursing education programs that terminate
 232 in a bachelor's degree.

31-00960A-24

20241118

233 b. Professional nursing education programs that terminate
 234 in an associate degree.

235 c. Professional nursing education programs that terminate
 236 in a diploma.

237 d. Practical nursing education programs.

238 2. If an approved program's graduate passage rates do not
 239 equal or exceed the required passage rates for 1 calendar year ~~2~~
 240 ~~consecutive calendar years~~, the board shall place the program on
 241 probationary status pursuant to chapter 120 and the program
 242 director shall submit a written remediation plan to the board.
 243 The program director shall appear before the board to present
 244 the a plan for remediation, which shall include specific
 245 nationally recognized benchmarks to identify progress toward a
 246 graduate passage rate goal. The board shall terminate a program
 247 pursuant to chapter 120 if the program director fails to submit
 248 a written remediation plan or fails to appear before the board
 249 and present the remediation plan no later than 6 months after
 250 the date of the program being placed on probation. The program's
 251 director is also subject to discipline under s. 456.072(1)(k)
 252 for such failure. The program must remain on probationary status
 253 until it achieves a graduate passage rate that equals or exceeds
 254 the required passage rate for ~~any~~ 1 calendar year. The board
 255 shall deny a program application for a new prelicensure nursing
 256 education program submitted by an educational institution if the
 257 institution has an existing program that is already on
 258 probationary status.

259 3. Upon the program's achievement of a graduate passage
 260 rate that equals or exceeds the required passage rate, the
 261 board, at its next regularly scheduled meeting following release

Page 9 of 13

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

31-00960A-24

20241118

262 of the program's graduate passage rate by the National Council
 263 of State Boards of Nursing, shall remove the program's
 264 probationary status. If the program, during the ~~2~~ calendar year
 265 ~~years~~ following its placement on probationary status, does not
 266 achieve the required passage rate for ~~any 1 calendar year~~, the
 267 board ~~must~~ may extend the program's probationary status for 1
 268 additional year, ~~provided the program has demonstrated adequate~~
 269 ~~progress toward the graduate passage rate goal by meeting a~~
 270 ~~majority of the benchmarks established in the remediation plan.~~
 271 ~~If the program is not granted the 1-year extension or fails to~~
 272 ~~achieve the required passage rate by the end of such extension,~~
 273 ~~the board shall~~ terminate the program pursuant to chapter 120.

274 (b) If an approved program fails to submit the annual
 275 report required in subsection (3), the board ~~shall~~ must notify
 276 the program director and president or chief executive officer of
 277 the educational institution in writing within 15 days after the
 278 due date of the annual report. The program director shall appear
 279 before the board at the board's next regularly scheduled meeting
 280 to explain the reason for the delay. The board shall terminate
 281 the program pursuant to chapter 120 if the program director
 282 fails to appear before the board, as required under this
 283 paragraph, or if the program does not submit the annual report
 284 within 6 months after the due date.

285 (c) A nursing education program, whether accredited or
 286 nonaccredited, which has been placed on probationary status
 287 shall disclose its probationary status in writing to the
 288 program's students and applicants. The notification must include
 289 an explanation of the implications of the program's probationary
 290 status on the students or applicants.

Page 10 of 13

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

31-00960A-24

20241118__

291 (d) If students from a program that is terminated pursuant
 292 to this subsection transfer to an approved or an accredited
 293 program under the direction of the Commission for Independent
 294 Education, the board ~~must shall~~ recalculate the passage rates of
 295 the programs receiving the transferring students, excluding the
 296 test scores of those students transferring more than 12 credits.

297 (e) Duly authorized agents or employees of the department
 298 may conduct onsite evaluations or inspections at all reasonable
 299 hours to ensure that approved programs or accredited programs
 300 are in full compliance with this chapter, or to determine
 301 whether this chapter or s. 456.072 is being violated. The
 302 department may collect any necessary evidence needed to ensure
 303 compliance with this chapter or for prosecution as deemed
 304 necessary. A failure of a program to refuse or allow an onsite
 305 evaluation or inspection is deemed as violating a legal
 306 obligation imposed by the board or the department.

307 (8) RULEMAKING.—The board does not have rulemaking
 308 authority to administer this section, except that the board
 309 shall adopt rules that prescribe the format for submitting
 310 program applications under subsection (1) and annual reports
 311 under subsection (3), to enforce and administer subsection (5),
 312 and to administer the documentation of the accreditation of
 313 nursing education programs under subsection (11). The board may
 314 adopt rules relating to the nursing curriculum, including rules
 315 relating to the uses and limitations of simulation technology,
 316 ~~and rules relating to the criteria to qualify for an extension~~
 317 ~~of time to meet the accreditation requirements under paragraph~~
 318 ~~(11)(f).~~ The board may not impose any condition or requirement
 319 on an educational institution submitting a program application,

31-00960A-24

20241118__

320 an approved program, or an accredited program, except as
 321 expressly provided in this section.

322 (11) ACCREDITATION REQUIRED.—

323 ~~(f) An approved nursing education program may, no sooner~~
 324 ~~than 90 days before the deadline for meeting the accreditation~~
 325 ~~requirements of this subsection, apply to the board for an~~
 326 ~~extension of the accreditation deadline for a period which does~~
 327 ~~not exceed 2 years. An additional extension may not be granted.~~
 328 ~~In order to be eligible for the extension, the approved program~~
 329 ~~must establish that it has a graduate passage rate of 60 percent~~
 330 ~~or higher on the National Council of State Boards of Nursing~~
 331 ~~Licensing Examination for the most recent calendar year and must~~
 332 ~~meet a majority of the board's additional criteria, including,~~
 333 ~~but not limited to, all of the following:~~

334 1. A student retention rate of 60 percent or higher for the
 335 most recent calendar year.

336 2. A graduate work placement rate of 70 percent or higher
 337 for the most recent calendar year.

338 3. The program has applied for approval or been approved by
 339 an institutional or programmatic accreditor recognized by the
 340 United States Department of Education.

341 4. The program is in full compliance with subsections (1)
 342 and (3) and paragraph (5)(b).

343 5. The program is not currently in its second year of
 344 probationary status under subsection (5).

345
 346 The applicable deadline under this paragraph is tolled from the
 347 date on which an approved program applies for an extension until
 348 the date on which the board issues a decision on the requested

31-00960A-24

20241118__

349 ~~extension.~~

350 Section 2. This act shall take effect July 1, 2024.

The Florida Senate

APPEARANCE RECORD

2/13/24

Meeting Date

SB 1118

Bill Number or Topic

Health Appropriations

Committee

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

N/A

Amendment Barcode (if applicable)

Allen Mortham Jr

Name

Phone

(850) 566-3760

150 South Monroe Street (356)

Address

Email

Allen@FAPSC.org

Street

Tallahassee Florida 32301

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Association of Postsecondary Schools

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

1118

Bill Number or Topic

2/13/24

Meeting Date

Health Care Approp.

Committee

Amendment Barcode (if applicable)

Name

BOB HARRIS

Phone

850-222-0720

Address

2618 CENTENNIAL PLACE

Street

Email

bharris@lawfla.com

TALLAHASSEE FL 32308

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

FL. ASSOC. OF INDEPENDENT NURSING SCHOOLS

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

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 1180

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

SUBJECT: Substance Abuse Treatment

DATE: February 15, 2024

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1180 amends the definition of certified recovery residences to distinguish residences based on the level of care provided at the facility, to include:

- **Level I:** homes that house individuals in recovery who are post-treatment, with a minimum of nine months of sobriety. These homes are run by the members who reside in them.
- **Level II:** homes that provide oversight from a house manager (typically a senior resident). Residents are expected to follow rules outlined in a resident handbook, pay dues, and work toward achieving milestones.
- **Level III:** homes that offer 24-hour supervision by formally trained staff and peer-support services for residents.
- **Level IV:** homes that are offered, referred to, or provided to patients by licensed services providers. The patients receive intensive outpatient and higher levels of outpatient care. These homes are staffed 24 hours a day.

The bill prohibits any recovery residence from denying an individual access to the residence solely on the basis the individual had been prescribed federally approved medication for the treatment of substance use disorders.

The bill prohibits a local law, ordinance, or regulation from regulating the duration or frequency of a resident stay and exempts certified recovery residences from any transient rental taxes.

The bill allows the Department of Children and Families (DCF) to issue one license for all eligible service components operated by a service provider that offers a continuum of accessible and quality substance abuse prevention, intervention, and clinical treatment services, rather than an individual license for each service component.

The bill increases the membership of the Statewide Council on Opioid Abatement from 10 to 19 members.

The bill will likely have a significant negative fiscal impact on state and local government revenues. *See* Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance use disorder.⁴

Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year.⁵ The most commonly used illicit drug was marijuana, which 52.5 million people used.⁶ In the past year:⁷

- Nearly 2 in 5 young adults aged 18 to 25 used illicit drugs;

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.afro.who.int/health-topics/substance-abuse> (last visited February 7, 2024); *See also* The National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://archives.nida.nih.gov/publications/media-guide/science-drug-use-addiction-basics> (last visited January 30, 2024).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited January 30, 2024).

³ The Substance Abuse and Mental Health Services Administrator (The SAMHSA), *Substance Use Disorders*, available at <https://www.samhsa.gov/find-help/disorders> (last visited January 30, 2024).

⁴ Harvard Medical School, Harvard Health Publishing, *Brain Plasticity in Drug Addiction: Burden and Benefit*, available at <https://www.health.harvard.edu/blog/brain-plasticity-in-drug-addiction-burden-and-benefit-2020062620479#:~:text=Experience-dependent%20learning%2C%20including%20repeated%20drug%20use%2C%20might%20increase,drug%20use%2C%20w here%20people%20ignore%20the%20negative%20consequences> (last visited February 7, 2024).

⁵ U.S. Department of Health and Human Services, *SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021*, available at <https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html> (last visited January 30, 2024).

⁶ *Id.*

⁷ *Id.*

- 1 in 3 young adults aged 18 to 25 used marijuana;
- 9.2 million people aged 12 and older misused opioids;
- 46.3 million people aged 12 and older (16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder, including 29.5 million who were classified as having an alcohol use disorder and 24 million who were classified as having a drug use disorder. The percentage was highest among young adults aged 18 to 25.

Substance Abuse Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.⁸ The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.⁹ Each of these laws governed different aspects of addiction, and thus, had different rules promulgated by the state to fully implement the respective pieces of legislation.¹⁰ However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹¹ In 1993, legislation was adopted to combine chs. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹²

The Marchman Act encourages individuals to voluntarily seek services within the existing financial and space capacities of a service provider.¹³ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁴ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁵

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based on state and federally-established priority populations.¹⁶ The DCF provides treatment for SUD

⁸ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² Chapter 93-39, s. 2, L.O.F., codified as ch. 397, F.S.

¹³ See ss. 397.601(1) and (2), F.S., An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁴ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act, Risk RX*, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <https://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited January 18, 2024)(hereinafter cited as “fundamentals of the Marchman Act”).

¹⁵ *Id.*

¹⁶ See ch. 394 and 397, F.S.

through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.¹⁷

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals as they withdraw from the physiological and psychological effects of substance abuse.¹⁸
- **Treatment Services:** Treatment services¹⁹ include a wide array of assessment, counseling, case management, and support that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support.²⁰
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.²¹

Licensure of Substance Abuse Service Providers

The DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention²², intervention²³, and clinical treatment services.²⁴

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.²⁵ “Clinical treatment services” include, but are not limited to, the following licensable service components:

- Addictions receiving facility.
- Day or night treatment.
- Day or night treatment with community housing.
- Detoxification.
- Intensive inpatient treatment.
- Intensive outpatient treatment.

¹⁷ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited January 18, 2024).

¹⁸ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited January 18, 2024).

¹⁹ *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

²⁰ *Id.*

²¹ *Id.*

²² Section 397.311(26)(c), F.S. “Prevention” is defined as “a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles.” *See also* The DCF, *Substance Abuse Prevention*, available at <https://www.myflfamilies.com/services/samh/substance-abuse-prevention> (last visited January 19, 2024).

²³ Section 397.311(26)(b), F.S. “Intervention” is defined as “structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.”

²⁴ Section 397.311(26), F.S.

²⁵ Section 397.311(26)(a), F.S.

- Medication-assisted treatment for opiate addiction.
- Outpatient treatment.
- Residential treatment.²⁶

Recovery Residences

Recovery residences (also known as “sober homes, “sober living homes,” “Oxford Houses,” or “Halfway Houses”) are non-medical settings designed to support recovery from substance use disorders, providing a substance-free living environment commonly used to help individuals transition from highly structured residential treatment programs back into their day-to-day lives (e.g., obtaining employment and establishing more permanent residence).²⁷ Virtually all encourage or require attendance at 12-step mutual-help organizations like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), but recovery homes have varying degrees of structure and built-in programmatic elements, including:²⁸

- **Length of Stay:** some may have a limited or otherwise predetermined, length of stay, while others may allow individuals to live there for as long as necessary provided they follow the house rules.
- **Monitoring:** some, but not all, provide monitoring to maintain substance-free, recovery-supportive living environments and help facilitate house members’ progress by implementing a number of rules and requirements (i.e., mutual-help organization attendance, attendance at house meetings, curfews, restrictions on outside employment, and limits on the use of technology). Typically as individuals successfully follow these rules over time, restrictions become more lenient and individuals have greater latitude in their choices both in and outside of the recovery residence.
- **Size:** while recovery residences range in the number of individuals living there at any given time, there are typically at least 6-8 residents of the same gender.

A recovery residence is defined as “a residential unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.”²⁹

Recovery residences can be located in single-family and two-family homes, duplexes, and apartment complexes. Most recovery residences are located in single-family homes, zoned in residential neighborhoods.³⁰ To live in a recovery residence, occupants may be required to pay a

²⁶ Section 397.311(26)(a), F.S.

²⁷ Recovery Research Institute, *Recovery Residences*, available at <https://www.recoveryanswers.org/resource/recovery-residences/> (last visited January 31, 2024). Substance abuse prevention is achieved through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural, and community environments.

²⁸ *Id.*

²⁹ Section 397.311(38), F.S.

³⁰ Hearing before the Subcommittee on the Constitution and Civil Justice of the Committee on the Judiciary, House of Representatives, One Hundred Fifteenth Congress, Sept. 28, 2018, available at <https://www.govinfo.gov/content/pkg/CHRG->

monthly fee or rent, which supports the cost of maintaining the home. Generally, recovery residences provide short-term residency, typically a minimum of at least 90 days. However, the length of time a person stays at a recovery residence varies based on the individuals' treatment needs.³¹ Because recovery residences essentially provide short-term rental or leasing of living quarters, recovery residences may be classified as transient rental accommodation and subject to taxation of rental fees.

Day or Night Treatment: Community Housing Component

Community housing is a type of group home that provides supportive housing for individuals who are undergoing treatment for substance abuse.

Day or night treatment is one of the licensable service components of clinical treatment services. This service is provided in a nonresidential environment with a structured schedule of treatment and rehabilitative services.³² Some day or night treatment programs have a community housing component, which is a program intended for individuals who can benefit from living independently in peer community housing which participating in treatment services at a day or night treatment facility for a minimum of five hours a day for a minimum of 25 hours per week.³³

Prior to 2019, the community housing component of a licensed day or night treatment program was not included in the definition of "recovery residence." After the Legislature amended the definition of "recovery residence" in 2019 to include the community housing component, DCF addressed the statutory change to the definition in a memo. The department stated that, as a result of the change in definition, providers licensed for day or night treatment with community housing must be certified as a recovery residence in order to accept or receive patient referrals from licensed treatment providers or existing recovery residences.³⁴ The memo did not specifically address whether the community housing component requires certification if the only individuals residing there were clients of the licensed day or night treatment program.

Voluntary Certification of Recovery Residences

A certified recovery residence is a recovery residence that holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.³⁵ Florida has a voluntary certification program for recovery residences and recovery residence administrators, implemented by private credentialing entities.³⁶ Under the voluntary certification program, two DCF-approved credentialing entities administer certification programs and issue certificates: the

[115hrg33123/html/CHRG-115hrg33123.htm](https://www.dcf.state.fl.us/Programs/CommunityHousing/115hrg33123/html/CHRG-115hrg33123.htm). See also The National Council for Behavioral Health, *Building Recovery: State Policy Guide for Supporting Recovery Housing*, available at https://www.thenationalcouncil.org/wp-content/uploads/2018/05/18_Recovery-Housing-Toolkit_5.3.2018.pdf?dof=375ateTbd56 (last visited January 31, 2024).

³¹ American Addiction Center, *Length of Stay at a Sober Living Home*, available at <https://americanaddictioncenters.org/sober-living/length-of-stay> (last visited January 31, 2024).

³² Section 397.311(26)(a)2., F.S.

³³ Section 397.311(26)(a)3., F.S.

³⁴ DCF Memo to Substance Abuse Prevention, Intervention, and Treatment Providers, dated July 1, 2019 (on file with the Senate Children, Families, and Elder Affairs Committee).

³⁵ Sections 397.487-397.4872, F.S.

³⁶ *Id.*

Florida Association of Recovery Residences (FARR) certifies the recovery residences and the Florida Certification Board (FCB) certifies recovery residence administrators.³⁷

As the credentialing entity for recovery residences in Florida, FARR is statutorily authorized to administer certification, recertification, and disciplinary processes as well as monitor and inspect recovery residences to ensure compliance with certification requirements. FARR is also authorized to deny, revoke, or suspend a certification, or otherwise impose sanctions, if recovery residences are not in compliance or fail to remedy any deficiencies identified. However, any decision that results in an adverse determination is reviewable by the Department.³⁸

In order to become certified, a recovery residence must submit the following documents with an application fee to the credentialing entity:³⁹

- A policy and procedures manual containing:
- Job descriptions for all staff positions;
- Drug-testing procedures and requirements;
- A prohibition on the premises against alcohol, illegal drugs, and the use of prescription medications by an individual other than for whom the medication is prescribed;
- Policies to support a resident's recovery efforts; and
- A good neighbor policy to address neighborhood concerns and complaints;
- Rules for residents;
- Copies of all forms provided to residents;
- Intake procedures;
- Sexual predator and sexual offender registry compliance policy;
- Relapse policy;
- Fee schedule;
- Refund policy;
- Eviction procedures and policy;
- Code of ethics;
- Proof of insurance;
- Proof of background screening; and
- Proof of satisfactory fire, safety, and health inspections.

There are currently 675 certified recovery residences in Florida.⁴⁰ DCF publishes a list of all certified recovery residences and recovery residence administrators on its website.⁴¹

³⁷ The DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited January 31, 2024).

³⁸ Section 397.487, F.S.

³⁹ *Id.*

⁴⁰ DCF, *2024 Agency Bill Analysis SB 1180*, on file with the Senate Children, Families, and Elder Affairs.

⁴¹ Section 397.4872, F.S.

National Alliance for Recovery Residences

The National Alliance for Recovery Residences (NARR) was established to develop and promote best practices in the operation of recovery residences.⁴² The organization works with federal government agencies, national addiction and recovery organizations, state-level recovery housing organizations, and state addiction services agencies to improve the effectiveness and accessibility of recovery housing.

In 2011, NARR established the national standard for all recovery residences. This standard defines the spectrum of recovery oriented housing and services and distinguishes four different types, which are known as “levels” or “levels of support.” The standard was developed through a strength-based and collaborative approach that solicited input from all major regional and national recovery housing organizations.⁴³ NARR’s levels of support are included in the Substance Abuse and Mental Health Services Administration’s Best Practices for Recovery Housing.⁴⁴

NARR Recovery Residence Levels of Support

A recovery residence is a broad term that describes safe and sober living environments that promote recovery from substance use disorders. These residences may also be referred to as halfway houses, three-quarter houses, transitional living facilities, or sober living homes. Since this is a broad term, to help categorize recovery residences into more specific groups, NARR distinguishes these residences based on their levels of care. There are four levels of care for recovery residences: peer-run, monitored, supervised, and service provider.⁴⁵

Level I – Peer-Run

A Peer-Run recovery residence is a home operated by the residents themselves. In this type of residence, there is no external management or oversight from outside sources such as an administrative director. The administration of these facilities is done democratically by the residents. Services may include house meetings for accountability, drug screenings, and self-help meetings. These residences are generally set up in single-family residences like a house.⁴⁶

Level II – Monitored

A monitored recovery residence has an external management structure, usually in the form of an administrative director. The director oversees operations, provides guidance and support, and ensures that all tenants are following rules. These facilities, provide a structured environment with documented rules, policies, and procedures. These residences are typically managed by a house manager or senior resident and may offer peer-run groups, house meetings, drug

⁴² NARR, *About Us*, available at <https://narronline.org/about-us/> (last visited January 31, 2024).

⁴³ NARR, *Standards and Certification Program*, available at <https://narronline.org/affiliate-services/standards-and-certification-program/> (last visited January 31, 2024).

⁴⁴ Substance Abuse and Mental Health Services Administration, *Best Practices for Recovery Housing*, available at <https://store.samhsa.gov/sites/default/files/pep23-10-00-002.pdf> (last visited January 31, 2024).

⁴⁵ NARR, *Recovery Residence Levels of Support*, available at https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf (last visited January 31, 2024).

⁴⁶ Isaiah House, *NARR Levels of Care for Addiction Recovery Residences*, available at <https://isaiah-house.org/narr-levels-of-care-for-addiction-recovery-residences/> (last visited January 31, 2024).

screenings, and involvement in self-help treatment. These facilities are primarily single-family residences, but they may also be apartments or other dwelling types.⁴⁷

Level III – Supervised

Supervised recovery residences have more intense levels of oversight than monitored residences and typically have an on-site staff member who provides 24/7 support to residents. The staff at a Level III residence includes a facility manager and certified staff or case managers. Staff members may also provide counseling services or facilitate group activities. Residents at Level III houses are expected to adhere to a strict set of rules and guidelines while living in this type of residence. Level III residences have an organizational hierarchy with administrative oversight for service providers, and documented policies and procedures. This type of residence emphasizes life skill development. In these residences, services may be utilized in the outside community while service hours may be provided in-house. The type of dwelling for Level III residences varies and may include all types of residential settings.⁴⁸


Level IV – Service Provider

Service provider recovery residences are typically operated by organizations or corporations. These residences offer a wide range of services and activities for residents. Staff levels in Level IV residences are higher than staff levels for Level I-III residences, and the environments are more structured and institutionalized. These residences have an overseen organizational hierarchy. Level IV recovery residence employ credentialed staff and have both clinical and administrative supervision for residents. These residences also provide clinical services and programming in-house and may offer residents life skill development. While Level IV residences may have a more institutionalized environment, all types of residence may be included as a client moves through the care continuum of a treatment center.⁴⁹

⁴⁷ Isaiah House, *NARR Levels of Care for Addiction Recovery Residences*, available at <https://isaiah-house.org/narr-levels-of-care-for-addiction-recovery-residences/> (last visited January 31, 2024).

⁴⁸ *Id.*

⁴⁹ *Id.*

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

FARR Recovery Residence Levels of Support

FARR recognizes four distinct support levels for recovery residences which were developed based on the NARR standards.⁵⁰ The levels are not a rating scale regarding the efficacy of valuation of any individual certified recovery residence, but instead offer a unique service structure most appropriate for a particular resident.⁵¹ FARR recovery residence levels of support include:⁵²

Level I

Level I residences are structured after the Oxford House model.⁵³ Individuals who enter FARR Level I homes have a high recovery capital with a minimum of nine months of sobriety and the length of stay is determined by the resident. Level I homes are democratically run by the members who reside in the home through a guided policy and procedure manual or charter.

Level II

Level II residences encompass the traditional perspective of sober living homes. Oversight is provided from a house manager with lived experience, typically a senior resident. Residents are expected to follow the rules outlined in the resident handbook, pay dues, and work on achieving

⁵⁰ FARR, *Levels of Support*, available at <https://www.farronline.org/levels-of-support-1> (last visited January 31, 2024).

⁵¹ FARR, *Levels of Support*, available at <https://www.farronline.org/levels-of-support-1> (last visited January 31, 2024).

⁵² *Id.*

⁵³ Oxford House Model is a concept and a system of operating in recovery from drug and alcohol addiction. The concept is that recovering individuals can live together and democratically run an alcohol and drug-free living environment which supports the recovery of every resident. Oxford Houses are one of the largest self-help residential programs in the U.S. See Oxford House, *The Purpose and Structure of Oxford House*, available at https://oxfordhouse.org/purpose_and_structure (last visited January 31, 2024) and the National Library of Medicine, *Oxford House Recovery Homes: Characteristics and Effectiveness*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888149/> (last visited January 31, 2024).

milestones within a chosen recovery path. This level of support is a resident driven length of stay, while providers may suggest a minimum commitment length.

Level III

Level III residences offer higher supervision by staff with formal training to ensure resident accountability. Level III homes offer peer-support services and are staff 24 hours a day. No clinical services are performed at the residence. The services offered usually include life skills, mentoring, recovery planning, and meal preparation. This support structure is most appropriate for residents who require a more structured environment during early recovery from addiction. Length of stay is determined by the resident; however, providers may ask for a minimum commitment length of stay to fully complete programming.

Level IV

A Level IV residence is any recovery residence offered or provided by a licensed service provider that provides housing to patients who are required to reside at the residence while receiving intensive outpatient and higher levels of outpatient care at facilities that are operated by the same licensed service provider or a recovery residence used as the housing component of a day or night treatment with community housing, license issued pursuant to Rule 65D-40.0081, Florida Administrative Code.

Opioids

Opioids are a class of medications derived from the opium plant or mimic its naturally occurring substances.⁵⁴ Opioids function by binding to specific receptors in the brain that are associated with pain sensation, including pain relief.⁵⁵ The opioid family includes drugs such as oxycodone, fentanyl, morphine, codeine, and heroin.⁵⁶ These drugs are effective at reducing pain; however, they can be highly addictive even when prescribed by a doctor. Over time, individuals who use opioids can develop a tolerance to the drug, a physical dependence on it, and ultimately, succumb to an opioid use disorder. This condition can have grave consequences, including a heightened risk of overdose and even death.

Opioid Overdose

Opioid overdoses result from an overabundance of opioid in the body which leads to suppression of the respiratory system. Opioids account for two-thirds of all deaths relating to drug use, most of which are the result of overdoses.⁵⁷ More than 106,000 Americans died from drug-involved overdoses in 2021, illicit including illicit drugs and prescription opioids.⁵⁸ Opioid-involved overdose deaths increased from 21,088 in 2010 to 47,600 in 2017; the rate of such deaths remained relatively consistent for the next two years with 49,860 opioid-involved overdose

⁵⁴ Johns Hopkins Medicine, *Opioids*, available at <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids> (last visited January 31, 2024).

⁵⁵ Johns Hopkins Medicine, *Opioids*, available at <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids> (last visited January 31, 2024).

⁵⁶ *Id.*

⁵⁷ United Nations Office on Drugs and Crime, World Drug Report 2022, *Global Overview: Drug Demand and Drug Supply*, available at https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf (last visited January 31, 2024).

⁵⁸ National Institute on Drug Abuse, *Drug Overdose Death Rates*, available at <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates> (last visited January 31, 2024).

deaths in 2019.⁵⁹ This was followed by a sharp increase in opioid-involved overdose deaths associated with the COVID-19 pandemic beginning in 2020.⁶⁰ Nationally, there were 63,630 reported opioid-involved overdose deaths in 2020 and 80,411 in 2021.⁶¹

Multistate Opioid Lawsuit and Settlement

In 2018, the Florida Attorney General filed a lawsuit against multiple opioid manufacturers and distributors. The lawsuit was later expanded to include the pharmacies CVS and Walgreens.⁶² The complaint alleged that the defendants caused the opioid crisis by, among other things:⁶³

- Engaging in a campaign of misrepresentations and omissions about opioid use designed to increase opioid prescriptions and opioid use, despite the risks.
- Funding ostensibly neutral and independent “front” organizations to publish information touting the benefits of opioids for chronic pain while omitting the information about the risks of opioid treatment.
- Paying ostensibly neutral medical experts called “key opinion leaders” who were really manufacturer “mouthpieces” to public articles promoting the use of opioids to treat pain while omitting information regarding the risks.

In 2021, McKesson, Cardinal Health, and AmerisourceBergen, the nation’s three largest pharmaceutical distributors, as well as manufacturer Janssen Pharmaceuticals, Inc., agreed to a national settlement in which the distributors agreed to pay \$21 billion over 18 years and Janssen agreed to pay \$5 billion over nine years.⁶⁴ Of the \$26 billion available, approximately \$22.7 billion was earmarked for use by states that participated in the lawsuit, including Florida.⁶⁵

Florida additionally negotiated individual settlements with multiple other companies including⁶⁶:

- \$65 million from Endo Health Solutions;
- \$440 million from CVS Pharmacy, Inc.;
- \$177 million from Teva Pharmaceuticals Industries, Ltd.;
- \$122 million from Allergan Finance, LLC.;
- \$620 million from Walgreens Boots Alliance, Inc. and Walgreens, Co.; and

⁵⁹ National Institute on Drug Abuse, *Drug Overdose Death Rates*, available at <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates> (last visited January 31, 2024).

⁶⁰ Rina Ghose, Amir M. Forati, & John R. Mantsch, *Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: A Spatiotemporal Analysis*, *J Urban Health* 99, 316-327 (2022), available at <https://link.springer.com/article/10.1007/s11524-022-00610-0> (last visited January 31, 2024).

⁶¹ *Supra*, note 58.

⁶² NPR, *Florida Sues Walgreens, CVS for Alleged Role in Opioid Crisis*, available at <https://www.npr.org/2018/11/19/669146432/florida-sues-walgreens-cvs-for-alleged-role-in-opioid-crisis> (last visited January 31, 2024).

⁶³ Florida Attorney General, *Florida’s Opioid Lawsuit*, available at [https://legacy.myfloridalegal.com/webfiles.nsf/WF/MNOS-AYSNE/\\$file/Complaint%20summary.pdf](https://legacy.myfloridalegal.com/webfiles.nsf/WF/MNOS-AYSNE/$file/Complaint%20summary.pdf) (last visited January 31, 2024).

⁶⁴ National Opioid Settlement, *Executive Summary of National Opioid Settlements*, available at <https://nationalopioidsettlement.com/executive-summary/#:~:text=In%20all%2C%20the%20Distributors%20will,additional%20manufacturers%20E2%80%94Allergan%20and%20Teva> (last visited January 31, 2024).

⁶⁵ Office of the Attorney General, *Attorney General Moody Secures Relief for Opioid Crisis*, available at <https://www.myfloridalegal.com/opioidsettlement> (last visited January 31, 2024).

⁶⁶ *Id.*

- \$215 million from Walmart.

Additionally, Teva Pharmaceuticals has agreed to provide the state with a supply of Naloxone Hydrochloride, an opioid antagonist⁶⁷, valued at \$84 million.⁶⁸

These settlements will pay out over a period of time ranging from 10 to 18 years. The monies from the settlements must be used for opioid abatement, including prevention efforts, treatment, and recovery services, and to pay litigation fees and costs incurred by the state, cities, and counties.⁶⁹

Florida Opioid Allocation and Statewide Response Agreement

To ensure the settlement proceeds are used to fund opioid and substance abuse education, treatment, prevention, and other related programs and services, the Office of the Attorney General coordinated with certain local governments in the state to enter into the Florida Opioid Allocation and Statewide Response Agreement.⁷⁰ The agreement requires the state to establish an opioid abatement task force or council to advise the Governor, the Legislature, DCF, and local governments on the priorities that should be addressed by the expenditure of settlement funds, as well as review the spending of such funds and the results achieved.

The council's membership, administration, and duties are outlined in the agreement.⁷¹ Per the agreement, the Council's membership must consist of ten members equally balanced between state and local government representatives.

Appointments from the local governments must include:

- Two municipality representatives appointed by or through the Florida League of Cities.
- Two county representatives, one appointed from a qualified county and one appointed from a county within the state that is not a qualified county.
- One representative appointment that will alternate every two years between being a county representative appointed by or through the Florida Association of Counties or a municipality representative appointed by or through the Florida League of Cities.

⁶⁷ An opioid antagonist, such as Narcan or Naloxone Hydrochloride, is a drug that blocks the effects of exogenously administered opioids. They are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. See Harm Reduction Coalition, *Understanding Naloxone*, available at <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/> (last visited January 31, 2024).

⁶⁸ Office of the Attorney General, *Attorney General Moody Secures Relief for Opioid Crisis*, available at <https://www.myfloridalegal.com/opioidsettlement> (last visited January 31, 2024).

⁶⁹ *Id.*

⁷⁰ *Florida Opioid Allocation and Statewide Response Agreement Between State of Florida Department of Legal Affairs, Office of the Attorney General and Certain Local Governments in the State of Florida*, available at <https://nationalopioidsettlement.com/wp-content/uploads/2021/11/FL-Opioid-AllocSW-Resp-Agreement.pdf> (last visited January 31, 2024).

⁷¹ *Florida Opioid Allocation and Statewide Response Agreement Between State of Florida Department of Legal Affairs, Office of the Attorney General and Certain Local Governments in the State of Florida*, available at <https://nationalopioidsettlement.com/wp-content/uploads/2021/11/FL-Opioid-AllocSW-Resp-Agreement.pdf> (last visited January 31, 2024).

Further, the agreement requires that one municipality representative must be from a city of less than 50,000 people and one county representative must be from a county of less than 200,000 people and the other county representative must be from a county with a population greater than 200,000.

Appointments from the state must include:

- Two members appointed by the Governor.
- One member appointed by the Speaker of the House of Representatives.
- One member appointed by the President of the Senate.
- The Attorney General or a designee.

In 2023, the Florida Legislature established the Statewide Council on Opioid Abatement. The council is tasked with enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the crisis.⁷²

The council has a series of duties associated with the monitoring of the abatement of the opioid epidemic in Florida and a review of settlement fund expenditures.⁷³

Transient Rental Accommodations

Under current law, rental charges or room rates paid for the right to use or occupy living quarters or sleeping or housekeeping accommodations for a rental period of six months or less are subject to taxation.⁷⁴ Such rentals are often referred to as “transient rental accommodations” or “transient rentals.”⁷⁵ Examples of transient rentals include hotel and motel rooms, condominium units, timeshare resort units, single-family homes, apartments or units in multiple unit structures, mobile homes, beach or vacation houses, campground sites, and trailer or RV parks.⁷⁶

In Florida, a six percent sales tax, plus any applicable discretionary sales surtax, is assessed on the total rental charges or room rates for transient rental accommodations, unless a statutory exemption applies.⁷⁷ Counties may also impose a local option tax on transient rental accommodations, such as the tourist development tax⁷⁸, convention development tax⁷⁹, tourist impact tax⁸⁰, or a municipal resort tax.⁸¹ These taxes are often called local option transient rental taxes and are in addition to the state sales tax.

⁷² Section 397.335, F.S.

⁷³ *Id.*

⁷⁴ Section 212.03, F.S.

⁷⁵ Department of Revenue, *Sales and Use Tax on Rental of Living or Sleeping Accommodations*, available at https://floridarevenue.com/Forms_library/current/gt800034.pdf (last visited January 31, 2024).

⁷⁶ Section 212.03, F.S.

⁷⁷ Rental charges or room rates paid by a person with a written lease longer than six months, a full-time student enrolled in a postsecondary institution offering housing, and military personnel on active duty and present in the community under official orders are exempt. S. 212.03(4) and (7), F.S.

⁷⁸ Section 125.0104, F.S.

⁷⁹ Section 212.0305, F.S.

⁸⁰ Section 125.0108, F.S.

⁸¹ Certain municipalities may impose a municipal resort tax as authorized under chapter 67-930, Laws of Florida. Currently, there are only three municipalities in Miami-Dade County that are eligible to impose the tax.

Currently, transient rentals are potentially subject to the following taxes:

- **Local Option Tourist Development Taxes:** current law authorizes five separate tourist development taxes on transient rental transactions. Section 125.0104(3)(a), F.S., provides that the local option tourist development tax is levied on the “total consideration charged for such lease or rental.”
 - The tourist development tax may be levied at the rate of one or two percent.⁸² Currently, 62 counties levy this tax at two percent; all 67 counties are eligible to levy this tax.⁸³
 - An additional tourist development tax of one percent may be levied.⁸⁴ Currently, 56 counties levy this tax; only 59 counties are currently eligible to levy this tax.⁸⁵
 - A professional sports franchise facility tax may be levied up to an additional one percent on transient rental transactions.⁸⁶ Currently, 46 counties levy this additional tax; all 67 counties are eligible to levy this tax.⁸⁷
 - A high tourism impact county may levy an additional one percent on transient rental transactions.⁸⁸ Currently, 10 counties levy this tax; only 14 are eligible to levy.⁸⁹
 - An additional professional sports franchise facility tax no greater than one percent may be imposed by a county that has already levied the professional sports franchise facility tax.⁹⁰ Out of 65 eligible counties, 36 levy this tax.⁹¹
- **Local Option Tourist Impact Tax:** the local option tourist impact tax under s. 125.0108, F.S., is levied at the rate of one percent of the total consideration charged. Only Monroe County is eligible and does levy this tax in areas designated as areas of critical concern because they created a land authority pursuant to s. 380.0663(1), F.S.
- **Local Convention Development Tax:** the convention development tax under s. 212.0305, F.S., is imposed on the total consideration charged for the transient rental. Each county operating under a home rule charter, as defined in s. 125.011(1), F.S., may levy the tax at three percent (Miami-Dade County); each county operating under a consolidated government may levy the tax at two percent (Duval County); and each county chartered under Article VIII of the State Constitution that had a tourist advertising district on January 1, 1984, may levy the tax at up to three percent (Volusia County).⁹² No county authorized to levy this tax can levy more than two percent of the tourist development tax, excluding the professional sports franchise facility tax.⁹³
- **Municipal Resort Tax:** certain municipalities may levy the municipal resort tax at a rate of up to four percent on transient rental transactions. The tourist development tax may not be levied in any municipality imposing the municipal resort tax. The tax is collected by the

⁸² Section 125.0104(3)(c), F.S.

⁸³ Florida Revenue Estimating Conference, *2023 Florida Tax Handbook*, available at <http://edr.state.fl.us/Content/revenues/reports/tax-handbook/taxhandbook2023.pdf> (last visited January 31, 2024).

⁸⁴ Section 125.0104(3)(d), F.S.

⁸⁵ *Supra*, note 83.

⁸⁶ Section 125.0104(3)(l), F.S.

⁸⁷ *Supra*, note 83.

⁸⁸ Section 125.0104(3)(m), F.S.

⁸⁹ *Supra*, note 83.

⁹⁰ Section 125.0104(3)(n), F.S.

⁹¹ Florida Revenue Estimating Conference, *2023 Florida Tax Handbook*, available at <http://edr.state.fl.us/Content/revenues/reports/tax-handbook/taxhandbook2023.pdf> (last visited January 31, 2024).

⁹² *Id.*

⁹³ Section 125.0104(3)(b), (3)(1)4., and (3)(n)2., F.S.

municipality. Currently, only three municipalities in Miami-Dade County are eligible to impose the tax.

- **State Sales Tax:** the state sales tax on transient rentals under s. 212.03, F.S., is levied in the amount of six percent of the “total rental charged” for the living quarters or sleeping or housekeeping accommodations in, or part of, or in connection with, any hotel, apartment house, rooming house, or tourist or trailer camp.
- **Local Option Discretionary Sales Surtax:** counties have been granted limited authority to levy a discretionary sales surtax for specific purposes on transactions subject to state sales tax.⁹⁴ Rates range from 0.5 percent to 1.5 percent and are levied by 66 of the 67 counties.⁹⁵ Approved purchases include:
 - Operating a transportation system in a charter county;⁹⁶
 - Financing local government infrastructure projects;⁹⁷
 - Providing additional revenue for specified small counties;⁹⁸
 - Providing medical care for indigent persons;⁹⁹
 - Funding trauma centers;¹⁰⁰
 - Operating, maintaining, and administering a county public general hospital;¹⁰¹
 - Constructing and renovating schools;¹⁰²
 - Providing emergency fire rescue services and facilities;¹⁰³ and
 - Funding pension liability shortfalls.¹⁰⁴

Certain rentals or leases are exempt from the taxes; these include rentals to active-duty military personnel, full-time students, bona fide written leases for continuous residence longer than six months, and accommodations in migrant labor camps.¹⁰⁵

III. Effect of Proposed Changes:

Certified Recovery Residences

Section 2 amends the definition of “certified recovery residence” in s. 397.311, F.S., to include standards regarding the levels of care offered within those residences. This amendment will help to better align recovery residences in Florida with industry best practices. The levels of care are as follows:

- Level I: these homes house individuals in recovery who are post-treatment, with a minimum of nine months of sobriety. These homes are run by the members who reside in them.

⁹⁴ Sections 212.054-055, F.S.

⁹⁵ Department of Revenue, *Discretionary Sales Surtax Information for Calendar Year 2024, Form DR-15DSS*, available at https://floridarevenue.com/Forms_library/current/dr15dss.pdf (last visited January 31, 2024).

⁹⁶ Section 212.055(1), F.S.

⁹⁷ Section 212.055(2), F.S.

⁹⁸ Section 212.055(3), F.S. Note that the small county surtax may be levied by extraordinary vote of the county governing board if the proceeds are to be expended only for operating purposes.

⁹⁹ Section 212.055(4)(a), F.S. (for counties with more than 800,000 residents); s. 212.055(7), F.S. (for counties with less than 800,000 residents).

¹⁰⁰ Section 212.055(4)(b), F.S.

¹⁰¹ Section 212.055(5), F.S.

¹⁰² Section 212.055(6), F.S.

¹⁰³ Section 212.055(8), F.S.

¹⁰⁴ Section 212.055(9), F.S.

¹⁰⁵ Section 212.03(7), F.S.; *see also* ss.125.0104(3)(a), 125.0108(1)(b), 212.0305(3)(a), F.S.

- Level II: these homes have oversight from a house manager (typically, a senior resident). Residents are expected to follow rules outlined in a resident handbook, pay dues, and work toward achieving milestones.
- Level III: these homes offer 24-hour supervision by staff with formal training and peer-support services.
- Level IV: these homes are offered, referred, or provided to patients by licensed service providers. The patients receive intensive outpatient and higher levels of outpatient care. These homes are staffed 24 hours a day.

The bill also defines “community housing” to mean a certified recovery residence offered, referred to, or provided by a licensed service provider that provides housing to its patients who are required to reside at the residence while receiving intensive outpatient and higher levels of outpatient care. The bill also requires a certified recovery residence used by a licensed service provider that meets the definition of community housing to be classified as a Level IV level of support.

Section 4 amends s. 397.407, F.S., to allow the Department of Children and Families (DCF) to issue one license for all service components operated by a service provider that offers a continuum of accessible and quality substance abuse prevention, intervention, and clinical treatment services, rather than an individual license for each service component. This includes the following services:

- Addictions receiving facility;
- Day or night treatment;
- Day or night treatment with community housing;
- Detoxification;
- Intensive inpatient treatment;
- Intensive outpatient treatment;
- Medication-assisted treatment for opioid use disorders;
- Outpatient treatment; and
- Residential treatment.

The license is only valid for the specific service components listed for each specific location identified on the license. If service components are added, the service provider must obtain approval from the DCF. If the service provider intends to relocate any of its service sites, the service provider must notify the DCF and provide any required documentation, at least 30 days before such relocation.

Section 5 amends s. 397.487, F.S., to increase the amount of time a certified recovery residence has to retain a certified recovery residence administrator from 30 days to 90 days. The section also requires the recovery residence to retain another administrator within 90 days should the previous administrator, who had been approved to actively manage more than 50 residents pursuant to s. 397.4871(8)(b), F.S., be removed due to termination, resignation, or any other reason. Should the certified recovery residence not obtain another administrator within the time allowed, the bill requires the credentialing entity to revoke the residence’s certificate of compliance.

The bill prohibits any recovery residence from denying an individual access to the residence solely on the basis the individual had been prescribed federally approved medication that assists with treatment for substance use disorders by a licensed physician, physician's assistant, or advanced practice registered nurse.

The bill also prohibits a local law, ordinance, or regulation from regulating the duration or frequency of a resident's stay at a certified recovery residence located within a multifamily zoning district. This provision does not apply to laws, ordinances, or regulations adopted on or before February 1, 2025.

Section 6 amends 397.4871, F.S., to allow an increase in the number of residents actively managed in a recovery residence at any given time from 100 residents to 150 residents so long as the following applies:

- The certified recovery residence is a Level IV resident with a community housing component;
- The residence is actively managed by a certified recovery residence administrator, approved for 100 residents;
- The licensed service provider maintains a service provider personnel-to-patient ratio of 1:8; and
- Maintains onsite supervision at the residences 24 hours a day, 7 days a week, with a personnel-to-resident ratio of 1:10.

The section prohibits a certified recovery residence administrator who has been removed due to termination, resignation, or any other reason from continuing to actively manage more than 50 residents for another service provider or certified recovery residence without being approved by the credentialing entity.

Sections 5 and 6 also make stylistic and conforming changes.

Transient Rental Accommodations

Section 1 amends s. 212.02, F.S., to exempt recovery residences from any taxes that are imposed on transient accommodations, including transient rental taxes, convention development taxes, tourist development taxes, and tourist impact tax. This may reduce their operating costs.

Statewide Council on Opioid Abatement

Section 3 amends s. 397.335, F.S., to increase the number of members on the Statewide Council on Opioid Abatement from 10 to 19. The additional nine members include:

- Two members appointed by or through the State Surgeon General. One of such members must be from the department with experience coordinating state and local efforts to abate the opioid epidemic; the other must be a licensed physician, board certified in both addiction medicine and psychiatry.
- One member appointed by the Florida Association of Recovery Residences.
- One member appointed by the Florida Association of EMS Medical Directors.
- One member appointed by the Florida Society of Addiction Medicine.
- One member appointed by the Florida Behavioral Health Association.

- One member appointed by Floridians for Recovery.
- One member appointed by the Florida Certification Board.
- One member appointed by the Florida Association of Managing Entities.

This will add additional members to represent the providers and clinicians providing behavioral health services, and will expand membership beyond those named in the agreement between the Attorney General and local governments, which included only state and local government representatives.

Section 7 provides the bill takes effect July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, s. 18(b) of the Florida Constitution provides that, except upon the approval of each house of the Legislature by a two-thirds vote of the membership, the Legislature may not enact, amend, or repeal any general law if the anticipated effect of doing so would be to reduce the authority that municipalities or counties have to raise revenue in the aggregate, as such authority existed on February 1, 1989. The mandates provision does not apply to this bill as it affects an optional exemption, rather than requiring the loss of the ability to raise revenue.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

The Revenue Estimating Conference (REC) estimates that the sales and use tax portion of the bill will have a negative \$5.6 million recurring impact on the General Revenue Fund and an insignificant impact on state trust fund revenues in Fiscal Year 2024-25.

The REC estimates that the sales and use tax portion of the bill will have a negative \$1.6 million recurring impact on local government tax revenues in Fiscal Year 2024-2025.

The tourist development tax portion of the bill is estimated to have a negative \$5.3 million recurring impact on local tax revenues in Fiscal Year 2024-2025.

B. Private Sector Impact:

The bill will have an indeterminate positive fiscal impact on recovery residences that will no longer be required to pay transient rental taxes. The elimination of the taxes may reduce operational costs for recovery residences.

C. Government Sector Impact:

The bill has no fiscal impact on state government expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 212.02, 397.311, 397.335, 397.407, 397.487, and 397.4871.

IX. Additional Information:

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

CS/CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute:

- Streamlines the licensing process for service providers that provide a continuum of substance abuse treatment, intervention, and prevention services, allowing the Department of Children and Families (DCF) to issue one license for all services rather than an individual license for each service component. This includes the following services:
 - Addictions receiving facility;
 - Day or night treatment;
 - Day or night treatment with community housing;
 - Detoxification;
 - Intensive inpatient treatment;
 - Intensive outpatient treatment;
 - Medication-assisted treatment for opioid use disorders;
 - Outpatient treatment; and
 - Residential treatment.

- Specifies that if service components are added, the service provider must obtain approval from the DCF. If the service provider intends to relocate any of its service sites, the service provider must notify the DCF and provide any required documentation, at least 30 days before such relocation.
- Clarifies that the member of the Statewide Council on Opioid Abatement appointed by the Florida Society of Addiction Medicine does not have to be a medical doctor certified in addiction medicine.

CS by Children, Families and Elder Affairs on February 6, 2024:

The committee substitute:

- Removes the requirement for the DCF to display certain licensure data and information on its website.
- Adds two new members to the Statewide Council on Opioid Abatement to include a representative from the Florida Certification Board and a representative from the Florida Association of Managing Entities.
- Makes technical and conforming changes.

B. Amendments:

None.



404988

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2024	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 160
and insert:
Addiction Medicine who is a licensed physician board certified
in



319400

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 168 and 169

insert:

Section 4. Subsections (6) and (10) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(6) The department may issue probationary, regular, and interim licenses. The department may ~~shall~~ issue one license for all ~~each~~ service components ~~component~~ that is operated by a



319400

11 service provider and defined pursuant to s. 397.311(26). The
12 license is valid only for the specific service components listed
13 for each specific location identified on the license. The
14 licensed service provider shall apply for ~~a new license at least~~
15 ~~60 days before~~ the addition of any service components and obtain
16 approval prior to initiating additional services. The licensed
17 service provider must notify the department and provide any
18 required documentation at least ~~or~~ 30 days before the relocation
19 of any of its service sites. Provision of service components or
20 delivery of services at a location not identified on the license
21 may be considered an unlicensed operation that authorizes the
22 department to seek an injunction against operation as provided
23 in s. 397.401, in addition to other sanctions authorized by s.
24 397.415. Probationary and regular licenses may be issued only
25 after all required information has been submitted. A license may
26 not be transferred. As used in this subsection, the term
27 "transfer" includes, but is not limited to, the transfer of a
28 majority of the ownership interest in the licensed entity or
29 transfer of responsibilities under the license to another entity
30 by contractual arrangement.

31 ~~(10) A separate license is required for each service~~
32 ~~component maintained by the service provider.~~

33
34 ===== T I T L E A M E N D M E N T =====

35 And the title is amended as follows:

36 Between lines 10 and 11

37 insert:

38 amending s. 397.407, F.S.; authorizing, rather than
39 requiring, the Department of Children and Families to



319400

40 issue a license for certain service components
41 operated by a service provider; deleting the timeframe
42 in which a licensed service provider must apply for
43 additional services and requiring the service provider
44 to obtain approval prior to relocating to a different
45 service site; removing a requirement that a separate
46 license is required for each service component
47 maintained by a service provider;

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

586-02946-24

20241180c1

1 A bill to be entitled
2 An act relating to substance abuse treatment; amending
3 s. 212.02, F.S.; eliminating certain tax liabilities
4 imposed on certified recovery residences; amending s.
5 397.311, F.S.; providing the levels of care at
6 certified recovery residences and their respective
7 levels of care for residents; defining the term
8 "community housing"; amending s. 397.335, F.S.;
9 revising the membership of the Statewide Council on
10 Opioid Abatement to include additional members;
11 amending s. 397.487, F.S.; extending the deadline for
12 certified recovery residences to retain a replacement
13 for a certified recovery residence administrator who
14 has been removed from his or her position; requiring
15 certified recovery residences to remove certain
16 individuals from their positions if they are arrested
17 and awaiting disposition for, are found guilty of, or
18 enter a plea of guilty or nolo contendere to certain
19 offenses, regardless if adjudication is withheld;
20 requiring the certified recovery residence to retain a
21 certified recovery residence administrator if the
22 previous certified recovery residence administrator
23 has been removed due to any reason; conforming
24 provisions to changes made by the act; prohibiting
25 certified recovery residences, on or after a specified
26 date, from denying an individual access to housing
27 solely for being prescribed federally approved
28 medications from licensed health care professionals;
29 prohibiting local laws, ordinances, or regulations

Page 1 of 10

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

586-02946-24

20241180c1

30 adopted on or after a specified date from regulating
31 the duration or frequency of a resident's stay in a
32 certified recovery residence in certain zoning
33 districts; providing applicability; amending s.
34 397.4871, F.S.; conforming provisions to changes made
35 by the act; authorizing certain Level IV certified
36 recovery residences owned or controlled by a licensed
37 service provider and managed by a certified recovery
38 residence administrator approved for a specified
39 number of residents to manage a specified greater
40 number of residents, provided that certain criteria
41 are met; prohibiting a certified recovery residence
42 administrator who has been removed by a certified
43 recovery residence from taking on certain other
44 management positions without approval from a
45 credentialing entity; providing an effective date.
46
47 Be It Enacted by the Legislature of the State of Florida:
48
49 Section 1. Paragraph (k) is added to subsection (10) of
50 section 212.02, Florida Statutes, to read:
51 212.02 Definitions.—The following terms and phrases when
52 used in this chapter have the meanings ascribed to them in this
53 section, except where the context clearly indicates a different
54 meaning:
55 (10) "Lease," "let," or "rental" means leasing or renting
56 of living quarters or sleeping or housekeeping accommodations in
57 hotels, apartment houses, roominghouses, tourist or trailer
58 camps and real property, the same being defined as follows:

Page 2 of 10

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

586-02946-24

20241180c1

59 (k) For purposes of this chapter, recovery residences
 60 certified pursuant to s. 397.487 which rent properties are not
 61 subject to any taxes imposed on transient accommodations,
 62 including taxes imposed under s. 212.03; any locally imposed
 63 discretionary sales surtax or any convention development tax
 64 imposed under s. 212.0305; any tourist development tax imposed
 65 under s. 125.0104; or any tourist impact tax imposed under s.
 66 125.0108.

67 Section 2. Present subsections (9) through (50) of section
 68 397.311, Florida Statutes, are redesignated as subsections (10)
 69 through (51), respectively, a new subsection (9) is added to
 70 that section, and subsection (5) of that section is amended, to
 71 read:

72 397.311 Definitions.—As used in this chapter, except part
 73 VIII, the term:

74 (5) "Certified recovery residence" means a recovery
 75 residence that holds a valid certificate of compliance and is
 76 actively managed by a certified recovery residence
 77 administrator.

78 (a) A Level I certified recovery residence houses
 79 individuals in recovery who have completed treatment, with a
 80 minimum of 9 months of sobriety. A Level I certified recovery
 81 residence is democratically run by the members who reside in the
 82 home.

83 (b) A Level II certified recovery residence encompasses the
 84 traditional perspectives of sober living homes. There is
 85 oversight from a house manager who has experience with living in
 86 recovery. Residents are expected to follow rules outlined in a
 87 resident handbook, which is provided by the certified recovery

586-02946-24

20241180c1

88 residence administrator. Residents must pay dues, if applicable,
 89 and work toward achieving realistic and defined milestones
 90 within a chosen recovery path.

91 (c) A Level III certified recovery residence offers higher
 92 supervision by staff with formal training to ensure resident
 93 accountability. Such residences are staffed 24 hours a day, 7
 94 days a week, and offer residents peer-support services, which
 95 may include, but are not limited to, life skill mentoring,
 96 recovery planning, and meal preparation. No clinical services
 97 are performed at the residence. Such residences are most
 98 appropriate for persons who require a more structured
 99 environment during early recovery from addiction.

100 (d) A Level IV certified recovery residence is a residence
 101 offered, referred to, or provided by, a licensed service
 102 provider to its patients who are required to reside at the
 103 residence while receiving intensive outpatient and higher levels
 104 of outpatient care. Such residences are staffed 24 hours a day
 105 and combine outpatient licensable services with recovery
 106 residential living. Residents are required to follow a treatment
 107 plan and attend group and individual sessions, in addition to
 108 developing a recovery plan within the social model of living a
 109 sober lifestyle. No clinical services are provided at the
 110 residence, and all licensable services are provided off-site.

111 (9) "Community housing" means a certified recovery
 112 residence offered, referred to, or provided by a licensed
 113 service provider that provides housing to its patients who are
 114 required to reside at the residence while receiving intensive
 115 outpatient and higher levels of outpatient care. A certified
 116 recovery residence used by a licensed service provider that

586-02946-24 20241180c1

117 meets the definition of community housing shall be classified as
 118 a Level IV level of support, as described in subsection (5).

119 Section 3. Paragraph (a) of subsection (2) of section
 120 397.335, Florida Statutes, is amended to read:

121 397.335 Statewide Council on Opioid Abatement.—

122 (2) MEMBERSHIP.—

123 (a) Notwithstanding s. 20.052, the council shall be
 124 composed of the following members:

125 1. The Attorney General, or his or her designee, who shall
 126 serve as chair.

127 2. The secretary of the department, or his or her designee,
 128 who shall serve as vice chair.

129 3. One member appointed by the Governor.

130 4. One member appointed by the President of the Senate.

131 5. One member appointed by the Speaker of the House of
 132 Representatives.

133 6. Two members appointed by the Florida League of Cities
 134 who are commissioners or mayors of municipalities. One member
 135 shall be from a municipality with a population of fewer than
 136 50,000 people.

137 7. Two members appointed by or through the Florida
 138 Association of Counties who are county commissioners or mayors.
 139 One member shall be appointed from a county with a population of
 140 fewer than 200,000, and one member shall be appointed from a
 141 county with a population of more than 200,000.

142 8. One member who is either a county commissioner or county
 143 mayor appointed by the Florida Association of Counties or who is
 144 a commissioner or mayor of a municipality appointed by the
 145 Florida League of Cities. The Florida Association of Counties

586-02946-24 20241180c1

146 shall appoint such member for the initial term, and future
 147 appointments must alternate between a member appointed by the
 148 Florida League of Cities and a member appointed by the Florida
 149 Association of Counties.

150 9. Two members appointed by or through the State Surgeon
 151 General. One shall be a staff member from the department who has
 152 experience coordinating state and local efforts to abate the
 153 opioid epidemic, and one shall be a licensed physician who is
 154 board certified in both addiction medicine and psychiatry.

155 10. One member appointed by the Florida Association of
 156 Recovery Residences.

157 11. One member appointed by the Florida Association of EMS
 158 Medical Directors.

159 12. One member appointed by the Florida Society of
 160 Addiction Medicine who is a medical doctor board certified in
 161 addiction medicine.

162 13. One member appointed by the Florida Behavioral Health
 163 Association.

164 14. One member appointed by Floridians for Recovery.

165 15. One member appointed by the Florida Certification
 166 Board.

167 16. One member appointed by the Florida Association of
 168 Managing Entities.

169 Section 4. Present paragraphs (c), (d), and (e) of
 170 subsection (8) of section 397.487, Florida Statutes, are
 171 redesignated as paragraphs (d), (e), and (f), respectively, a
 172 new paragraph (c) is added to that subsection, subsections (13)
 173 and (14) are added to that section, and paragraph (b) and
 174 present paragraphs (c), (d), and (e) of subsection (8) of that

586-02946-24

20241180c1

175 section are amended, to read:

176 397.487 Voluntary certification of recovery residences.—

177 (8) Onsite followup monitoring of a certified recovery
178 residence may be conducted by the credentialing entity to
179 determine continuing compliance with certification requirements.
180 The credentialing entity shall inspect each certified recovery
181 residence at least annually to ensure compliance.

182 (b) A certified recovery residence must notify the
183 credentialing entity within 3 business days after the removal of
184 the recovery residence's certified recovery residence
185 administrator due to termination, resignation, or any other
186 reason. The certified recovery residence has 90 ~~30~~ days to
187 retain a certified recovery residence administrator. The
188 credentialing entity shall revoke the certificate of compliance
189 of any certified recovery residence that fails to comply with
190 this paragraph.

191 (c) If a certified recovery residence's administrator has
192 been removed due to termination, resignation, or any other
193 reason and had been previously approved to actively manage more
194 than 50 residents pursuant to s. 397.4871(8)(b), the certified
195 recovery residence has 90 days to retain another certified
196 recovery residence administrator pursuant to that section. The
197 credentialing entity shall revoke the certificate of compliance
198 of any certified recovery residence that fails to comply with
199 this paragraph.

200 (d) ~~(e)~~ If any owner, director, or chief financial officer
201 of a certified recovery residence is arrested and awaiting
202 disposition for or found guilty of, or enters a plea of guilty
203 or nolo contendere to, regardless of whether adjudication is

Page 7 of 10

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

586-02946-24

20241180c1

204 withheld, any offense listed in s. 435.04(2) while acting in
205 that capacity, the certified recovery residence must ~~shall~~
206 immediately remove the person from that position and ~~shall~~
207 notify the credentialing entity within 3 business days after
208 such removal. The credentialing entity may ~~shall~~ revoke the
209 certificate of compliance of a certified recovery residence that
210 fails to meet these requirements.

211 ~~(e)(d)~~ A credentialing entity shall revoke a certified
212 recovery residence's certificate of compliance if the certified
213 recovery residence provides false or misleading information to
214 the credentialing entity at any time.

215 ~~(f)(e)~~ Any decision by a department-recognized
216 credentialing entity to deny, revoke, or suspend a
217 certification, or otherwise impose sanctions on a certified
218 recovery residence, is reviewable by the department. Upon
219 receiving an adverse determination, the certified recovery
220 residence may request an administrative hearing pursuant to ss.
221 120.569 and 120.57(1) within 30 days after completing any
222 appeals process offered by the credentialing entity or the
223 department, as applicable.

224 (13) On or after January 1, 2025, a recovery residence may
225 not deny an individual access to housing solely on the basis
226 that he or she has been prescribed federally approved medication
227 that assists with treatment for substance use disorders by a
228 licensed physician, a physician's assistant, or an advanced
229 practice registered nurse registered under s. 464.0123.

230 (14) A local law, ordinance, or regulation may not regulate
231 the duration or frequency of a resident's stay in a certified
232 recovery residence located within a multifamily zoning district.

Page 8 of 10

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

586-02946-24

20241180c1

233 This subsection does not apply to any local law, ordinance, or
 234 regulation adopted on or before February 1, 2025.

235 Section 5. Paragraphs (b) and (c) of subsection (6) of
 236 section 397.4871, Florida Statutes, are amended, and paragraph
 237 (c) is added to subsection (8) of that section, to read:

238 397.4871 Recovery residence administrator certification.—

239 (6) The credentialing entity shall issue a certificate of
 240 compliance upon approval of a person's application. The
 241 certification shall automatically terminate 1 year after
 242 issuance if not renewed.

243 (b) If a certified recovery residence administrator of a
 244 recovery residence is arrested and awaiting disposition for or
 245 found guilty of, or enters a plea of guilty or nolo contendere
 246 to, regardless of whether adjudication is withheld, any offense
 247 listed in s. 435.04(2) while acting in that capacity, the
 248 certified recovery residence must ~~shall~~ immediately remove the
 249 person from that position and ~~shall~~ notify the credentialing
 250 entity within 3 business days after such removal. The certified
 251 recovery residence shall ~~have 30 days to~~ retain a certified
 252 recovery residence administrator within 90 days after such
 253 removal. The credentialing entity shall revoke the certificate
 254 of compliance of any recovery residence that fails to meet these
 255 requirements.

256 (c) A credentialing entity shall revoke a certified
 257 recovery residence administrator's certificate of compliance if
 258 the recovery residence administrator provides false or
 259 misleading information to the credentialing entity at any time.

260 (8)

261 (c) Notwithstanding paragraph (b), a Level IV certified

586-02946-24

20241180c1

262 recovery residence operating as community housing as defined in
 263 s. 397.311(9), which residence is actively managed by a
 264 certified recovery residence administrator approved for 100
 265 residents under this section and is wholly owned or controlled
 266 by a licensed service provider, may actively manage up to 150
 267 residents so long as the licensed service provider maintains a
 268 service provider personnel-to-patient ratio of 1 to 8 and
 269 maintains onsite supervision at the residences 24 hours a day, 7
 270 days a week, with a personnel-to-resident ratio of 1 to 10. A
 271 certified recovery residence administrator who has been removed
 272 by a certified recovery residence due to termination,
 273 resignation, or any other reason may not continue to actively
 274 manage more than 50 residents for another service provider or
 275 certified recovery residence without being approved by the
 276 credentialing entity.

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

2/13/24

Meeting Date

The Florida Senate APPEARANCE RECORD

1180

Bill Number or Topic

HHS Approps

Committee

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

Amendment Barcode (if applicable)

Name Natalie Kelly

Phone 850 895 1313

Address 122 S. Calhoun St

Email natalie@flmanagingentities.com

Tallahassee FL 32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Association of Managing Entities

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/13/24

Meeting Date

1180

Bill Number or Topic

App. on HHS

Committee

Amendment Barcode (if applicable)

Name Kasey Denny

Phone 9544956333

Address 301 N Olive Ave

Street

Email kdenny@pbc.gov

West Palm Beach FL 33401

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Palm Beach County

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

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

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1442

INTRODUCER: Appropriations Committee on Health and Human Services and Senator Grall

SUBJECT: Pregnancy Support Services

DATE: February 15, 2024

REVISED: _____

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

I. Summary:

CS/SB 1442 creates s. 414.1611, F.S., to establish the Florida State Maternity Housing Grant Program within the Department of Children and Families (DCF) to provide annual housing grants to local homelessness continuums of care lead agencies. Grant funds must be used for specified purposes to assist Florida’s women and families experiencing homelessness during the prenatal period.

The bill authorizes the DCF to adopt rules to administer the program.

The bill has a significant, negative fiscal impact on state expenditures. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

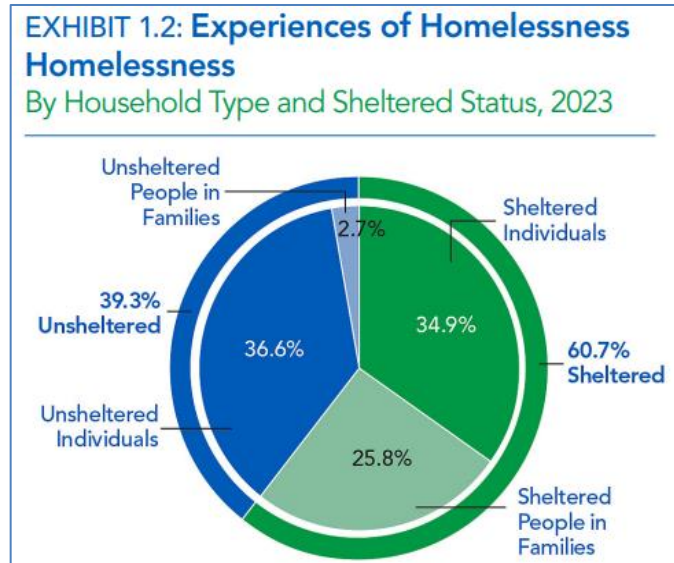
Homelessness in the United States

Homeless persons are defined as those who lack a fixed, regular, and adequate nighttime residence, or those living in shelters and temporary housing, or public and private places not designed for sleeping accommodations. While many homeless individuals are alone, others are couples, families with children, or unaccompanied youth.¹

¹ Florida Department of Children and Families, *Homelessness Frequently Asked Questions*, available at <https://www.myflfamilies.com/services/public-assistance/homelessness/homelessness-frequently-asked-questions> (last visited Feb. 1, 2024).

There are two types of homelessness: “sheltered” and “unsheltered.” Unsheltered homeless persons live on the streets or live in tents, cars, or abandoned buildings. Sheltered homeless persons stay in emergency or transitional housing temporarily. Sheltered homeless persons are still considered homeless due to a lack of stable permanent housing.²

On a single night in 2023, roughly 653,100 people, about 20 of every 10,000 people in the U.S., were experiencing homelessness. This is the highest number reported since the inception of point-in-time count reporting in 2007. The data indicated that six in ten people were experiencing sheltered homelessness, while the remaining four in ten were experiencing unsheltered homelessness in places not meant for human habitation.³



Reporting has also shown experiences of homelessness increased nationwide across all household types. Between 2022 and 2023, the number of people experiencing homelessness increased by 12 percent, roughly 70,650 more people. Nearly three of every ten people experiencing homelessness (28 percent or approximately 186,100 people) did so as part of a family with children. Between 2022 and 2023, the number of people in families with children who were experiencing homelessness increased by more than 25,000 people (or 16 percent), ending a downward trend in families experiencing homelessness that began in 2012.⁴

The following exhibits demonstrate the approximate U.S. homeless population by state, as well as the people in families with children experiencing homelessness by sheltered status from 2007 to 2023.⁵

² Florida Department of Children and Families, *Homelessness Frequently Asked Questions*, available at <https://www.myflfamilies.com/services/public-assistance/homelessness/homelessness-frequently-asked-questions> (last visited Feb. 1, 2024).

³ U.S. Department of Housing and Urban Development’s Office of Community Planning and Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress – Part 1: Point-in-Time Estimates of Homelessness (December 2023)*, available at <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf> (last visited Feb. 1, 2024).

⁴ *Id.*

⁵ *Id.*

EXHIBIT 1.6: Estimates of People Experiencing Homelessness
By State, 2023

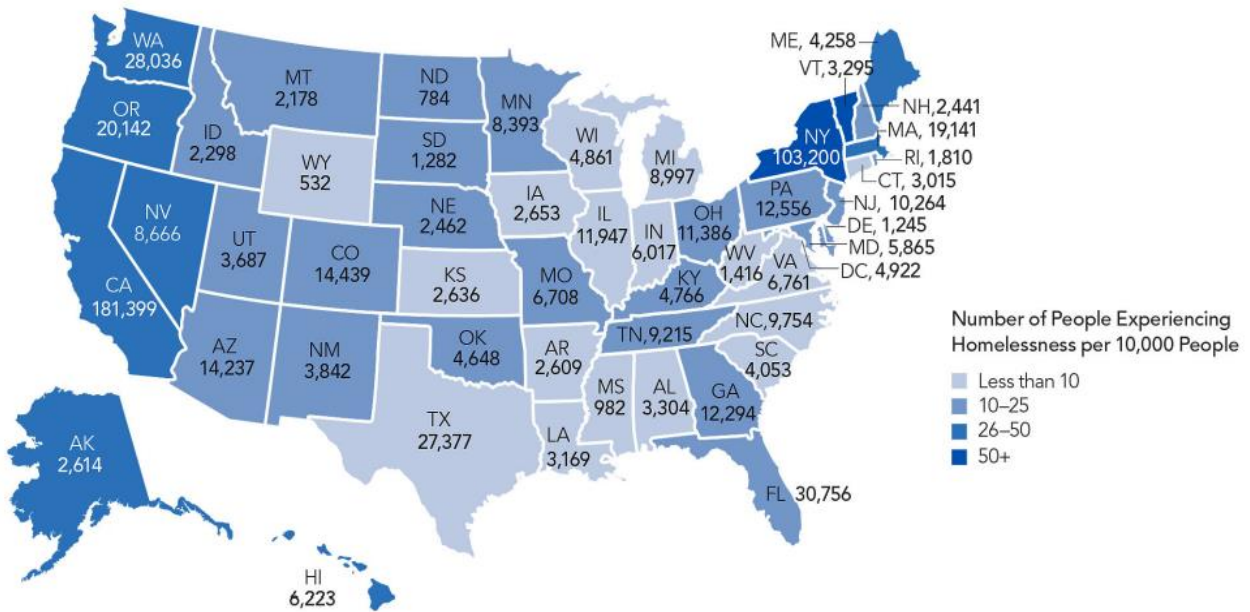
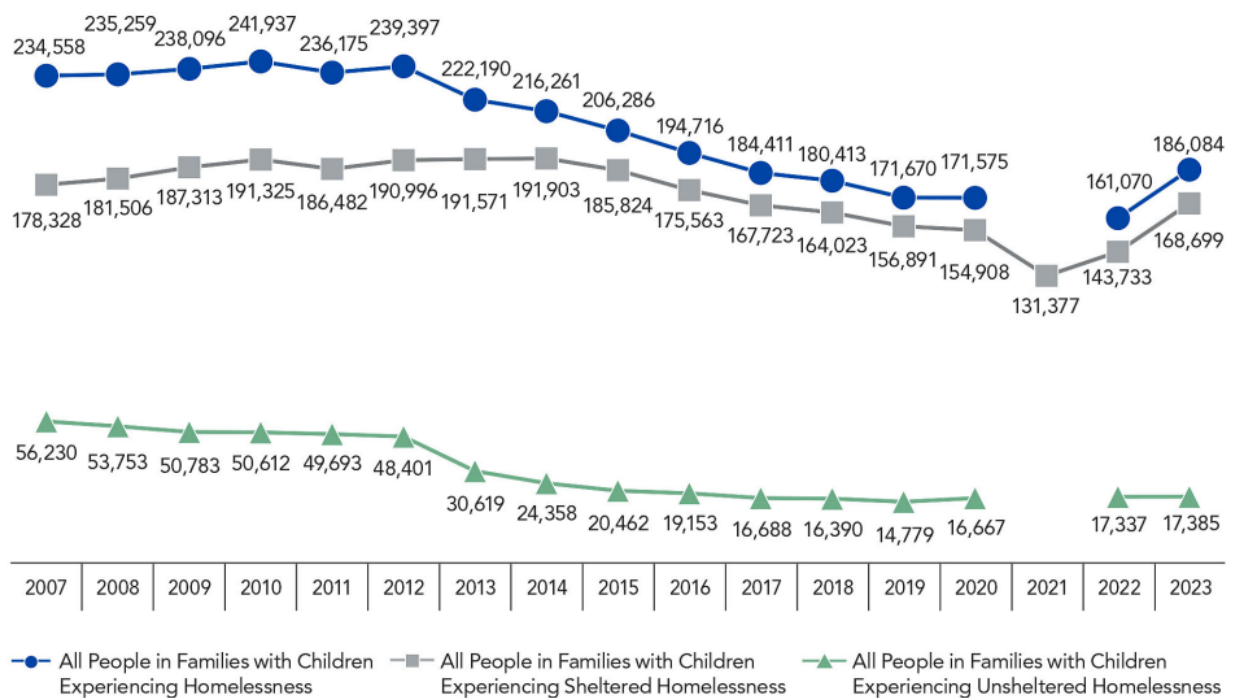


EXHIBIT 3.1: PIT Estimates of People in Families with Children Experiencing Homelessness
By Sheltered Status, 2007-2023



Note: The data for 2021 does not display the total count of people in families with children experiencing homelessness or the count of all people in families with children experiencing unsheltered homelessness because of pandemic-related disruptions to counts. Also, estimates of the number of people in families with children experiencing sheltered homelessness at a point in time in 2021 should be viewed with caution, as the number could be artificially reduced compared with non-pandemic times, reflecting reduced capacity in some communities or safety concerns regarding staying in shelters.

Homelessness in Florida

On a given night in January 2023, more than half of all people experiencing homelessness in the U.S. were in four states:⁶

- California (28 percent of all people experiencing homelessness in the U.S., or 181,399 people);
- New York (16 percent or 103,200 people);
- Florida (5 percent or 30,756 people); and
- Washington (4 percent or 28,036 people).

Between 2022 and 2023, the states with the largest absolute increases in homelessness were:⁷

- New York (29,022 more people);
- California (9,878);
- Florida (4,797);
- Colorado (4,042); and
- Massachusetts (3,634).

Over a longer period, from 2007 to 2023, the number of people experiencing homelessness declined in 25 states and the District of Columbia. The largest absolute decreases were in Florida (17,313 fewer people) and Texas (12,411 fewer people).⁸

Between 2022 and 2023, the number of people in families with children experiencing homelessness increased in 34 states and the District of Columbia. The largest increases were in:⁹

- New York (18,890 more people, a 54 percent increase);
- Massachusetts (2,906 more people or 29 percent);
- Colorado (1,490 more people or 69 percent);
- Florida (1,391 more people or 22 percent); and
- Illinois (1,077 more people or 36 percent).

Pregnant Women Experiencing Homelessness

Due to the very transient nature of homelessness, the exact number of pregnant homeless women is difficult to determine. This represents a significant knowledge gap that could be used to inform social and health policy, as well as service delivery, thus researchers have continued in their attempts to identify the extent of pregnancy among the homeless population.¹⁰

In the U.S., one study estimated that one in five homeless women are pregnant at any given time, almost twice the rate of the general population. Other research uncovered even higher rates of

⁶ U.S. Department of Housing and Urban Development's Office of Community Planning and Development, The 2023 Annual Homelessness Assessment Report (AHAR) to Congress – Part 1: Point-in-Time Estimates of Homelessness (December 2023), available at <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf> (last visited Feb. 1, 2024).

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ Council to Homeless Persons, *The Extent, Nature and Impact of Homelessness on Pregnant Women and Their Babies*, available at <https://chp.org.au/parity/the-extent-nature-and-impact-of-homelessness-on-pregnant-women-and-their-babies/> (last visited Feb. 1, 2024).

pregnancy among homeless women, finding that while ten percent of women in the U.S. were pregnant in 2009, 50 to 60 percent of homeless women were pregnant.¹¹

Another study conducted in Florida determined about 183 pregnant homeless women live in Northeast Florida in any given month.¹²

The Impact of Homelessness on Maternal and Infant Health

Stable housing has been identified as one of the most important predictors of health as housing instability or homelessness lessens access to health care. This is more pressing during pregnancy, a time when access to affordable, high-quality health care is crucial. Although prenatal care is available, pregnant mothers and parents experiencing homelessness face barriers (e.g., lack of transportation, site-related factors, provider-client relationship, inconvenience, fear, cost, etc.).¹³ For some, these obstacles bar them from accessing care altogether. Additionally, people experiencing housing instability or homelessness are more likely to live in conditions that are hazardous to their health.¹⁴

Several studies have shown that homelessness has a negative impact on the health of pregnant mothers and infants:¹⁵

- Pregnant mothers experiencing homelessness are significantly less likely to have a prenatal visit during the first trimester, breastfeed, and have a well-baby checkup than their housed counterparts.
- In comparison with a housing-secure group with similar characteristics, pregnant mothers experiencing homelessness are significantly more likely to have various pregnancy-related conditions and complications, including high blood pressure, iron deficiency and other anemia, nausea and vomiting, hemorrhage, placental problems, and abdominal pain.
- One in five mothers who experienced homelessness in the year before giving birth had an infant with low birth weight, a nearly 50 percent increase in risk compared to consistently housed people with otherwise similar characteristics.
- Newborn infants of people experiencing homelessness have longer stays in the hospital and are more likely to require intensive care than infants of consistently housed people.
- People who were homeless as infants are more likely to have upper respiratory infections, other respiratory diseases, fever, allergies, injuries, developmental disorders, and asthma, compared to people who were stably housed during infancy. These individuals also show a propensity for increased emergency department visits, hospitalizations, and health care costs.

¹¹ Council to Homeless Persons, *The Extent, Nature and Impact of Homelessness on Pregnant Women and Their Babies*, available at <https://chp.org.au/parity/the-extent-nature-and-impact-of-homelessness-on-pregnant-women-and-their-babies/> (last visited Feb. 1, 2024).

¹² Journal of Obstetric, Gynecologic, and Neonatal Nursing, Bloom, K. C., Bednarzyk, M. S., Devitt, D. L., Renault, R. A., Teaman, V., & Van Loock, D. M., *Barriers to prenatal care for homeless pregnant women (2004)*, available at [https://www.jognn.org/article/S0884-2175\(15\)34192-7/fulltext](https://www.jognn.org/article/S0884-2175(15)34192-7/fulltext) (last visited Feb. 1, 2024).

¹³ *Id.*

¹⁴ National Partnership for Women & Families, *Homelessness Hurts Moms and Babies*, available at <https://nationalpartnership.org/report/homelessness-hurts-moms-and-babies/> (last visited Feb. 1, 2024).

¹⁵ *Id.*

The Department of Children and Families (DCF)

State Office on Homelessness

The State Office on Homelessness (State Office) within the Department of Children and Families (DCF) was created in 2001 as a central point of contact within state government on homelessness.¹⁶ Section 420.622, F.S., requires the State Office to coordinate resources and programs across all levels of government and with private providers that serve the homeless pursuant to policies set by the Council on Homelessness and available funding.¹⁷

The inter-agency Council on Homelessness (Council) is a 19-member council¹⁸ required to develop policy and advise the State Office on how to reduce homelessness statewide. The Council is statutorily required to submit an annual report to the Governor, Legislature, and the DCF's Secretary that summarizes the extent of homelessness in Florida and recommendations for ending homelessness.¹⁹

Continuums of Care

Continuums of Care (CoC) groups organize to coordinate, plan, and pursue ending homelessness in designated areas throughout Florida.²⁰ Section 420.621(1), F.S., requires CoCs to be composed of representatives from certain organizations, including, but not limited to:

- Nonprofit homeless providers,
- Victim services providers,
- Faith-based organizations,
- Governments,
- Businesses,
- Advocates,
- Public housing agencies,

¹⁶ Ch. 2001-98, Laws of Fla.

¹⁷ Section 420.622(3), F.S.

¹⁸ The individuals and agencies included in the Council of Homelessness are: the Secretary of Children and Families, or his or her designee; the Secretary of Economic Opportunity, or his or her designee, who shall advise the council on issues related to rural development; the State Surgeon General, or his or her designee; the Executive Director of Veterans' Affairs, or his or her designee; the Secretary of Corrections, or his or her designee; the Secretary of Health Care Administration, or his or her designee; the Commissioner of Education, or his or her designee; the Executive Director of CareerSource Florida, Inc., or his or her designee; one representative of the Florida Association of Counties; one representative of the Florida League of Cities; one representative of the Florida Supportive Housing Coalition; one representative of the Florida Housing Coalition; the Executive Director of the Florida Housing Finance Corporation, or his or her designee; one representative of the Florida Coalition for the Homeless; the secretary of the Department of Elder Affairs, or his or her designee; and four members appointed by the Governor.

¹⁹ Section 420.622, F.S.

²⁰ Section 420.621, F.S. The Office of Economic Self-Sufficiency (Office) within the Department of Children and Families employs a Continuum of Care (CoC) model to provide services for individuals experiencing homelessness. Local CoCs are organizations composed of representatives of nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, etc. The Office designates local CoC entities to serve as lead agencies for homeless services throughout Florida. The DCF, *Homelessness*, available at: <https://www.myflfamilies.com/services/public-assistance/homelessness> (last visited Dec. 28, 2023).

- School districts,
- Social service providers,
- Mental health agencies,
- Hospitals,
- Universities,
- Affordable housing developers,
- Law enforcement, and
- Organizations that serve homeless and formerly homeless persons.²¹

The purpose of a CoC is to coordinate community efforts to prevent and end homelessness in a catchment area designated by the State Office. Florida’s designated catchment areas must be consistent with the CoC catchment areas recognized by HUD for the purpose of awarding federal homeless assistance grant funding.²² The State Office recognizes one CoC lead agency for each designated catchment area.²³

The following table lists Florida's CoC lead agencies and the counties served by each.²⁴

CoC Lead Agency	Counties Served
Opening Doors of NWFL	Escambia and Santa Rosa
Homelessness & Housing Alliance	Okaloosa and Walton
Doorways of Northwest Florida	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington
Big Bend Continuum of Care	Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla
United Way of Suwannee Valley	Columbia, Hamilton, Lafayette, and Suwannee
United Way of North Central Florida	Alachua, Bradford, Gilchrist, Levy, and Putnam
Changing Homelessness	Clay, Duval, and Nassau
Volusia/Flagler Coalition for the Homeless	Flagler and Volusia
Flagler Hospital – St. Augustine	St. Johns
Ocala/Marion Joint Office on Homelessness	Marion
Mid Florida Homeless Coalition	Citrus, Hernando, Lake, and Sumter
Coalition for the Homeless of Pasco County	Pasco
Homeless Services Network of Central Florida	Orange, Osceola, and Seminole
Tampa Hillsborough Homeless Initiative	Hillsborough
Homeless Coalition of Polk County	Polk
Brevard Homeless Coalition	Brevard
Treasure Coast Homeless Services Council	Indian River, Martin, and St Lucie

²¹ Section 420.621(1), F.S.

²² Section 420.6225(3), F.S.

²³ Section 420.6225(4), F.S.

²⁴ Florida Department of Children and Families, *Continuums of Care and Local Providers of Service*, available at: <https://www.myflfamilies.com/continuums-care-and-local-providers-service> (last visited Jan. 6, 2024).

CoC Lead Agency	Counties Served
Heartland Coalition for the Homeless	DeSoto, Glades, Hardee, Hendry, Highlands, and Okeechobee
Big Bend Continuum of Care	Marion
United Way of North Central Florida	Pasco
Gulf Coast Partnership	Charlotte
Lee County Human & Veteran Services	Lee
Hunter & Homeless Coalition of Collier County	Collier
Palm Beach County Human & Veteran Services	Palm Beach
Broward Homeless Initiative Partnership	Broward
Monroe County Homeless Services Continuum of Care	Monroe
Miami-Dade County Homeless Trust	Miami-Dade
Manatee-Sarasota Suncoast Partnership	Manatee and Sarasota

Each CoC must create a continuum of care plan to implement an effective and efficient housing crisis response system to prevent and end homelessness in its designated catchment area. A continuum of care plan must include all of the following:²⁵

- Outreach to unsheltered individuals and families to link them with appropriate housing interventions.
- A coordinated entry system that is compliant with federal requirements and is designed to coordinate intake, utilize common assessment tools, prioritize households for housing interventions, and refer households to the appropriate housing intervention.
- Emergency shelter, designed to provide safe temporary shelter while the household is in the process of obtaining permanent housing.
- Supportive services, designed to maximize housing stability once the household is in permanent housing.
- Permanent supportive housing, designed to provide long-term affordable housing and support services to persons with disabilities who are moving out of homelessness.
- Rapid ReHousing, as specified in s. 420.6265, F.S.
- Permanent housing, including links to affordable housing, subsidized housing, long-term rental assistance, housing vouchers, and mainstream private sector housing.
- An ongoing planning mechanism to end homelessness for all subpopulations of persons experiencing homelessness.

The CoCs receive state and federal funding through the DCF. State funding is authorized for challenge grants²⁶ and staffing grants through the General Appropriations Act. Staffing grant funds are disseminated evenly among the CoCs to assist with their operating and staffing costs and to help build capacity to coordinate care, carry out continuum planning and develop local and federal funding opportunities to end homelessness.

²⁵ Section 420.6225(5), F.S.

²⁶ Section 420.624 (6), F.S.

Two main federal programs distribute federal homelessness grant funding: the Emergency Solutions Grants (ESG) program and the Continuum of Care (CoC) program. The ESG program distributes grant funds primarily for emergency sheltering of the homeless. The CoC program distributes grant funds to assist with the longer-term housing and service needs of the homeless.

Affordable Housing

Affordable housing is defined in terms of household income. Housing is considered affordable when it costs less than 30 percent of a family's gross income.²⁷ A family paying more than 30 percent of its income for housing is considered "cost-burdened," while those paying more than 50 percent are considered "extremely cost-burdened."²⁸ Severely cost-burdened households are more likely to sacrifice other necessities such as healthy food and healthcare to pay for housing, and to experience unstable housing situations such as eviction.²⁹

Resident eligibility for Florida's state and federally funded housing programs is typically governed by area median income (AMI) levels. These levels are published annually by the federal Department of Housing and Urban Development (HUD) for every county and metropolitan area. The following are standard household income level definitions and their relationship to the 2023 Florida state AMI of \$85,500³⁰ for a family of four (as family size increases or decreases, the income range also increases or decreases):³¹

- Extremely low income – earning up to 30 percent AMI (at or below \$25,650);³²
- Very low income – earning from 30.01 to 50 percent AMI (\$25,651 to \$42,750);³³
- Low income – earning from 50.01 to 80 percent AMI (\$42,751 to \$68,400);³⁴ and
- Moderate income – earning from 80.01 to 120 percent of AMI (\$68,401 to \$102,600).³⁵

Housing costs reflect what people are willing to pay to live in an area, which may make it difficult for growing families to find affordable homes and apartments. The government helps make housing affordable through decreased monthly rent or mortgage payments so that income eligible families can pay less for housing than it would otherwise cost at the "market rate." Lower monthly payments or down payment assistance is a result of affordable housing financing.³⁶

²⁷ Florida Housing Coalition, *Affordable Housing in Florida*, available at <https://www.flhousing.org/wp-content/uploads/2019/03/Affordable-Housing-in-Florida-Book-WEB.pdf> (last visited Feb. 2, 2024).

²⁸ *Id.*

²⁹ The Florida Senate Staff Analysis of SB 102, February 24, 2023, available at <https://www.flsenate.gov/Session/Bill/2023/102/Analyses/2023s00102.ap.PDF> (last visited Feb. 2, 2024).

³⁰ U.S. Department of Housing and Urban Development's Office of Policy Development and Research, *FY 2023 Median Family Income for States, Metropolitan and Nonmetropolitan Portions of States Attachment*, available at <https://www.huduser.gov/portal/datasets/il/il23/FY23-Median-Attachment-State-Medians.pdf> (last visited Feb. 1, 2024).

³¹ U.S. Department of Housing and Urban Development's Office of Policy Development and Research, *Income Limits, Access Individual Income Limits Areas – Click Here for FY 2023 IL Documentation*, available at https://www.huduser.gov/portal/datasets/il.html#query_2023 (last visited Feb. 1, 2024).

³² Section 420.0004(9), F.S.

³³ Section 420.0004(17), F.S.

³⁴ Section 420.0004(11), F.S.

³⁵ Section 420.0004(12), F.S.

³⁶ The Florida Senate Staff Analysis of SB 102, February 24, 2023, available at <https://www.flsenate.gov/Session/Bill/2023/102/Analyses/2023s00102.ap.PDF> (last visited Feb. 2, 2024).

Impact on Homelessness

Over the last 30 years, the lack of affordable rental housing for low-income households has fostered homelessness in the U.S. In 1970, there were 6.5 million low-cost rental units in the U.S. and 6.2 million low-income renter households with 300,000 available units. By 1985, the number of low-cost units fell to 5.6 million and the number of low-income renter households grew to 8.9 million, a disparity of 3.3 million units. In 2019, the National Low Income Housing Coalition reported that the State of Florida had a shortage of 428,622 affordable rental units.³⁷

In 2017, the median rent, including utilities, for an apartment in Florida was \$1,130 per month, a 16 percent increase since 2001, while income only increased by a disproportionate one percent³⁸. As a result, 1,666,000 people in 769,400 low-income Florida households paid more than half their income in rent. Often low-income individuals and families forego necessities, like food or medicine, to keep a roof over their heads.³⁹

According to the Center on Budget and Policy Priorities, 50 percent of low-income people in Florida are homeless or pay over half their income in rent. Currently, most do not receive federal rental assistance due to limited funding, but research has shown that rental assistance has helped 286,700 people in families with children in Florida avoid homelessness.⁴⁰

Florida Housing Finance Corporation

The 1997 Legislature created the Florida Housing Finance Corporation (FHFC) as a public-private entity to assist in providing a range of affordable housing opportunities for Floridians.⁴¹ The FHFC is a corporation held by the state and housed within the Department of Commerce. The FHFC is a separate budget entity, and its operations, including those relating to personnel, purchasing, transactions involving real or personal property, and budgetary matters, are not subject to control, supervision, or direction by the Department of Commerce.⁴²

The goal of the FHFC is to increase the supply of safe, affordable housing for individuals and families with very low to moderate incomes by stimulating investment of private capital and encouraging public and private sector housing partnerships. As a financial institution, the FHFC administers federal and state resources to finance the development and preservation of affordable rental housing and assist homebuyers with financing and down payment assistance.⁴³

³⁷ Florida Coalition to End Homelessness, *The Issue – The Fight to End Homelessness: Past, Present, and Future*, available at <https://fchonline.org/the-issue/> (last visited Feb. 1, 2024).

³⁸ *Id.*

³⁹ Center on Budget and Policy Priorities, *Florida Federal Rental Assistance Fact Sheet*, available at <https://apps.cbpp.org/4-3-19hous/PDF/4-3-19hous-factsheet-fl.pdf> (last visited Feb. 1, 2024).

⁴⁰ *Id.*

⁴¹ Chapter 97-167, Laws of Fla. From 1980 through 1997, the former Florida Housing Finance Agency, placed within the former Department of Community Affairs, performed similar duties.

⁴² Section 420.504(1), F.S.

⁴³ The Florida Senate Staff Analysis of SB 102, February 24, 2023, available at <https://www.flsenate.gov/Session/Bill/2023/102/Analyses/2023s00102.ap.PDF> (last visited Feb. 2, 2024).

State Apartment Incentive Loan Program

The State Apartment Incentive Loan (SAIL) Program is administered by the FHFC and provides low-interest loans on a competitive basis to multifamily affordable housing developers.⁴⁴ These funds often serve to bridge the gap between the developments' primary financing and the total cost of the development. SAIL dollars are available for developers proposing to construct or substantially rehabilitate multifamily rental housing.⁴⁵

At a minimum, developments financed by SAIL must set aside 20 percent of units for households at or below 50 percent of AMI, or if the development also receives Low Income Housing Tax Credits⁴⁶ (LIHTC), 40 percent of units for households up to 60 percent of AMI.⁴⁷ Loan interest rates are set at zero percent for those developments that maintain 80 percent of their occupancy for farmworkers, commercial fishing workers, or homeless people. The interest rates are set at one percent for all other developments. Generally, loans are issued for 15 years and cover approximately 25 to 35 percent of the total development cost.⁴⁸

State Housing Initiatives Partnership Program

The State Housing Initiatives Partnership (SHIP) Program was created in 1992⁴⁹ to provide funds to local governments as an incentive to create partnerships that produce and preserve affordable homeownership and multifamily housing. The SHIP program provides funds to all 67 counties and 52 Community Development Block Grant⁵⁰ entitlement cities on a population-based formula to finance and preserve affordable housing based on locally adopted housing plans.⁵¹ The program was designed to serve very low, low-, and moderate-income families and is administered by the FHFC. SHIP funds may be used to pay for emergency repairs, rehabilitation, down payment and closing cost assistance, impact fees, construction and gap financing, mortgage buy-downs, acquisition of property for affordable housing, matching dollars for federal housing grants and programs, and homeownership counseling.⁵²

Funds are expended per each local government's adopted Local Housing Assistance Plan (LHAP), which details the housing strategies that will be utilized, such as helping those affected by mobile home park closures, encouraging innovative housing design to reduce long-term housing costs, preserving assisted housing, and reducing homelessness.⁵³ Local governments

⁴⁴ Section 420.5087, F.S.

⁴⁵ Florida Housing Finance Corporation, *State Apartment Incentive Loan*, available at <https://floridahousing.org/programs/developers-multifamily-programs/state-apartment-incentive-loan> (last visited Feb. 1, 2024).

⁴⁶ Low Income Housing Tax Credits are a financial instrument administered by the Department of Housing and Urban Development that provide financing for low income housing developments. Credits are allocated to states on a per capita basis and state-level administration is performed by FHFC. Eligible developments are income-limited similarly to SAIL requirements.

⁴⁷ Section 420.5087(2), F.S.

⁴⁸ *Supra* note 40.

⁴⁹ Chapter 92-317, Laws of Fla.

⁵⁰ The Community Development Block Grant program is a federal program created in 1974 that provides funding for housing and community development activities.

⁵¹ *See* ss. 420.907-420.9089, F.S.

⁵² Section 420.9072(7), F.S.

⁵³ Section 420.9075(3), F.S.

submit their LHAPs to the FHFC for review to ensure that they meet the broad statutory guidelines and the requirements of the program rules.

Certain statutory requirements restrict a local government's use of funds made available under the SHIP program (excluding amounts set aside for administrative costs):⁵⁴

- At least 75 percent of SHIP funds must be reserved for construction, rehabilitation, or emergency repair of affordable, eligible housing; and
- Up to 25 percent of SHIP funds may be reserved for allowed rental services.⁵⁵

III. Effect of Proposed Changes:

The bill creates s. 4141611, F.S., to establish the Florida State Maternity Housing Program (program) within the Department of Children and Families (DCF) and authorize the State Office on Homelessness, with the concurrence of the Council on Homelessness, to provide annual maternity housing grants to local homeless assistance continuums of care lead agencies. To be eligible to receive a grant, a lead agency's continuum of care plan must include a maternity housing program.

The bill authorizes the State Office on Homelessness to rank lead agency grant applications and give preference to applications that leverage private and public funds, demonstrate effective maternity housing programs, and demonstrate a commitment to provide additional services to reduce future homelessness. The total amount of grants awarded may not exceed the funding appropriated or received as a donation, gift, or bequest for the program.

The bill requires a case plan for each woman or family that includes the costs that will be covered and the maximum level of assistance that will be provided. Grant funds may be used to cover the following expenses:

- Housing assistance during pregnancy for a maximum of eight months, of which, eight weeks may be postpartum;
- Services to encourage economic independence and positive health outcomes;
- Staffing and reimbursements for providers of authorized living arrangements; and
- Any other cost related to administration of the program, not to exceed five percent of the total grant funds.

The bill requires the lead agency to track, monitor, and report on each woman or family assisted for a minimum of 12 months after receiving services.

The bill allows the DCF to adopt rules as necessary to implement the program.

The bill takes effect July 1, 2024.

⁵⁴ Section 420.9075(5), F.S.

⁵⁵ Section 420.9075(5)(b), F.S. However, a local government may not expend money distributed to it to provide ongoing rent subsidies, except for: security and utility deposit assistance; eviction prevention not to exceed six months' rent; or a rent subsidy program for very-low-income households with at least one adult who is a person with special needs or is homeless, not to exceed 12 months' rental assistance.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Since funding has not been appropriated under the bill, no fiscal impact exists at this time for the private sector. However, should the Legislature appropriate funding for the program, the program's implementation may have an impact on community partners and Florida residents who receive grant funds.

Additionally, health care providers that treat homeless women and families identified in the bill may also be positively impacted. Through the provision of stable housing, illnesses and injuries can be better prevented, and conditions can be improved or better maintained. This could result in a decrease in potentially preventable emergency department visits, reducing costs and allowing facilities such as hospitals to utilize limited funds for others in need.

C. Government Sector Impact:

The bill will have a significant negative fiscal impact on state expenditures. Although no appropriation is provided in the bill, the bill does authorize the lead agency to use five percent of the grant funds appropriated to administer the Florida State Maternity Housing Grant Program. Additionally, according to the Department of Children and Families

(DCF), to implement the provisions of the bill, the DCF will require \$96,790 in recurring general revenue funds and one full-time-equivalent position.⁵⁶

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 414.1611 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.)

CS by Appropriations Committee on Health and Human Services on February 13, 2024:

The committee substitute:

- Establishes the Florida State Maternity Housing Program (program) within the Department of Children and Families (DCF).
- Authorizes the State Office on Homelessness, with the concurrence of the Council on Homelessness, to provide annual maternity housing grants to lead agencies for local homeless assistance continuums of care.
- Provides for an application ranking process and grant eligibility requirements for lead agencies.
- Requires a case plan for each woman or family that sets forth the maximum level of assistance that will be provided.
- Authorizes grant funds to be used for the following purposes:
 - Housing assistance during pregnancy;
 - Services to encourage economic independence and positive health outcomes;
 - Staffing and reimbursements for providers of authorized living arrangements; and
 - Any other cost related to administration of the program, not to exceed five percent of the total grant funds.
- Requires the lead agency to track, monitor, and report on each woman or family assisted for a minimum of 12 months.

B. Amendments:

None.

⁵⁶ Department of Children and Families, SB 1442 Bill Analysis, (on file with the Senate Appropriations Committee on Health and Human Services).

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



104564

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 414.1611, Florida Statutes, is created
to read:

414.1611 Florida State Maternity Housing Grant Program.—

(1) ESTABLISHMENT OF PROGRAM.—There is created the Florida
State Maternity Housing Grant Program within the department to
provide housing resources and approved living arrangements for



104564

11 resident women and families of this state experiencing
12 homelessness during pregnancy, regardless of age or marital
13 status, whose financial resources have been determined
14 inadequate to meet residential costs. The State Office on
15 Homelessness, with the concurrence of the Council on
16 Homelessness, may accept and administer funds appropriated to
17 the department to provide maternity housing grants annually to
18 lead agencies for local homeless assistance continuums of care,
19 as recognized by the State Office on Homelessness. These funds
20 shall consist of any sums that the state may appropriate, as
21 well as those received from donations, gifts, bequests, or
22 otherwise from any public or private source which are intended
23 to assist women and families experiencing homelessness during
24 pregnancy. The total amount of grants awarded may not exceed the
25 funding appropriated or received for the grant program under
26 this section.

27 (2) GRANT APPLICATIONS.—The State Office on Homelessness
28 shall rank lead agency grant applicants competitively and give
29 preference to applicants that leverage additional private and
30 public funds, demonstrate the effectiveness of their maternity
31 housing programs in housing homeless women and families
32 experiencing pregnancy, and demonstrate the commitment of the
33 lead agency to offer other assistance and services to address
34 family health, employment, and education needs to prevent future
35 homelessness.

36 (3) ELIGIBILITY.—In order to qualify for a grant, a lead
37 agency must develop and implement a local homeless assistance
38 continuum of care plan for its designated catchment area, to
39 include a maternity housing program.



104564

40 (4) GRANT LIMITS.—The maternity housing program funded by
41 the grant must require a case plan for each woman or family to
42 be assisted, setting forth which costs will be covered and the
43 maximum level of assistance to be offered. The grant assistance
44 may be used to pay for expenses related to any of the following:

45 (a) Housing in an authorized living arrangement. Housing
46 assistance may be provided for a maximum of 8 months, of which 8
47 weeks may be postpartum.

48 (b) Services recommended by the lead agency for women and
49 families approved for the grant program to encourage economic
50 independence and positive health outcomes for participants.

51 (c) Staffing and reimbursements for providers of authorized
52 living arrangements.

53 (d) All other related costs for the administration of the
54 program, not to exceed 5 percent of the total grant funds
55 awarded to the lead agency.

56 (5) PERFORMANCE.—The lead agency shall track, monitor, and
57 report on each woman or family assisted for at least 12 months
58 after the last assistance provided. The lead agency's maternity
59 housing program shall seek to enable at least 85 percent of the
60 women and families assisted to avoid becoming homeless during
61 this time period.

62 (6) RULEMAKING AUTHORITY.—The department may adopt rules
63 necessary to administer the program. The rules may include, but
64 need not be limited to, eligibility criteria for homeless
65 mothers and families experiencing pregnancy who are seeking
66 maternity housing services.

67 Section 2. This act shall take effect July 1, 2024.

68



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

70 And the title is amended as follows:

71 Delete everything before the enacting clause

72 and insert:

73 A bill to be entitled

74 An act relating to pregnancy support services;
75 creating s. 414.1611, F.S.; establishing the Florida
76 State Maternity Housing Grant Program within the
77 Department of Children and Families for a specified
78 purpose; providing specifications for sources of, and
79 limitations on, funding for the program; requiring the
80 State Office of Homelessness administering the grant
81 funds to rank grant applicants competitively and give
82 preference to certain grant applicants; specifying
83 eligibility criteria for lead agencies applying for
84 grants under the program; specifying requirements for
85 lead agencies that receive grants under the program;
86 specifying expenses for which grant funds may be used;
87 requiring lead agencies to track, monitor, and report
88 on each woman or family assisted with the grant funds
89 for a specified timeframe; specifying performance
90 goals for lead agencies administering grant funds;
91 authorizing the department to adopt rules necessary to
92 administer the program; providing an effective date.

By Senator Grall

29-00938C-24

20241442__

1 A bill to be entitled
 2 An act relating to pregnancy support services;
 3 creating s. 381.97, F.S.; providing legislative
 4 intent; establishing the Florida State Maternity
 5 Housing Grant Program within the Department of Health;
 6 requiring the program to provide certain resources;
 7 requiring the department to use grant funds for
 8 specified expenses; providing a limitation on the
 9 amount of grants awarded under the program;
 10 authorizing the department to adopt rules necessary to
 11 administer the program; providing an effective date.
 12
 13 Be It Enacted by the Legislature of the State of Florida:
 14
 15 Section 1. Section 381.97, Florida Statutes, is created to
 16 read:
 17 381.97 Florida State Maternity Housing Grant Program.—
 18 (1) It is the intent of the Legislature to provide housing
 19 resources for resident women and families experiencing
 20 homelessness during the prenatal period, regardless of age or
 21 marital status, whose financial resources have been determined
 22 inadequate to meet residential costs.
 23 (2) There is created within the department the Florida
 24 State Maternity Housing Grant Program to provide approved living
 25 arrangements for residents experiencing homelessness during the
 26 prenatal period.
 27 (3) The grant program shall provide resources for approved
 28 persons to reside in an alternative living arrangement for a
 29 period not to exceed 8 months, which includes a maximum of 6

Page 1 of 2

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

29-00938C-24

20241442__

30 weeks of postpartum care.
 31 (4) The department shall use grant funds specifically
 32 appropriated for the grant program to cover expenses related to
 33 any of the following:
 34 (a) Housing in an authorized living arrangement for a
 35 period of time determined by the mother's estimated delivery
 36 date.
 37 (b) Services recommended by the department for women and
 38 families approved for the grant program to encourage economic
 39 independence and positive health outcomes for participants.
 40 (c) Staffing and reimbursements for providers of authorized
 41 living arrangements.
 42 (d) All other related costs for the administration of the
 43 program, not to exceed five percent of the total grant funds.
 44 (5) The total amount of grants awarded may not exceed the
 45 funding appropriated for the grant program.
 46 (6) The department may adopt rules necessary to administer
 47 the program. The rules may include, but need not be limited to:
 48 (a) A framework for the payment or reimbursement of funds
 49 to the mother for authorized living arrangements.
 50 (b) Eligibility criteria for pregnant mothers and expecting
 51 families seeking maternity housing services, including a sliding
 52 fee scale for participants.
 53 (c) Requirements for maternity housing grant program
 54 applications.
 55 (d) Guidelines for assessing the appropriateness of
 56 authorized living arrangements and for a determination of
 57 approval for authorized living arrangements.
 58 Section 2. This act shall take effect July 1, 2024.

Page 2 of 2

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

02/13/2004

The Florida Senate
APPEARANCE RECORD

SB 1442

Meeting Date

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

Bill Number or Topic

Appropriations Committee

Pregnancy Support Services

Committee

HEALTH AND HUMAN SERVICES

Amendment Barcode (if applicable)

Name

Phone

Address

Email

TAMMY FELCI (pronounced "FECHY")

Street

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing: FCCB

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

FLORIDA CATHOLIC CONFERENCE OF BISHOPS

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1612

INTRODUCER: Health Policy Committee and Senator Brodeur

SUBJECT: Adult Cardiovascular Care Standards

DATE: February 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1612 amends requirements in s. 395.1055, F.S, related to the Agency for Health Care Administration's rules governing adult cardiovascular services (ACS) to specify that Level I services include rotational or other atherectomy devices, electrophysiology, and treatment of chronic total occlusions.

This bill has no fiscal impact on state revenues or state expenditures.

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

II. Present Situation:

Adult Cardiovascular Services

Section 395.1055(18), F.S., establishes requirements that the Agency for Health Care Administration (AHCA) must adopt in rule governing the provision of adult cardiovascular services (ACS). The section divides ACS into two levels, Level I and Level II, with Level I ACS providers authorized to provide adult percutaneous cardiac intervention (PCI) without cardiac surgery and with Level II providers being authorized to perform PCI with cardiac surgery.

Percutaneous Coronary Intervention

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

Rotational Atherectomy

Rotational atherectomy (RA) is an atheroablative technology that enables percutaneous coronary intervention for complex, calcified coronary lesions. RA works on the principle of ‘differential cutting’ and preferentially ablates hard, inelastic, calcified plaque. The objective of RA use has evolved from plaque debulking to plaque modification to enable balloon angioplasty and optimal stent expansion.³

Electrophysiological Study

An electrophysiological study (EP study) is a test used to evaluate the heart's electrical system and to check for abnormal heart rhythms. Natural electrical impulses coordinate contractions of the different parts of the heart. This helps keep blood flowing the way it should. This movement of the heart creates the heartbeat, or heart rhythm. During an EP study, a doctor inserts small, thin wire electrodes into a vein in the groin (or neck, in some cases). He or she will then thread the wire electrodes through the vein and into the heart. To do this, he or she uses a special type of X-ray called fluoroscopy. Once in the heart, the electrodes measure the heart's electrical signals. Electrical signals are also sent through the electrodes to stimulate the heart tissue to try to cause the abnormal heart rhythm. This is done so that it can be evaluated and its cause can be found. It may also be done to help evaluate how well a medicine is working.⁴

Chronic Total Occlusion

A Chronic total occlusion (CTO) is a complete or nearly complete blockage of one or more coronary arteries. The blockage, typically present for at least three months, is caused by a

¹ Medscape: Percutaneous cardiac intervention, available at <http://emedicine.medscape.com/article/161446-overview>, (last visited Feb. 2, 2024).

² Heart and Stroke Foundation, available at <https://www.heartandstroke.ca/heart/treatments/surgery-and-other-procedures/percutaneous-coronary-intervention>, (last visited Feb. 2, 2024).

³ Gupta T, Weinreich M, Greenberg M, Colombo A, Latib A. Rotational Atherectomy: A Contemporary Appraisal. *Interv Cardiol.* 2019 Nov 18;14(3):182-189. doi: 10.15420/icr.2019.17.R1. PMID: 31867066; PMCID: PMC6918488.

⁴ What is an electrophysiological study? Johns Hopkins Medicine, available at [https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/electrophysiological-studies#:~:text=An%20electrophysiological%20study%20\(EP%20study,flowing%20the%20way%20it%20should.,](https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/electrophysiological-studies#:~:text=An%20electrophysiological%20study%20(EP%20study,flowing%20the%20way%20it%20should.,) (last visited Feb. 2, 2024).

buildup of plaque within a coronary artery. When this happens, blood flow to the heart is compromised. CTO is a common heart disorder in patients with coronary artery disease. Between 20 and 25 percent of patients with coronary artery disease also have a chronically blocked artery.⁵

III. Effect of Proposed Changes:

The bill amends s. 395.1055, F.S., to specify that Level I adult cardiovascular services includes percutaneous coronary intervention with rotational or other atherectomy devices, electrophysiology, and treatment of chronic total occlusions.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

⁵ Chronic Total Occlusion (CTO), University of Michigan Health, available at <https://www.uofmhealth.org/conditions-treatments/chronic-total-occlusion-cto>, (last visited Feb. 2, 2024).

C. Government Sector Impact:

This bill has no fiscal impact on state revenues or state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 395.1055 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 February 6, 2024:

The committee substitute eliminates all provisions of the bill other than the provision specifying rotational or other atherectomy devices, electrophysiology, and treatment of chronic total occlusions to services that may be provided by Level I adult cardiovascular services providers.

- B. Amendments:

None.

By the Committee on Health Policy; and Senator Brodeur

588-02997-24

20241612c1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A bill to be entitled

An act relating to adult cardiovascular care standards; amending s. 395.1055, F.S.; revising requirements for rules the Agency for Health Care Administration is required to adopt, to allow a Level I Adult Cardiovascular Services program to use certain additional tools in the treatment of adult percutaneous cardiac intervention; providing an effective date.

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

Section 1. Paragraph (a) of subsection (18) of section 395.1055, Florida Statutes, is amended to read:

395.1055 Rules and enforcement.—

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

(a) The establishment of two hospital program licensure levels, a Level I program that authorizes the performance of adult percutaneous cardiac intervention without onsite cardiac surgery, including rotational or other atherectomy devices, electrophysiology, and treatment of chronic total occlusions, and a Level II program that authorizes the performance of percutaneous cardiac intervention with onsite cardiac surgery.

Section 2. This act shall take effect July 1, 2024.

2/13/24

Meeting Date

Senate Appropriations Committee on Health and Human Services

Committee

The Florida Senate APPEARANCE RECORD

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

SB 1612

Bill Number or Topic

Amendment Barcode (if applicable)

Name Amol Dhaliwal

Phone (727) 947-2915

Address 2985 Drew St.

Email Amol.Dhaliwal@baycare.org

Street

Clearwater

FL

33759

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

BayCare

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

2/13/24

Meeting Date

1612

Bill Number or Topic

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

Health Appropriations

Committee

Amendment Barcode (if applicable)

Name Chris Nuland

Phone 904-233-3051

Address 4427 Herschel St

Email nulandlaw@aol.com

Street

Jacksonville, FL 32210

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida Society of Thoracic + Cardiovascular Surgeons

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

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

S-001 (08/10/2021)

02/13/2024

The Florida Senate APPEARANCE RECORD

CS/SB 1612 - Adult Cardiac

Meeting Date
Approp - Health & Human Services

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

Bill Number or Topic

Committee
Name **Marnie George**

Amendment Barcode (if applicable)
Phone **850 510-8866**

Address **537 E. Park Avenue**

Email **marnie@teamjb.com**

Street
Tallahassee **FL** **32303**
City State Zip

Reset Form

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

AdventHealth

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

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1798

INTRODUCER: Health Policy Committee and Senator Trumbull

SUBJECT: Home Health Care Services

DATE: February 12, 2024

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1798 amends s. 409.905, F.S., to authorize an advanced practice registered nurse (APRN) or a physician assistant to order or write prescriptions for Medicaid home health services.

This bill has no fiscal impact on state revenues or state expenditures.

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

II. Present Situation:

The Florida Medicaid Program

The Medicaid program is a voluntary, joint federal-state program that finances health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults and persons with disabilities.¹ The Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services is responsible for administering the Medicaid program at the federal level. Florida Medicaid is the health care safety net for low-income Floridians. Florida's program is administered by the Agency for Health Care Administration (AHCA) and financed through state and federal funds.²

¹ Medicaid.gov, Medicaid, available at <https://www.medicaid.gov/medicaid/index.html> (last visited Feb. 3, 2024).

² Section 20.42, F.S.

Medicaid Home Health Care Services

States that elect to participate in the Medicaid program agree to cover a host of mandatory Medicaid services in accordance with Title XIX of the Social Security Act. As the single-state agency responsible for the administration of Florida's Medicaid program, the AHCA is required to provide reimbursement for these services, including home health care, when furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were rendered. Medicaid services are only provided as medically necessary.³

Under Medicaid's home health care services benefit, the AHCA reimburses for nursing and home health aide⁴ services, supplies, appliances, and durable medical equipment necessary to assist a recipient who is living at home. The AHCA requires prior authorization to determine the medical necessity for these services. A home health agency (HHA) must submit the recipient's plan of care and documentation that support the diagnosis to the AHCA when requesting prior authorization.⁵

The AHCA cannot pay for home health services unless the services are medically necessary and:⁶

- The services are ordered by a physician.
- The written prescription for the services is signed and dated by the recipient's physician before the development of a plan of care and any request requiring prior authorization.
- Outside of any exclusions, the physician ordering the services is not employed, under contract with, or otherwise affiliated with the HHA rendering the services.
- The physician ordering the services has examined the recipient within the 30 days preceding the initial request for the services and biannually thereafter.
- The written prescription for the services includes the recipient's acute or chronic medical condition or diagnosis, the home health service required, and, for skilled nursing services, the frequency and duration of the services.
- The national provider identifier, Medicaid identification number, or medical practitioner license number of the physician ordering the services is listed on the written prescription for the services, the claim for home health reimbursement, and the prior authorization request.

The Coronavirus Aid, Relief, and Economic Security Act

The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act provided fast and direct economic assistance for American workers, families, small businesses, and industries through the implementation of a variety of programs⁷ to address issues related to the onset of the

³ Section 409.905, F.S.

⁴ Under s. 400.462(14), F.S., a home health aide is a person who is trained or qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, assists in administering medications as permitted in rule and for which the person has received training established by the Agency for Health Care Administration, or performs tasks delegated to him or her under ch. 464, F.S.

⁵ Section 409.905(4), F.S.

⁶ *Id.*

⁷ Centers for Medicare & Medicaid Services, *Home Health Agencies: CMS Flexibilities to Fight COVID-19*, available at <https://www.cms.gov/files/document/home-health-agencies-cms-flexibilities-fight-covid-19.pdf> (last visited Feb. 3, 2024).

COVID-19 pandemic. The CARES Act was passed by Congress on March 25, 2020, and signed into law on March 27, 2020.⁸

Improving Care Planning for Medicare and Medicaid Home Health Services

Prior to the CARES Act, federal law allowed only a physician to order home health services for Medicare and Medicaid recipients.⁹ Section 3708 of the CARES Act¹⁰ expanded the allowable ordering provider type to include a nurse practitioner, a clinical nurse specialist, or a physician assistant.¹¹

III. Effect of Proposed Changes:

The bill amends s. 409.905, F.S., to authorize an advanced practice registered nurse (APRN) or a physician assistant to order or write prescriptions for Medicaid home health services. The APRN or physician assistant ordering the services may not be employed, under contract with, or otherwise affiliated with the home health agency (HHA) rendering the services.¹²

In order for the Agency for Health Care Administration to reimburse when an APRN or a physician assistant orders or writes prescriptions for HHA services, the bill also requires that:

- The examination of the recipient by the APRN or the physician assistant must happen within the 30 days preceding the initial request for the services and biannually thereafter, which are the same current-law requirements for physicians.
- The national provider identifier, Medicaid identification number, or medical practitioner license number of the APRN or the physician assistant must be listed on the written prescription, the claim for reimbursement, and the prior authorization request, which is also required of physicians under current law.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

⁸ U.S. Department of the Treasury, *About the CARES Act and the Consolidated Appropriations Act*, available at <https://home.treasury.gov/policy-issues/coronavirus/about-the-cares-act> (last visited Feb. 3, 2024).

⁹ Congress.gov, *H.R.748 – CARES Act, Summary*, available at <https://www.congress.gov/bill/116th-congress/house-bill/748> (last visited Feb. 3, 2024).

¹⁰ Kaiser Family Foundation, *The Coronavirus Aid, Relief, and Economic Security Act: Summary of Key Health Provisions*, available at <https://www.kff.org/coronavirus-covid-19/issue-brief/the-coronavirus-aid-relief-and-economic-security-act-summary-of-key-health-provisions/> (last visited Feb. 3, 2024).

¹¹ Congress.gov, *H.R.748 – CARES Act, Text*, available at <https://www.congress.gov/bill/116th-congress/house-bill/748/text> (last visited Feb. 3, 2024).

¹² Section 409.905(4)(c)3., F.S. However, this subparagraph does not apply to an HHA affiliated with a retirement community, of which the parent corporation or a related legal entity owns a rural health clinic certified under 42 CFR part 491, subpart A, ss. 1-11, a nursing home licensed under part II of ch. 400, F.S., or an apartment or single-family home for independent living. For purposes of this subparagraph, the AHCA may, on a case-by-case basis, provide an exception for medically fragile children who are younger than 21 years of age.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

By allowing an advance practice registered nurse or a physician assistant to order Medicaid home health services that only physicians may order under current law, the bill might streamline the provision of such services in the Medicaid program.

C. Government Sector Impact:

The bill has no fiscal impact on state revenues or state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 409.905 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 February 6, 2024:

The committee substitute removes Section 1 and Section 2 of the underlying bill and further amends s. 409.905, F.S., to authorize both advance practice registered nurses and physician assistants to order and prescribe Medicaid home health services in the same capacity as a physician.

- B. **Amendments:**

None.

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

By the Committee on Health Policy; and Senator Trumbull

588-02976-24

20241798c1

1 A bill to be entitled
 2 An act relating to home health care services; amending
 3 s. 409.905, F.S.; authorizing advanced practice
 4 registered nurses and physician assistants to order or
 5 write prescriptions for certain Medicaid services;
 6 providing an effective date.
 7
 8 Be It Enacted by the Legislature of the State of Florida:
 9
 10 Section 1. Paragraph (c) of subsection (4) of section
 11 409.905, Florida Statutes, is amended to read:
 12 409.905 Mandatory Medicaid services.—The agency may make
 13 payments for the following services, which are required of the
 14 state by Title XIX of the Social Security Act, furnished by
 15 Medicaid providers to recipients who are determined to be
 16 eligible on the dates on which the services were provided. Any
 17 service under this section shall be provided only when medically
 18 necessary and in accordance with state and federal law.
 19 Mandatory services rendered by providers in mobile units to
 20 Medicaid recipients may be restricted by the agency. Nothing in
 21 this section shall be construed to prevent or limit the agency
 22 from adjusting fees, reimbursement rates, lengths of stay,
 23 number of visits, number of services, or any other adjustments
 24 necessary to comply with the availability of moneys and any
 25 limitations or directions provided for in the General
 26 Appropriations Act or chapter 216.
 27 (4) HOME HEALTH CARE SERVICES.—The agency shall pay for
 28 nursing and home health aide services, supplies, appliances, and
 29 durable medical equipment, necessary to assist a recipient

Page 1 of 3

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

588-02976-24

20241798c1

30 living at home. An entity that provides such services must be
 31 licensed under part III of chapter 400. These services,
 32 equipment, and supplies, or reimbursement therefor, may be
 33 limited as provided in the General Appropriations Act and do not
 34 include services, equipment, or supplies provided to a person
 35 residing in a hospital or nursing facility.
 36 (c) The agency may not pay for home health services unless
 37 the services are medically necessary and:
 38 1. The services are ordered by a physician, an advanced
 39 practice registered nurse, or a physician assistant.
 40 2. The written prescription for the services is signed and
 41 dated by the recipient's physician, advanced practice registered
 42 nurse, or physician assistant before the development of a plan
 43 of care and before any request requiring prior authorization.
 44 3. The physician, advanced practice registered nurse, or
 45 physician assistant ordering the services is not employed, under
 46 contract with, or otherwise affiliated with the home health
 47 agency rendering the services. However, this subparagraph does
 48 not apply to a home health agency affiliated with a retirement
 49 community, of which the parent corporation or a related legal
 50 entity owns a rural health clinic certified under 42 C.F.R. part
 51 491, subpart A, ss. 1-11, a nursing home licensed under part II
 52 of chapter 400, or an apartment or single-family home for
 53 independent living. For purposes of this subparagraph, the
 54 agency may, on a case-by-case basis, provide an exception for
 55 medically fragile children who are younger than 21 years of age.
 56 4. The physician, advanced practice registered nurse, or
 57 physician assistant ordering the services has examined the
 58 recipient within the 30 days preceding the initial request for

Page 2 of 3

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

588-02976-24

20241798c1

59 the services and biannually thereafter.

60 5. The written prescription for the services includes the
61 recipient's acute or chronic medical condition or diagnosis, the
62 home health service required, and, for skilled nursing services,
63 the frequency and duration of the services.

64 6. The national provider identifier, Medicaid
65 identification number, or medical practitioner license number of
66 the physician, advanced practice registered nurse, or physician
67 assistant ordering the services is listed on the written
68 prescription for the services, the claim for home health
69 reimbursement, and the prior authorization request.

70 Section 2. This act shall take effect July 1, 2024.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Commerce and Tourism, *Chair*
Appropriations Committee on Transportation, Tourism,
and Economic Development, *Vice Chair*
Appropriations Committee on Agriculture, Environment,
and General Government
Banking and Insurance
Fiscal Policy
Judiciary
Transportation

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR JAY TRUMBULL

2nd District

February 6, 2024

Re: SB 1798

Dear Chair Harrell,

I am respectfully requesting that Senate Bill 1798, related to Home Health Services, be placed on the agenda for your next meeting of the Appropriations Committee on Health and Human Resources.

I appreciate your consideration of this bill. If there are any questions or concerns, please do not hesitate to call my office at (850) 487-5002.

Thank you,

A handwritten signature in black ink, appearing to read "Jay Trumbull", written in a cursive style.

Senator Jay Trumbull
District 2

REPLY TO:

- 840 West 11th Street, Panama City, Florida 32401 (850) 747-5454
- 320 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5002

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/24

Meeting Date

SB 1798

Bill Number (if applicable)

Topic HOME HEALTH CARE SERVICES

Amendment Barcode (if applicable)

Name KYLE SIMON

Job Title SR DIRECTOR OF POLICY

Address 2236 CAPITOL CIR NE #206

Phone 850-222-8967

Street

ALAHASSEE

City

FL

State

32308

Zip

Email ksimon@homecarefla.org

Speaking: For Against Information

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

Representing HOME CARE 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.

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)

2/13/2024

Meeting Date

1798

Bill Number (if applicable)

Topic Home Health Services

Amendment Barcode (if applicable)

Name Chris Floyd

Job Title Consultant

Address 515 Danube Ave

Phone 813-124-5117

Street

Tampa

City

FL

State

33606

Zip

Email _____

Speaking: For Against Information

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

Representing FL Assoc of Nurse Practitioners

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)

02/13/2024

Meeting Date

App. Health & Human Serv.

Committee

The Florida Senate

APPEARANCE RECORD

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

SB 1798

Bill Number or Topic

Amendment Barcode (if applicable)

Name Edda "Ivonne" Fernandez

Phone 954-850-7262

Address 215 S. Monroe Street - Suite 603

Email ifernandez@aarp.org

Street

Tallahassee

FL

32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

AARP

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

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

S-001 (08/10/2021)

2/13/24

Meeting Date

HHS

Committee

The Florida Senate APPEARANCE RECORD

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

1798

Bill Number or Topic

Name

Corinne (Core-in) Mixon

Phone

766 - 5795

Amendment Barcode (if applicable)

Address

511 N Adams

Email

Street

32301

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Agriculture,
Environment, and General Government, *Chair*
Health Policy, *Vice Chair*
Appropriations
Appropriations Committee on Health
and Human Services
Children, Families, and Elder Affairs
Community Affairs
Regulated Industries
Rules

JOINT COMMITTEE:

Joint Legislative Auditing Committee

SENATOR JASON BRODEUR

10th District

February 1, 2024

The Honorable Gayle Harrell
Chair, Appropriations Committee on Health and Human Services
411 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Harrell:

I respectfully request to be excused from the Appropriations Committee on Health and Human Services meeting on February 13, 2024.

If you have any questions regarding this request, please do not hesitate to contact me directly or my office.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink that reads "Jason Brodeur".

Senator Jason Brodeur – District 10

CC: Brooke McKnight, Staff Director
Robin Jackson, Committee Administrative Assistant

REPLY TO:

- ☐ 110 Timberlachen Circle, Suite 1012, Lake Mary, Florida 32746 (407) 333-1802
- ☐ 405 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5010

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 2/13/2024 1:33:33 PM

Ends: 2/13/2024 4:07:40 PM

Length: 02:34:08

1:33:35 PM Sen. Harrell (Chair)
1:34:41 PM S 330
1:34:56 PM Sen. Boyd
1:36:18 PM Sen. Harrell
1:36:26 PM Am. 718326
1:36:37 PM Sen. Boyd
1:38:26 PM Sen. Harrell
1:38:34 PM Am. 495660
1:38:56 PM Sen. Boyd
1:40:32 PM Sen. Harrell
1:40:42 PM Sen. Baxley
1:41:00 PM Sen. Boyd
1:41:34 PM Sen. Harrell
1:41:43 PM Sen. Boyd
1:41:47 PM Sen. Harrell
1:42:02 PM Sen. Rouson
1:42:39 PM Sen. Harrell
1:42:57 PM Am. 718326 (cont.)
1:43:37 PM Jan Gorrie, Lobbyist, Tampa General Hospital (waive in support)
1:43:44 PM Monica Rodriguez, UF Shands (waive in support)
1:43:52 PM Lauren Hartmann, Lobbyist, University of South Florida (waive in support)
1:43:59 PM Natalie Kelly, Lobbyist, Florida Association of Managing Entities (waive in support)
1:44:08 PM S 330 (cont.)
1:44:19 PM Sarah Massey, Lobbyist, Florida Chamber of Commerce (waive in support)
1:45:11 PM Sen. Boyd
1:45:34 PM Sen. Harrell
1:46:07 PM S 1798
1:46:36 PM Sen. Trumbull
1:46:46 PM Sen. Harrell
1:46:50 PM Sen. Davis
1:47:43 PM Sen. Trumbull
1:48:45 PM Sen. Davis
1:49:27 PM Sen. Trumbull
1:49:52 PM Sen. Harrell
1:50:00 PM Kyle Simon, Senior Director of Policy, Home Health Care Association of Florida (waive in support)
1:50:16 PM Chris Floyd, Consultant, Florida Association of Nurse Practitioners (waive in support)
1:50:27 PM Edda Fernandez, Lobbyist, American Association of Retired Persons (waive in support)
1:50:38 PM Corinne Mixon (waive in support)
1:50:59 PM Sen. Trumbull
1:51:05 PM Sen. Harrell
1:51:35 PM S 1612
1:51:51 PM Sen. Gruters
1:52:50 PM Sen. Harrell
1:53:02 PM Amol Dhaliwal, Lobbyist, BayCare (waive in support)
1:53:10 PM Chris Nuland, Lobbyist, Florida Society of Thoracic & Cardiovascular Surgeons (waive in support)
1:53:21 PM Marnie George, Lobbyist, AdventHealth (waive in support)
1:53:36 PM Sen. Gruters
1:53:40 PM Sen. Harrell
1:54:09 PM S 1442
1:54:16 PM Sen. Grall
1:54:50 PM Sen. Harrell
1:54:54 PM Am. 104564

1:55:01 PM Sen. Grall
1:55:11 PM Sen. Harrell
1:55:34 PM S 1442 (cont.)
1:55:41 PM Sen. Rouson
1:55:55 PM Sen. Grall
1:56:49 PM Sen. Harrell
1:56:55 PM Sen. Davis
1:57:06 PM Sen. Grall
1:57:28 PM Sen. Harrell
1:57:39 PM Tammy Fecci, Lobbyist, Florida Catholic Conference of Bishops (waive in support)
1:57:55 PM Sen. Grall
1:57:57 PM Sen. Harrell
1:58:36 PM S 1008
1:58:48 PM Sen. Grall
1:59:37 PM Sen. Harrell
1:59:38 PM Sen. Grall
1:59:40 PM Sen. Harrell
1:59:54 PM Sen. Grall
1:59:57 PM Sen. Harrell
1:59:59 PM Am. 581238
2:00:04 PM Sen. Grall
2:00:43 PM Sen. Harrell
2:01:12 PM Am. 501850
2:01:22 PM Sen. Grall
2:01:41 PM Sen. Harrell
2:01:57 PM S 1008 (cont.)
2:02:07 PM Ameer Diaz Lyon, Lobbyist, The Florida Physical Therapy Association (waive in support)
2:02:21 PM Sen. Grall
2:02:22 PM Sen. Harrell
2:03:02 PM S 964
2:03:22 PM Sen. Calatayud
2:05:03 PM Sen. Harrell
2:05:10 PM Am. 355234
2:05:18 PM Sen. Calatayud
2:05:34 PM Sen. Harrell
2:05:55 PM S 964 (cont.)
2:06:06 PM Susan Harbin, Lobbyist, American Cancer Society Cancer Action Network (waive in support)
2:06:15 PM Jared Willis, Lobbyist, Alliance for Patient Access (waive in support)
2:06:24 PM Toni Large, Lobbyist, Florida Society of Rheumatology (waive in support)
2:06:58 PM Sen. Calatayud
2:07:04 PM Sen. Harrell
2:07:41 PM S 776
2:08:00 PM Sen. Powell
2:09:05 PM Sen. Harrell
2:09:19 PM Sen. Powell
2:09:23 PM Sen. Harrell
2:09:58 PM Sen. Powell
2:10:00 PM Sen. Harrell
2:10:10 PM Sen. Burton (Chair)
2:10:19 PM S 1118
2:10:29 PM Sen. Harrell
2:15:50 PM Sen. Burton
2:15:57 PM Sen. Book
2:16:22 PM Sen. Harrell
2:17:23 PM Sen. Book
2:17:32 PM Sen. Harrell
2:17:45 PM Sen. Book
2:18:16 PM Sen. Harrell
2:19:06 PM Sen. Book
2:19:50 PM Sen. Harrell
2:20:31 PM Sen. Burton
2:20:39 PM Allen Morthom Jr, Lobbyist, Florida Association of Postsecondary Schools

2:23:40 PM Sen. Burton
2:23:46 PM Bob Harris, Lobbyist, Florida Association of Independent Nursing Schools
2:33:21 PM Sen. Burton
2:33:29 PM Sen. Davis
2:33:59 PM B. Harris
2:35:06 PM Sen. Davis
2:35:28 PM B. Harris
2:35:48 PM Sen. Davis
2:36:17 PM B. Harris
2:38:54 PM Sen. Burton
2:39:17 PM Sen. Harrell
2:41:57 PM Sen. Burton
2:42:35 PM S 1180
2:42:47 PM Sen. Harrell
2:46:33 PM Sen. Burton
2:46:46 PM Am. 404988
2:46:51 PM Sen. Harrell
2:47:03 PM Sen. Burton
2:47:08 PM Sen. Harrell
2:47:10 PM Sen. Burton
2:47:16 PM Am. 319400
2:47:21 PM Sen. Harrell
2:48:19 PM Sen. Burton
2:48:29 PM Sen. Harrell
2:48:30 PM Sen. Burton
2:48:33 PM S 1180
2:48:40 PM Natalie Kelly, Lobbyist, Florida Association of Managing Entities (waive in support)
2:48:47 PM Kasey Denny, Lobbyist, Palm Beach County (waive in support)
2:49:00 PM Sen. Harrell
2:49:38 PM Sen. Burton
2:50:20 PM Sen. Harrell (Chair)
2:50:36 PM S 536
2:50:47 PM Sen. Garcia
2:53:21 PM Sen. Harrell
2:53:27 PM Am. 418884
2:53:40 PM Sen. Garcia
2:54:35 PM Sen. Harrell
2:54:57 PM S 536 (cont.)
2:55:03 PM Sen. Rouson
2:55:27 PM Sen. Garcia
2:55:55 PM Sen Harrell
2:56:03 PM Sen. Davis
2:56:07 PM Sen. Harrell
2:56:13 PM Sen. Davis
2:56:28 PM Sen. Garcia
2:56:50 PM Sen. Harrell
2:57:02 PM Casey Penn, Deputy Secretary, Department of Children and Families
2:57:28 PM Sen. Davis
2:57:41 PM C. Penn
2:58:08 PM Sen. Davis
2:58:27 PM C. Penn
2:59:22 PM Sen. Davis
2:59:43 PM C. Penn
2:59:58 PM Sen. Book
3:00:23 PM C. Penn
3:01:26 PM Sen. Rouson
3:02:07 PM C. Penn
3:02:42 PM Sen. Harrell
3:04:31 PM C. Penn
3:05:27 PM Sen. Harrell
3:06:09 PM C. Penn
3:06:15 PM Sen. Harrell

3:06:19 PM C. Penn
3:06:34 PM Sen. Harrell
3:06:41 PM C. Penn
3:06:45 PM Sen. Garcia
3:07:53 PM Sen. Harrell
3:08:12 PM C. Penn
3:08:47 PM Sen. Harrell
3:09:19 PM Sen. Garcia
3:09:44 PM Sen. Harrell
3:09:46 PM C. Penn
3:10:01 PM Sen. Harrell
3:10:56 PM C. Penn
3:11:00 PM Sen. Harrell
3:11:23 PM C. Penn
3:11:49 PM Sen. Harrell
3:12:03 PM Kurt Kelly, CEO & President, Florida Coalition for Children
3:17:44 PM Sen. Book
3:18:23 PM K. Kelly
3:20:56 PM Sen. Book
3:21:12 PM K. Kelly
3:22:52 PM Sen. Harrell
3:23:00 PM Sen. Garcia
3:25:10 PM K. Kelly
3:26:59 PM Sen. Garcia
3:27:10 PM K. Kelly
3:27:33 PM Sen. Harrell
3:27:40 PM Mike Watkins, Chairman, Florida Coalition for Children
3:33:44 PM Sen. Garcia
3:33:59 PM M. Watkins
3:34:17 PM Sen. Garcia
3:34:37 PM Sen. Harrell
3:34:41 PM Sen. Garcia
3:34:45 PM Sen. Harrell
3:35:03 PM Sen. Rouson
3:35:17 PM M. Watkins
3:35:36 PM Sen. Harrell
3:36:02 PM Shevaun Harris, Secretary, Department of Children and Families
3:37:43 PM Sen. Harrell
3:37:47 PM Sen. Rouson
3:37:59 PM S. Harris
3:38:33 PM Sen. Simon
3:39:01 PM S. Harris
3:39:33 PM Sen. Simon
3:39:50 PM S. Harris
3:40:19 PM Sen. Simon
3:40:39 PM S. Harris
3:41:00 PM Sen. Burton
3:41:40 PM S. Harris
3:42:25 PM Sen. Burton
3:44:09 PM S. Harris
3:44:56 PM Sen. Harrell
3:45:23 PM S. Harris
3:45:48 PM Sen. Harrell
3:45:57 PM S. Harris
3:46:01 PM Sen. Harrell
3:46:33 PM Sen. Baxley
3:52:01 PM Sen. Harrell
3:52:13 PM Sen. Book
3:53:56 PM Sen. Rouson
3:55:31 PM Sen. Burton
3:56:50 PM Sen. Simon
3:59:09 PM Sen. Harrell

3:59:16 PM	Sen. Davis
4:01:59 PM	Sen. Harrell
4:03:29 PM	Sen. Garcia
4:06:02 PM	Sen. Harrell
4:06:47 PM	Sen. Avila
4:07:00 PM	Sen. Harrell
4:07:05 PM	Sen. Burgess
4:07:27 PM	Sen. Harrell