

Tab 1	CS/SB 168 by HP, Polsky ; (Identical to CS/H 00499) Congenital Cytomegalovirus Screenings					
Tab 2	SB 436 by Grall ; (Similar to CS/H 00415) Pregnancy and Parenting Resources Website					
Tab 3	CS/SB 516 by HP, Rodriguez ; (Identical to CS/H 00201) Emergency Refills of Insulin and Insulin-related Supplies or Equipment					
Tab 4	SB 644 by Simon ; (Compare to CS/H 00309) Rural Hospitals					
454828	D	S	RCS	AHS, Simon	Delete everything after	02/09 03:35 PM
Tab 5	CS/SB 830 by HP, Collins ; (Identical to CS/H 00865) Youth Athletic Activities					
Tab 6	SB 896 by Martin ; (Similar to CS/CS/H 00197) Health Care Practitioners and Massage Therapy					
Tab 7	CS/SB 1320 by HP, Calatayud ; (Similar to CS/H 00159) HIV Infection Prevention Drugs					
355144	A	S	RCS	AHS, Calatayud	Delete L.102 - 123:	02/08 01:18 PM
Tab 8	CS/SB 1394 by CF, Gruters (CO-INTRODUCERS) Book ; (Identical to H 01309) Community Mobile Support Teams					
Tab 9	CS/SB 1432 by CF, Book ; Commercial Sexual Exploitation of Children					
Tab 10	SB 1732 by Wright (CO-INTRODUCERS) Collins ; (Similar to H 00507) Veterans' Assistance					

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

MEETING DATE: Thursday, February 8, 2024
TIME: 10:45 a.m.—12:15 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	CS/SB 168 Health Policy / Polsky (Identical CS/H 499)	Congenital Cytomegalovirus Screenings; Requiring certain hospitals to administer congenital cytomegalovirus screenings on newborns admitted to the hospital under specified circumstances; providing coverage under the Medicaid program for the screenings and any medically necessary follow-up reevaluations; requiring that newborns diagnosed with congenital cytomegalovirus be referred to a primary care physician for medical management, treatment, and follow-up services, etc. HP 01/23/2024 Fav/CS AHS 02/08/2024 Favorable FP	Favorable Yeas 11 Nays 0
2	SB 436 Grall (Similar CS/H 415)	Pregnancy and Parenting Resources Website; Requiring the Department of Health, in consultation with the Department of Children and Families and the Agency for Health Care Administration, to maintain a website that provides information and links to certain pregnancy and parenting resources; requiring each department and the agency to provide a clear and conspicuous link to the website on their respective websites; requiring the Department of Health to contract with a third party to develop the website by a specified date, etc. HP 01/23/2024 Favorable AHS 02/08/2024 Favorable FP	Favorable Yeas 7 Nays 3
3	CS/SB 516 Health Policy / Rodriguez (Identical CS/H 201)	Emergency Refills of Insulin and Insulin-related Supplies or Equipment; Authorizing pharmacists to dispense an emergency refill of insulin and insulin-related supplies or equipment a specified number of times per year, etc. HP 01/30/2024 Fav/CS AHS 02/08/2024 Favorable RC	Favorable Yeas 11 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Thursday, February 8, 2024, 10:45 a.m.—12:15 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 644 Simon (Compare CS/H 309)	Rural Hospitals; Specifying eligibility requirements for licensure of rural emergency hospitals; authorizing rural emergency hospitals to enter into any contracts required for certain federal reimbursement; requiring that individual health insurance policies, group health insurance policies, and health maintenance contracts, respectively, issued in this state on or after a specified date provide coverage for services performed in rural emergency hospitals under certain conditions, etc. HP 01/23/2024 Favorable AHS 02/08/2024 Fav/CS FP	Fav/CS Yeas 10 Nays 0
5	CS/SB 830 Health Policy / Collins (Identical CS/H 865, Compare H 1479, S 1776)	Youth Athletic Activities; Revising the requirements for certain athletic coaches to include certification in cardiopulmonary resuscitation, first aid, and the use of an automatic external defibrillator; providing requirements for such certification, etc. HP 01/30/2024 Fav/CS AHS 02/08/2024 Favorable FP	Favorable Yeas 11 Nays 0
6	SB 896 Martin (Similar CS/CS/H 197)	Health Care Practitioners and Massage Therapy; Requiring that a certain annual report required of the Department of Health include specified data; requiring the department to immediately suspend the license of massage therapists and massage establishments under certain circumstances; revising quorum requirements for the Board of Massage Therapy; prohibiting sexual activity and certain related activities in massage establishments; revising advertising requirements and prohibitions for massage therapists and massage establishments; requiring the department's investigators to request valid government identification from all employees while in a massage establishment, etc. HP 01/30/2024 Favorable AHS 02/08/2024 Favorable FP	Favorable Yeas 11 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
 Thursday, February 8, 2024, 10:45 a.m.—12:15 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	CS/SB 1320 Health Policy / Calatayud (Similar CS/H 159)	HIV Infection Prevention Drugs; Authorizing pharmacists to screen adults for HIV exposure and provide the results to such adults, with advice to seek consultation or treatment from a physician; authorizing pharmacists to dispense HIV preexposure prophylaxis drugs only pursuant to a prescription; specifying requirements for the practice agreements; requiring pharmacists who enter into such practice agreements to submit the agreements to the Board of Pharmacy; requiring pharmacists to be certified by the Board of Pharmacy before ordering or dispensing HIV postexposure prophylaxis drugs, etc. HP 01/30/2024 Fav/CS AHS 02/08/2024 Fav/CS RC	Fav/CS Yeas 10 Nays 0
8	CS/SB 1394 Children, Families, and Elder Affairs / Gruters (Identical H 1309)	Community Mobile Support Teams; Requiring the Department of Children and Families to contract with managing entities for community mobile support teams to place certain crisis counselors within local law enforcement agencies to conduct follow-up contacts with certain persons; providing requirements for crisis counselors, community mobile support teams, and certain community mental health centers, etc. CF 01/23/2024 Fav/CS AHS 02/08/2024 Favorable FP	Favorable Yeas 11 Nays 0
9	CS/SB 1432 Children, Families, and Elder Affairs / Book	Commercial Sexual Exploitation of Children; Requiring the Department of Children and Families to include individual-level child placement assessment data in its annual report to the Legislature on the commercial sexual exploitation of children; requiring the department to provide the Legislature with individual-level child placement assessment data in a certain format, etc. CF 01/30/2024 Fav/CS AHS 02/08/2024 Favorable FP	Favorable Yeas 10 Nays 0
10	SB 1732 Wright (Similar H 507)	Veterans' Assistance; Requiring the Department of Veterans' Affairs, subject to appropriation, to expand outreach programs connecting veterans, families, and their survivors to certain services, benefits, and support; requiring the department to host public events for such purpose; requiring the department to submit an annual report to the Governor and the Legislature which contains specified information, etc. MS 01/29/2024 Favorable AHS 02/08/2024 Favorable FP	Favorable Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Thursday, February 8, 2024, 10:45 a.m.—12:15 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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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 168

INTRODUCER: Health Policy Committee and Senator Polsky

SUBJECT: Congenital Cytomegalovirus Screenings

DATE: February 7, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.	Gerbrandt	McKnight	AHS	Favorable
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 168 amends newborn health screening requirements in s. 383.145, F.S., to require that all newborns who are born in a hospital that provides neonatal intensive care services and who are born before 35 weeks gestation, require cardiac care, or require medical or postsurgical treatment for at least three weeks, be tested for the Cytomegalovirus (CMV). Additionally, the bill requires that if the newborn is transferred to another hospital for higher-level care, the receiving hospital must administer the CMV test if the test was not already performed at the transferring hospital or birth facility. The bill clarifies that a CMV test is required if the newborn will be transferred or admitted for intensive and prolonged care, regardless of whether the newborn failed his or her hearing screening.

The bill creates a new requirement that CMV screening and medically necessary follow-up reevaluations leading to diagnosis are covered benefits for Medicaid patients and that private health insurance policies and health maintenance organizations (HMO) that provide comprehensive coverage must compensate providers for the covered benefit at the contracted rate. The bill provides that a child who is diagnosed with CMV must be referred to a primary care physician and the Children’s Medical Services (CMS) Early Intervention Program for the management of his or her condition.

The bill will likely have a significant, negative fiscal impact on state government. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Cytomegalovirus

Cytomegalovirus (CMV) is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.¹ In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and aren't aware that they have been infected.²

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.³

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:

- Rash
- Jaundice (yellowing of the skin or whites of the eyes)
- Microcephaly (small head)
- Low birth weight
- Hepatosplenomegaly (enlarged liver and spleen)
- Seizures
- Retinitis (damaged eye retina)

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:

- Hearing loss
- Developmental and motor delay
- Vision loss
- Microcephaly (small head)
- Seizures

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who pass the newborn hearing test.⁴

¹ About Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/overview.html> (last visited Jan. 18, 2024).

² *Id.*

³ Babies Born with Congenital Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/congenital-infection.html>, (last visited Jan. 18, 2024).

⁴ *Id.*

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies are born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.⁵

Newborn and Infant Hearing Screening

Section 383.145, F.S., requires that a newborn hearing screening must be conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within three months after the child's birth.⁶

Before a newborn is discharged from the hospital or other state-licensed birthing facility that provides maternity and newborn care services, and unless objected to by the parent or legal guardian,⁷ the newborn must be screened for the detection of hearing loss to prevent the consequences of unidentified disorders.⁸ Additionally, within 30 days of discharge from the hospital, each such facility must refer the newborn to a licensed audiologist, physician, or hospital for screening for detection of hearing loss.⁹ If the birth is a home birth, the healthcare provider in attendance must provide the referral to a licensed audiologist, hospital, or other newborn hearing screening provider within 30 days.¹⁰

Section 383.145, F.S., also requires that all screenings be conducted by a licensed audiologist, a licensed physician, or an appropriately supervised individual who has completed documented training specifically for newborn hearing screening.¹¹ When ordered by the treating physician, screening of a newborn's hearing must include auditory brainstem responses, or evoked otoacoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration (FDA).¹²

If a newborn fails his or her hearing screening, the hospital or birthing facility must administer a test approved by the FDA, or other diagnostically equivalent test, to screen for CMV before the newborn becomes 21 days old or before discharge, whichever is sooner. A child who is

⁵ Congenital CMV and Hearing Loss, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/hearing-loss.html>, (last visited Jan. 17, 2024).

⁶ Section 383.145(3)(i), F.S.

⁷ Section 383.145(3)(c), F.S.

⁸ Section 383.145(3)(a), F.S.

⁹ Section 383.145(3)(b), F.S.

¹⁰ Section 383.145(3)(d), F.S.

¹¹ Section 383.145(3)(e), F.S.

¹² Section 383.145(3)(i), F.S.

diagnosed as having a permanent hearing impairment must be referred to the primary care physician for medical management, treatment, and follow-up services. Furthermore, any child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.¹³ Any person who is not covered through insurance and cannot afford the costs of testing must be given a list of newborn hearing screening providers who provide the necessary testing free of charge.¹⁴

Early Steps

Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers, from birth to 36 months, who have or are at risk for developmental disabilities or delays. Early intervention supports families and caregivers to increase their child's participation in daily activities and routines that are important to the family. Fifteen local Early Steps offices throughout the state receive referrals from various primary referral sources. Infants and toddlers are assessed in the following developmental domains to determine eligibility: physical, cognitive, communication, social-emotional, and adaptive. Each child receives an Individualized Family Support Plan that meets his or her unique needs. Families also receive support to develop the skills and confidence needed to help their child learn and develop.¹⁵

Medicaid and Private Health Insurance Coverage

Section 383.145(3)(k), F.S., currently requires that the initial procedure for screening the hearing of the newborn or infant and any medically necessary follow-up reevaluations leading to diagnosis are a covered benefit for Medicaid patients and that all private health insurance policies and health maintenance organizations providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate.

Mandated Health Insurance Coverage

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal that would mandate health coverage or the offering of health coverage by an insurance carrier, to submit to the Agency for Health Care Administration (AHCA) and the legislative committees having jurisdiction, a report that assesses the social and financial impacts of the proposed coverage. As of January 22, 2024, the Senate Committee on Health Policy staff has not received this report.

Under the federal Patient Protection and Affordable Care Act (ACA), individuals and small businesses can shop for health insurance coverage on the federal marketplace. All non-

¹³ Section 383.145(3)(k), F.S.

¹⁴ Section 383.145(3)(l), F.S.

¹⁵ Early Steps, Florida Department of Health, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html#:~:text=Early%20Steps%20is%20Florida's%20early,for%20developmental%20disabilities%20or%20delays> (last visited Jan. 19, 2024).

grandfathered plans¹⁶ must include minimum essential coverage (MEC),¹⁷ including an array of services that includes the 10 essential health benefits (EHBs). These 10 EHBs are further clarified or modified each year through the federal rulemaking process and are open for public comment before taking effect. The 10 general categories for the EHBs are:

- Ambulatory services (outpatient care);
- Emergency services;
- Hospitalization (inpatient care);
- Maternity and newborn care.
- Mental health and substance abuse disorder services;
- Prescription drugs.
- Rehabilitative services and rehabilitative services and devices;
- Laboratory services;
- Preventive care and chronic disease management; and
- Pediatric services, including oral and vision care.¹⁸

States are free to modify the EHBs offered in their states by adding coverage; however, because of concerns that federal funds would be used on costly mandated coverages that were not part of the required EHBs, the ACA contains a provision requiring that starting in 2016, the states would have to pay for the cost of the coverage. As a result, the State of Florida may be required to defray the costs of any additional benefits beyond the required EHBs put in place after 2011.¹⁹

Examples of health insurance benefits mandated under Florida law include:

- Coverage for certain diagnostic and surgical procedures involving bones or joints of the jaw and facial region (s. 627.419(7), F.S.);
- Coverage for bone marrow transplants (s. 627.4236, F.S.);
- Coverage for certain cancer drugs (s. 627.4239, F.S.);
- Coverage for any service performed in an ambulatory surgical center (s. 627.6616, F.S.);
- Diabetes treatment services (s. 627.6408, F.S.);
- Osteoporosis (s. 627.6409, F.S.);
- Certain coverage for newborn children (s. 627.641, F.S.);
- Child health supervision services (s. 627.6416, F.S.);
- Certain coverages related to mastectomies (s. 627.6417, F.S.);
- Mammograms (s. 627.6418, F.S.); and
- Treatment of cleft lip and cleft palate in children (s. 627.64193, F.S.).

¹⁶ A “grandfathered health plan” are those health plans, both individual and employer plans, that maintain coverage that were in place prior to the passage of the ACA or in which the enrollee was enrolled on March 23, 2010 while complying with the consumer protection components of the ACA. If a group health plan enters a new policy, certificate, or contract of insurance, the group must provide the new issuer the documentation from the prior plan so it can be determined whether there has been a change sufficient to lose grandfather status. *See* 26 U.S.C. 7805 and 26 C.F.R. s. 2590.715-1251(a).

¹⁷ To meet the individual responsibility provision of the ACA statute, a benefit plan or coverage plan must be recognized as providing minimum essential coverage (MEC). Employer based coverage, Medicaid, Medicare, CHIP (i.e. Florida KidCare), and TriCare would meet this requirement.

¹⁸ 42 U.S.C. s. 18022(b)(1)(A)-(J).

¹⁹ *See* 42 U.S.C. s. 18031(d)(3)(B)(ii).

Florida's current EHB includes anti-viral medications for CMV.²⁰

III. Effect of Proposed Changes:

The bill amends s. 383.145, F.S., to require each hospital that provides neonatal intensive care services to administer an FDA-approved test for cytomegalovirus (CMV), or another diagnostically equivalent test, to each newborn admitted to the hospital as the result of a premature birth before 35 weeks gestation, for cardiac care, or medical or postsurgical treatment requiring an anticipated stay of three weeks or longer. The CMV screening must be initiated before the newborn is 21 days of age.

The bill requires that if the newborn is transferred to another hospital for higher-level care, the receiving hospital must administer the CMV test if the test was not already performed at the transferring hospital or birth facility. The bill also requires a CMV test if the newborn will be transferred or admitted for intensive and prolonged care, regardless of whether the newborn failed his or her hearing screening.

The bill creates a new requirement that CMV screening and medically necessary follow-up reevaluations leading to a diagnosis are covered benefits for Medicaid patients and that private health insurance policies and health maintenance organizations providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate. The bill provides that a child who is diagnosed with CMV must be referred to a primary care physician and the Children's Medical Services Early Intervention Program for the management of his or her condition and be deemed eligible for a baseline evaluation and any medically necessary follow-up reevaluations and monitoring.

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.

²⁰ *Id.*

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate positive fiscal impact on the families of newborns who are diagnosed with cytomegalovirus (CMV) due to the required screening, are eligible for services, and can manage the condition before any permanent hearing loss occurs.

The bill may have an indeterminate negative fiscal impact on hospitals that are required to perform additional CMV tests due to the requirements in the bill.

C. Government Sector Impact:

The bill may have a significant, negative fiscal impact on the Department of Health (DOH) if the number of CMV screenings the DOH is required to perform increases and if more children are eligible to for the Children's Medical Services Early Intervention Program as a result of the requirements in the bill. As of this writing, the DOH has not submitted an estimate of such fiscal impact.

The bill may have a significant, negative fiscal impact on the Medicaid program due to the bill's provisions that require a CMV screening and medically necessary follow-up to be covered services under the Medicaid program. As of this writing, the Agency for Health Care Administration has not submitted an estimate of such fiscal impact.

The bill may have a significant, negative fiscal impact on state government if the state is required to defray additional costs related to adding CMV screenings or treatments to the specified mandated insurance coverage.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill amends s. 383.145(3)(k), F.S., to create a new requirement that cytomegalovirus (CMV) screening and medically necessary follow-up reevaluations leading to diagnosis are covered benefits for Medicaid patients and that private health insurance policies and health maintenance organizations providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate, however, the bill is not specific as to what services are

required to be covered under the medically necessary follow-up reevaluations. It may be advisable to clarify what services are required to be covered under the bill.

VIII. Statutes Affected:

This bill substantially amends section 383.145 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 January 23, 2024.

The CS:

- Increases the gestational age, from 33 to 35 weeks, for the requirement that a hospital providing NICU services must administer a CMV test to infants born earlier than that gestational age;
- Removes the requirement to administer a CMV test to newborns who are small for their gestational age; and
- Moves the requirement to administer a CMV test when a newborn is being transferred for more intensive care from the birthing hospital to the hospital receiving the transfer.

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senator Polsky

588-02399-24

2024168c1

1 A bill to be entitled
 2 An act relating to congenital cytomegalovirus
 3 screenings; amending s. 383.145, F.S.; requiring
 4 certain hospitals to administer congenital
 5 cytomegalovirus screenings on newborns admitted to the
 6 hospital under specified circumstances; requiring that
 7 the screenings be initiated within a specified
 8 timeframe; providing construction; providing coverage
 9 under the Medicaid program for the screenings and any
 10 medically necessary follow-up reevaluations; requiring
 11 that newborns diagnosed with congenital
 12 cytomegalovirus be referred to a primary care
 13 physician for medical management, treatment, and
 14 follow-up services; requiring that children diagnosed
 15 with a congenital cytomegalovirus infection without
 16 hearing loss be referred to the Children's Medical
 17 Services Early Intervention Program and be deemed
 18 eligible for evaluation and any medically necessary
 19 follow-up reevaluations and monitoring under the
 20 program; providing an effective date.

21
 22 Be It Enacted by the Legislature of the State of Florida:

23
 24 Section 1. Paragraphs (a), (k), and (l) of subsection (3)
 25 of section 383.145, Florida Statutes, are amended to read:

26 383.145 Newborn and infant hearing screening.—

27 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
 28 COVERAGE; REFERRAL FOR ONGOING SERVICES.—

29 (a) 1. Each hospital or other state-licensed birthing

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30 facility that provides maternity and newborn care services shall
 31 ensure that all newborns are, before discharge, screened for the
 32 detection of hearing loss to prevent the consequences of
 33 unidentified disorders. If a newborn fails the screening for the
 34 detection of hearing loss, the hospital or other state-licensed
 35 birthing facility must administer a test approved by the United
 36 States Food and Drug Administration or another diagnostically
 37 equivalent test on the newborn to screen for congenital
 38 cytomegalovirus before the newborn becomes 21 days of age or
 39 before discharge, whichever occurs earlier.

40 2. Each hospital that provides neonatal intensive care
 41 services shall administer a test approved by the United States
 42 Food and Drug Administration or another diagnostically
 43 equivalent test to screen for congenital cytomegalovirus in each
 44 newborn admitted to the hospital as a result of a premature
 45 birth occurring before 35 weeks' gestation, for cardiac care, or
 46 for medical or surgical treatment requiring an anticipated stay
 47 of 3 weeks or longer. Such screening must be initiated before
 48 the newborn becomes 21 days of age.

49 3. If a newborn requires transfer to another hospital for a
 50 higher level of care, the receiving hospital must initiate the
 51 congenital cytomegalovirus screening if it was not already
 52 performed by the transferring hospital or birthing facility. For
 53 newborns transferred or admitted for intensive and prolonged
 54 care, the congenital cytomegalovirus screening must be initiated
 55 regardless of whether the newborn failed a hearing screening.

56 (k) The initial ~~procedures~~ procedure for the congenital
 57 cytomegalovirus screening and the hearing screening of the
 58 newborn or infant and any medically necessary follow-up

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59 reevaluations leading to diagnosis are ~~shall be a~~ covered
 60 benefits benefit for Medicaid patients covered by a fee-for-
 61 service program. For Medicaid patients enrolled in HMOs,
 62 providers must ~~shall~~ be reimbursed directly by the Medicaid
 63 Program Office at the Medicaid rate. This service is ~~may not be~~
 64 considered a covered service for the purposes of establishing
 65 the payment rate for Medicaid HMOs. All health insurance
 66 policies and health maintenance organizations as provided under
 67 ss. 627.6416, 627.6579, and 641.31(30), except for supplemental
 68 policies that only provide coverage for specific diseases,
 69 hospital indemnity, or Medicare supplement, or to the
 70 supplemental policies, must ~~shall~~ compensate providers for the
 71 covered benefit at the contracted rate. Nonhospital-based
 72 providers are eligible to bill Medicaid for the professional and
 73 technical component of each procedure code.

74 (1) A child ~~who is~~ diagnosed as having permanent hearing
 75 loss or a congenital cytomegalovirus infection must be referred
 76 to the primary care physician for medical management, treatment,
 77 and follow-up services. Furthermore, in accordance with Part C
 78 of the Individuals with Disabilities Education Act, Pub. L. No.
 79 108-446, Infants and Toddlers with Disabilities, any child from
 80 birth to 36 months of age ~~who is~~ diagnosed as having hearing
 81 loss that requires ongoing special hearing services must be
 82 referred to the Children's Medical Services Early Intervention
 83 Program serving the geographical area in which the child
 84 resides. A child diagnosed with a congenital cytomegalovirus
 85 infection without hearing loss must be referred to the
 86 Children's Medical Services Early Intervention Program and be
 87 deemed eligible for a baseline evaluation and any medically

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88 necessary follow-up reevaluations and monitoring.

89 Section 2. This act shall take effect July 1, 2024.

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Governmental Oversight and Accountability, *Vice Chair*
Appropriations
Appropriations Committee on Agriculture, Environment,
and General Government
Criminal Justice
Environment and Natural Resources
Ethics and Elections

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR TINA SCOTT POLSKY

30th District

January 25, 2024

Chair Gayle Harrell
Appropriations Committee on Health and Human Services
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Harrell,

I respectfully request that you place CS/SB 168, relating to Congenital Cytomegalovirus Screenings, on the agenda of the Appropriations Committee on Health and Human Services, at your earliest convenience.

Should you have any questions or concerns, please feel free to contact me or my office. Thank you in advance for your consideration.

Kindest Regards,

A handwritten signature in black ink, appearing to read "Tina S. Polsky".

Senator Tina S. Polsky
Florida Senate, District 30

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

REPLY TO:

- 5301 North Federal Highway, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- 220 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5030

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)

2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMV

Amendment Barcode (if applicable)

Name Olive Acevedo

Job Title _____

Address 3552 Park St

Street

Phone 614-537-4686

Jacksonville

City

FL

State

32205

Zip

Email _____

Speaking: For Against Information

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

Representing Kids with exceptionalities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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The Florida Senate

APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number or Topic

HHS Approvs

Committee

Amendment Barcode (if applicable)

Name Theresa Bulger

Phone 904 880 9063

Address 2048 Watson Way

Email hb@dealkidscan.org

Tallahassee FL 32303

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

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

Florida Academy of Audiologists and Section A Speech and Hearing Foundation

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMU

Amendment Barcode (if applicable)

Name ~~Amara Pittard~~ Zane Acevedo

Job Title _____

Address 3552 Park St
Street

Phone 614-537-4686

Jacksonville FL 32205
City State Zip

Email _____

Speaking: For Against Information

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

Representing Kids with exceptionalities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMV

~~_____~~
Amendment Barcode (if applicable)

Name Amanda Millard

Job Title _____

Address 3552 Park St.
Street

Phone 614-537-4686

Jacksonville FL 32205
City State Zip

Email professormillard@yahoo.com

Speaking: For Against Information

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

Representing DEAF Kids CARV Volunteer

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

2/8/24

Meeting Date

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168

Bill Number (if applicable)

Topic CMV

Amendment Barcode (if applicable)

Name LARRY MILLARD

Job Title RETIRED

Address P.O. BOX 143
Street

Phone 740-635-2246

LANSING OHIO 43934
City State Zip

Email LRMILLARD@COMCAST.NET

Speaking: For Against Information

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

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMV

Amendment Barcode (if applicable)

Name Daisy Acevedo

Job Title _____

Address 3552 Park St.
Street

Phone 614-537-4686

Jacksonville FL 32205
City State Zip

Email _____

Speaking: For Against Information

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

Representing Kids who are deaf

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMV Screenings

Amendment Barcode (if applicable)

Name ~~FRANCES~~ FRANCES MILLARD

Job Title RETIRED

Address P.O. BOX 143
Street

Phone 740 635 2246

LANSING OHIO 43934
City State Zip

Email FAMILLARD@COMCAST.NET

Speaking: For Against Information

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

Representing SELF

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/8/24

Meeting Date

168

Bill Number (if applicable)

Topic CMV

Amendment Barcode (if applicable)

Name Vaughn Acevedo

Job Title _____

Address 3552 Park St.

Phone 614-537-4686

Street

Jacksonville FL 32205

City

State

Zip

Email _____

Speaking: For Against Information

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

Representing Neuro-diverse kids

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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The Florida Senate

APPEARANCE RECORD

2/8/24

SB 168

Meeting Date

Bill Number or Topic

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

Approps - Health #

Committee

Human Services

Amendment Barcode (if applicable)

Name Nancy Lawther, Ph.D.

Phone

Address 1747 Orlando Central Parkway

Email

legislators@floridapt.org

Street

Orlando FL 32809

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida PTA

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: SB 436

INTRODUCER: Senator Grall

SUBJECT: Pregnancy and Parenting Resources Website

DATE: February 7, 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>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 436 creates s. 383.0131, F.S., to require the Department of Health (DOH), in consultation with the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA), to maintain a website, distinct from its own website, to provide information and links for public and private resources for expectant families and new parents. The DOH must contract for the creation of the website and it must be operational by January 1, 2025. The bill specifies categories of resources that must be available on the website but does not limit the website to those categories. Additionally, the bill requires the DCF and the AHCA to include clear and conspicuous links to the website on their websites.

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:

DOH Pregnancy Support and New Parent Support Web Resources

Currently, the Department of Health (DOH) provides separate websites for pregnancy and new parent resources. The DOH's pregnancy website¹ includes numerous links to resources for pregnant women. These include information on what to do after pregnancy, available community resources, still-birth prevention, emergency preparedness, birth defects, the effect of various conditions and illness on pregnancy, tobacco use, and the Healthy Start program, among others.

¹ The Florida Department of Health, Pregnancy, available at <https://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/index.html>, (last visited Jan. 19, 2024).

The parenting support webpage² has similar links to multiple resources for new parents including information on newborn screening, immunizations, and other programs such as Early Steps, Healthy Start, Florida Prepaid, and Bright Expectations.

Online Portals

State agencies in Florida operate statutorily mandated online portals on various topics. For example:

- The Department of Education is required in s. 1001.10, F.S., to develop an online portal for parents to choose the best education options for their students. The statute requires that the portal must:
 - Recommend educational options based on questions about the student, including the needs and interests of the student.
 - Advise parents on the recommended educational options for their student.
 - Enable schools to develop a school profile and connect directly with families who express interest in the school.
 - Allow parents to complete the school enrollment process.
- The Department of Children and Families is required by s. 409.1464, F.S., to operate a website as part of the Responsible Fatherhood Initiative that will allow a father to obtain information about effective parenting, identify areas in which support would enable him to enhance his ability to be an effective father, and be connected to such support, including, but not limited to, support provided by organizations receiving specified grants.
- The Agency for Health Care Administration is required by s. 408.05, F.S., to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison. The AHCA is required to actively oversee the platform and the platform must allow a consumer to search by condition or service bundles that are comprehensible to a layperson and may not require registration, a security password, or user identification. The vendor is also required to establish and maintain a Florida-specific data set of health care claims information available to the public and any interested party.

III. Effect of Proposed Changes:

The bill creates s. 383.0131, F.S., to establish a pregnancy and parenting resources website. The bill requires the Department of Health (DOH) to contract for the creation of the website which is required to be a stand-alone website that must be operational by January 1, 2025. The DOH, in consultation with the Department of Children and Families and the Agency for Health Care Administration, is required to maintain the website, and each of these agencies must post a clear and conspicuous link to the website on their respective webpages. The website must have information and links to public and private resources for expectant families which include, but are not limited to:

- Educational materials on pregnancy and parenting;
- Maternal health services;
- Prenatal and postnatal services;

² The Florida Department of Health, New Parents, available at <https://www.floridahealth.gov/programs-and-services/vital-statistics/index.html>. (last visited Jan. 19, 2024).

- Educational and mentorship programs for fathers;
- Social services;
- Financial assistance; and
- Adoption services.

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 has a significant, negative fiscal impact on the Department of Health (DOH). The DOH estimates a cost of \$466,200 to implement the bill, of which \$97,600 is recurring and \$368,600 is nonrecurring.³

³ Department of Health, *2024 Agency Legislative Bill Analysis: SB 436*, pp. 3-4, Nov. 17, 2023 (on file with the Senate Committee on Health Policy).

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 383.0131 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 Grall

29-00521-24

2024436__

1 A bill to be entitled
 2 An act relating to a pregnancy and parenting resources
 3 website; creating s. 383.0131, F.S.; requiring the
 4 Department of Health, in consultation with the
 5 Department of Children and Families and the Agency for
 6 Health Care Administration, to maintain a website that
 7 provides information and links to certain pregnancy
 8 and parenting resources; requiring each department and
 9 the agency to provide a clear and conspicuous link to
 10 the website on their respective websites; requiring
 11 the Department of Health to contract with a third
 12 party to develop the website by a specified date;
 13 providing an effective date.
 14

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

16
 17 Section 1. Section 383.0131, Florida Statutes, is created
 18 to read:

19 383.0131 Pregnancy and parenting resources website.-

20 (1) The Department of Health, in consultation with the
 21 Department of Children and Families and the Agency for Health
 22 Care Administration, shall maintain a website, distinct from
 23 their own websites, which provides information and links to
 24 public and private resources for expectant families and new
 25 parents, which resources include, but are not limited to:

26 (a) Educational materials on pregnancy and parenting.

27 (b) Maternal health services.

28 (c) Prenatal and postnatal services.

29 (d) Educational and mentorship programs for fathers.

Page 1 of 2

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

29-00521-24

2024436__

30 (e) Social services.
 31 (f) Financial assistance.
 32 (g) Adoption services.
 33 (2) The Department of Health, the Department of Children
 34 and Families, and the Agency for Health Care Administration
 35 shall include a clear and conspicuous link to the website on
 36 their respective websites.
 37 (3) The Department of Health shall contract with a third
 38 party for the development of the website, which must be
 39 operational by January 1, 2025.

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 31, 2024

I respectfully request that **Senate Bill #436**, relating to Pregnancy and Parenting Resources Website, 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

2-8-24

Meeting Date

SB 436

Bill Number or Topic

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

Committee

Amendment Barcode (if applicable)

Name Dustin Kurzawa Phone _____

Address _____ Email _____

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:

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

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

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The Florida Senate

APPEARANCE RECORD

2/8/2024

Meeting Date

436

Bill Number or Topic

Appropriations HHS

Committee

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Amendment Barcode (if applicable)

Name TRISH NEELY

Phone

Address 2024 SHANGRI LA LANE

Email

Street

TALLY FL 32303

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[X] 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:

League Women Voters Florida

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

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The Florida Senate

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2/8/24

Meeting Date

SB 436

Bill Number or Topic

Approps on HHS

Committee

Amendment Barcode (if applicable)

Name Cheyenne Drews

Phone _____

Address _____

Email _____

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:

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 \(flsenate.gov\)](#)

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2/8/24

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 436

Bill Number or Topic

Approp. Com. HHS

Committee

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

Amendment Barcode (if applicable)

Name Aaron DiPietro

Phone

Address P.O. Box. 530103

Street

Email

aaron.d@family.org

Orlando

City

FL

State

32853

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 Family Policy Council

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

02/08/2024

SB 436

Meeting Date

Bill Number or Topic

Deliver both copies of this form to

Senate professional staff conducting the meeting

Health and Human Services

Committee

Amendment Barcode (if applicable)

Name Trenece Robertson

Phone

Address

Email

Street

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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Senate professional staff conducting the meeting

SB 436

Bill Number or Topic

Amendment Barcode (if applicable)

2/8/24

Meeting Date

S. HHS Approps

Committee

Name Jon Harris Maurer

Phone 850 681 0980

Address _____

Email _____

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:

Equality Florida

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

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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2/8/2024
Meeting Date
Approps on HHS
Committee

SB 436
Bill Number or Topic
Amendment Barcode (if applicable)

Name Michelle Shindano Phone _____

Address _____
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:

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

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

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The Florida Senate

APPEARANCE RECORD

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2/8/24

Meeting Date

SB 436

Bill Number or Topic

Health & Human Services

Committee

Amendment Barcode (if applicable)

Name

Parker Keaton

Phone

(352) 727-3746

Address

Street

Email

Tallahassee

City

FL

State

32304

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 \(flsenate.gov\)](#)

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The Florida Senate

APPEARANCE RECORD

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2/8/24

Meeting Date

SB 436

Bill Number or Topic

Appropriation

Committee

Amendment Barcode (if applicable)

Name Letitia Hasmon

Phone

Address

Street

Email

32256

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: Floride Rising

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 \(flsenate.gov\)](#)

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The Florida Senate
APPEARANCE RECORD

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

SB 4360 Hall
Bill Number or Topic

2/8/2024
Meeting Date
Appropriations on Health -
Committee

Name Lyndia Bell w/Florida
Right to Life

Amendment Barcode (if applicable)
Phone 850-388-9967

Address Tallahassee, FL

Email lyndiaforlife@bellsouth.net
FRTL@FRTL.org

Street
Tallahassee, FL
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

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

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

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The Florida Senate

APPEARANCE RECORD

SB 436

02/08/2024

Meeting Date

Bill Number or Topic

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Appropriation on Health Human Services
Committee

Amendment Barcode (if applicable)

Name Carys Mullins

Phone 813 312 5255

Address 7827 Waterbridge St
Street

Email

Wesley Chapel FL
City State

33845
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:

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The Florida Senate

APPEARANCE RECORD

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2-8-24
Meeting Date

436
Bill Number or Topic

Appropriations - HHS
Committee

Amendment Barcode (if applicable)

Barbara DeVane
Name

850-257-4282
Phone

425 E. Brevard St
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Street

barbadevane1@yahoo.com
Email

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 NOW

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The Florida Senate

APPEARANCE RECORD

2/8/24

Meeting Date

SB436

Bill Number or Topic

Appropriations on Health & Human Svcs

Committee

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Amendment Barcode (if applicable)

Name Jules Rayne

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Speaking: For Against Information

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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:

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Feb 8 2024

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 436

Bill Number or Topic

Appropriations: H+HS

Committee

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Amendment Barcode (if applicable)

Name Quinn Diaz

Phone 215-272-8353

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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:

Equality Florida

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

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S-001 (08/10/2021)

February 8, 2024

Meeting Date

HHS Approps

Committee

Name **Barney Bishop III**

Address **1454 Vieux Carre Drive**

Street

Tallahassee

City

FL

State

32308

Zip

The Florida Senate
APPEARANCE RECORD

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436

Bill Number or Topic

Amendment Barcode (if applicable)

Phone **850.510.9922**

Email **Barney@BarneyBishop.com**

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 Smart Justice Alliance

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

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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 516

INTRODUCER: Health Policy Committee and Senator Rodriguez

SUBJECT: Emergency Refills of Insulin and Insulin-related Supplies or Equipment

DATE: February 7, 2024 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Gerbrandt	McKnight	AHS	Favorable
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 516 amends sections 465.0275 and 893.04, Florida Statutes, relating to emergency prescription refills. The bill eliminates the current one-vial limit on emergency insulin refills and expands current law on emergency insulin refills to include related supplies and equipment.

The bill authorizes pharmacists who have received a prescription refill request from a patient but are unable to obtain an authorization from a prescriber, to dispense to the patient an emergency refill of insulin and insulin-related supplies or equipment to treat diabetes, not to exceed three nonconsecutive times per calendar year, as opposed to a “one-time emergency refill of one vial of insulin” as provided under current law.

The bill has no fiscal impact on state revenues or state expenditures.

The bill takes effect on July 1, 2024.

II. Present Situation:

Pharmacist Licensure

Pharmacy is the third largest health profession behind nursing and medicine.¹ The Board of Pharmacy (BOP), in conjunction with the Department of Health (DOH), regulates the practice of pharmacists pursuant to ch. 465, F.S.² To be licensed as a pharmacist, a person must:³

- Complete an application and remit an examination fee;
- Be at least 18 years of age;
- Hold a degree from an accredited and approved school or college of pharmacy;⁴
- Have completed a BOP approved internship; and
- Successfully complete the BOP approved examination.

A pharmacist must complete at least 30 hours of BOP-approved continuing education during each biennial renewal period.⁵ Pharmacists who are certified to administer vaccines or epinephrine auto-injections must complete a three-hour continuing education course on the safe and effective administration of vaccines and epinephrine auto-injections as a part of the biennial licensure renewal.⁶ Pharmacists who administer long-acting antipsychotic medications must complete an approved eight-hour continuing education course as a part of the continuing education for biennial licensure renewal.⁷

Pharmacist Scope of Practice

In Florida, the practice of the profession of pharmacy includes:⁸

- Compounding, dispensing, and consulting concerning the contents, therapeutic values, and uses of any medicinal drug;
- Consulting concerning therapeutic values and interactions of patent or proprietary preparations;
- Monitoring a patient's drug therapy and assisting the patient in the management of his or her drug therapy, including the review of the patient's drug therapy and communication with the patient's prescribing health care provider or other persons specifically authorized by the patient, regarding the drug therapy;
- Transmitting information from prescribers to their patients;

¹ American Association of Colleges of Pharmacy, *About AACP*, available at <https://www.aacp.org/about-aacp> (last visited Jan. 30, 2024).

² Sections 465.004 and 465.005, F.S.

³ Section 465.007, F.S. The DOH may also issue a license by endorsement to a pharmacist who is licensed in another state upon meeting the applicable requirements set forth in law and rule. *See* s. 465.0075, F.S.

⁴ If the applicant has graduated from a four year undergraduate pharmacy program of a school or college of pharmacy located outside the U.S., the applicant must demonstrate proficiency in English, pass the board-approved Foreign Pharmacy Graduate Equivalency Examination, and complete a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a DOH licensed pharmacist.

⁵ Section 465.009, F.S.

⁶ Section 465.009(6), F.S.

⁷ Section 465.1893, F.S.

⁸ Section 465.003(13), F.S.

- Administering vaccines to adults and influenza vaccines to persons seven years of age or older;⁹
- Administering epinephrine autoinjections;¹⁰ and
- Administering antipsychotic medications by injection.¹¹

A pharmacist may not alter a prescriber's directions, diagnose or treat any disease, initiate any drug therapy, or practice medicine or osteopathic medicine, unless permitted by law.¹²

Pharmacists may order and dispense drugs that are included in a formulary developed by a committee composed of members of the Board of Medicine, the Board of Osteopathic Medicine, and the BOP.¹³ The formulary may only include:¹⁴

- Any medicinal drug of single or multiple active ingredients in any strengths when such active ingredients have been approved individually or in combination for over-the-counter sale by the U.S. Food and Drug Administration (FDA);
- Any medicinal drug recommended by the FDA Advisory Panel for transfer to over-the-counter status pending approval by the FDA;
- Any medicinal drug containing any antihistamine or decongestant as a single active ingredient or in combination;
- Any medicinal drug containing fluoride in any strength;
- Any medicinal drug containing lindane in any strength;
- Any over-the-counter proprietary drug under federal law that has been approved for reimbursement by the Florida Medicaid Program; and
- Any topical anti-infectives excluding eye and ear topical anti-infectives.

A pharmacist may order the following, within his or her professional judgment and subject to the following conditions:

- Certain oral analgesics for mild to moderate pain. The pharmacist may order these drugs for minor pain and menstrual cramps for patients with no history of peptic ulcer disease. The prescription is limited to a six day supply for one treatment of:
 - Magnesium salicylate/phenyltoloxamine citrate;
 - Acetylsalicylic acid (Zero order release, long acting tablets);
 - Choline salicylate and magnesium salicylate;
 - Naproxen sodium;
 - Naproxen;
 - Ibuprofen;
 - Phenazopyridine, for urinary pain; and
 - Antipyrine 5.4%, benzocaine 1.4%, glycerin, for ear pain if clinical signs or symptoms of tympanic membrane perforation are not present;
- Anti-nausea preparations;
- Certain antihistamines and decongestants;

⁹ See s. 465.189, F.S.

¹⁰ *Id.*

¹¹ Section 465.1893, F.S.

¹² Section 465.003(13), F.S.

¹³ Section 465.186, F.S.

¹⁴ *Id.*

- Certain topical antifungal/antibacterials;
- Topical anti-inflammatory preparations containing hydrocortisone not exceeding 2.5%;
- Certain otic antifungal/antibacterial;
- Salicylic acid 16.7% and lactic acid 16.7% in flexible collodion, to be applied to warts, except for patients under two years of age, and those with diabetes or impaired circulation;
- Vitamins with fluoride, excluding vitamins with folic acid in excess of 0.9 mg.;
- Medicinal drug shampoos containing Lindane for the treatment of head lice;
- Ophthalmic. Naphazoline 0.1% ophthalmic solution;
- Certain histamine H2 antagonists;
- Acne products; and
- Topical Antiviral for herpes simplex infections of the lips.¹⁵

Emergency Prescription Refills

Section 465.0275(1), F.S., authorizes a pharmacist to dispense, if the pharmacist is unable to readily obtain refill authorization from a prescriber, a one-time emergency refill of up to a 72-hour supply of a prescribed medication or a one-time emergency refill of one vial of insulin to treat diabetes. Current law however does not authorize pharmacists to dispense insulin-related supplies or equipment as part of an emergency prescription refill.

A pharmacist may also dispense an emergency refill of up to a 30-day supply if the Governor declares a state of emergency in areas affected by the order if:¹⁶

- The prescription is not for a medicinal drug listed in Schedule II of ch. 893, F.S.;
- The medication is essential to the maintenance of life or to the continuation of therapy in a chronic condition;
- In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort;
- The dispensing pharmacist creates a written order containing all the prescription required by law and signs that order; and
- The dispensing pharmacist notifies the prescriber of the emergency refill within a reasonable time after such dispensing.

Diabetes

Diabetes is a chronic health condition that affects how the human body converts food into energy.

The human digestive system breaks down carbohydrates consumed as food into glucose¹⁷ and releases it into the bloodstream that increases the blood's glucose level. Such an increase in blood glucose should signal the pancreas to release the hormone insulin that acts as a catalyst to allow the body's cells to metabolize the glucose and convert it to energy, or to convert the glucose into forms suitable for short-term or long-term storage.

¹⁵ Florida Administrative Code R. 64B16-27.220 (2023).

¹⁶ Section 465.0275(2), F.S.

¹⁷ Glucose is the simplest type of carbohydrate (chemical formula C₆H₁₂O₆), and all carbohydrates consumed as food must be broken down into glucose before the body can metabolize them.

With diabetes, depending on the type of diabetes, the pancreas either does not make any insulin or does not make enough insulin, or the body cannot use insulin as well as it should. When there is not enough insulin or if cells stop responding to insulin, blood glucose levels elevate and stay elevated for extended periods. Over time, such elevated blood glucose levels can cause serious health problems, such as heart disease, vision loss, kidney disease, vascular disease, and other maladies. Such outcomes are often known as long-term complications of diabetes.

Approximately 2,164,009 people in Florida have diabetes, according to the American Diabetes Association.

Types of Diabetes

There are three main types of diabetes: Type 1, Type 2, and gestational diabetes.

Type 1 Diabetes

Type 1 diabetes is thought to be caused by an autoimmune reaction in which the body's immune system attacks and destroys the cells in the pancreas that normally produce insulin. Approximately 5 to 10 percent of the people with diabetes have Type 1. Symptoms of Type 1 often develop quickly. It is usually diagnosed in children, teens, and young adults. Someone with Type 1 diabetes must take insulin, usually through subcutaneous injection, on a regular basis to survive, usually one or more times per day. Currently, Type 1 diabetes can be neither prevented nor cured.¹⁸

Type 2 Diabetes

With Type 2 diabetes, the body does not use insulin well and cannot keep blood glucose at normal levels. About 90 to 95 percent of people with diabetes have Type 2. It develops over many years and is usually diagnosed in overweight, middle-aged adults, although it can sometimes manifest in adolescents and young adults. Type 2 diabetes can often be prevented or delayed, or even eliminated altogether, with healthy lifestyle changes, such as losing weight, eating healthy food, and exercising regularly.¹⁹ Type 2 diabetes is usually treated with oral medications but can require insulin injections in some cases.

Gestational Diabetes

Gestational diabetes develops in pregnant women who have never had diabetes. In pregnant women with gestational diabetes, the baby could be at higher risk for health problems. Gestational diabetes usually goes away after the baby is born. However, it correlates to a higher risk for Type 2 diabetes later in life. A baby delivered by a woman with gestational diabetes is more likely to become obese as a child or teen and to develop Type 2 diabetes later in life.²⁰

¹⁸ Centers for Disease Control and Prevention, *What Is Diabetes?*, available at: <https://www.cdc.gov/diabetes/basics/diabetes.html> (last visited Jan. 30, 2024).

¹⁹ *Id.*

²⁰ *Id.*

Managing Diabetes

In order for Type 1 or Type 2 diabetics to avoid long-term complications, or for a pregnant woman with gestational diabetes to mitigate the effects of that condition, blood glucose levels must be managed to stay as close to normal ranges as possible.

A widely accepted “normal” level of blood glucose is 100 milligrams of glucose per deciliter (mg/dL) of whole blood, although normal levels may vary. A normal fasting blood glucose level for someone without diabetes is 70 to 99 mg/dL.²¹

Testing blood glucose levels is key to managing diabetes. Years of elevated blood glucose levels can lead to diabetes’ costly and disabling long-term complications, while levels that are too low (hypoglycemia) can be dangerous in an immediate sense and can lead to disorientation, unusual confusion, unconsciousness, grand mal seizure, brain damage, or death.

Medications and Supplies

Insulin

All Type 1 diabetics and some Type 2 diabetics require insulin to be artificially introduced into the diabetic’s body. Different types of insulin work at different speeds, and each lasts for different lengths of time. A patient may need to use more than one type of insulin such as long-acting and short-acting. Insulin may be administered in a number of ways. Common options include a needle and syringe, insulin pen, or insulin pump.²² Inhalers and insulin jet injectors are less common ways to take insulin. Artificial pancreas systems are now approved by the U.S. Food and Drug Administration (FDA).²³

Medication Delivery Devices

Needle and Syringe

Insulin injections using a needle and syringe are a common way to receive insulin. Some people with diabetes who take insulin need two to four injections a day to keep their blood glucose in their target range. Others can take a single dose.²⁴

Pen

An insulin pen looks like an oversized writing pen but has a needle for its point. Some insulin pens come filled with insulin and are disposable. Others have room for an insulin cartridge that is inserted and replaced after use. Many people find insulin pens easier to use, but pens might be more expensive than needles and syringes. Different pen types have features that can help with

²¹ Cleveland Clinic, *Blood Glucose (Sugar) Test*, available at: <https://my.clevelandclinic.org/health/diagnostics/12363-blood-glucose-test> (last visited Jan. 30, 2024).

²² U.S. Department of Health and Human Services, National Institute of Diabetes and digestive and Kidney Diseases, *Type 1 Diabetes*, available at <https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes/type-1-diabetes#medicines> (last visited Jan. 30, 2024).

²³ U.S. Department of Health and Human Services, National Institute of Diabetes and digestive and Kidney Diseases, *Insulin, Medicines, & Other Diabetes Treatments*, available at <https://www.niddk.nih.gov/health-information/diabetes/overview/insulin-medicines-treatments#waystotakeinsulin> (last visited Jan. 30, 2024).

²⁴ *Id.*

injections. Some reusable pens have a memory function, which can recall dose amounts and timing. Other “connected” insulin pens can be programmed to calculate insulin doses and provide downloadable data reports, which can help health care practitioners adjust insulin doses.²⁵

Pump

An insulin pump is a small machine that gives a steady dose of insulin throughout the day, usually worn outside the body on a belt or in a pocket or pouch. The pump has a mechanism to pierce the patient’s skin with a tiny plastic tube and stay attached on the surface of the skin continuously, usually via an adhesive. The plastic tube will stay inserted for several days while attached to the insulin pump. The machine pumps insulin through the tube into the body 24 hours a day and can be programmed to give the patient more or less insulin as needed. The patient can also give himself or herself doses of insulin through the pump at mealtimes.

Oral and Injectables

Numerous types of oral medications are available for regulating the blood glucose of patients with Type 2 diabetes. In recent years, other types of medications for Type 2 diabetes have been brought to market which are administered by injection. Combining two or three kinds of diabetes medicines can lower blood glucose levels for Type 2 diabetics better than taking just one medicine.²⁶

III. Effect of Proposed Changes:

The bill amends ss. 465.0275 and 893.04, F.S., relating to emergency prescription refills. The bill eliminates the current one-vial limit on emergency insulin refills and expands current law on emergency insulin refills to include related supplies and equipment.

The bill authorizes pharmacists who have received a prescription refill request from a patient but are unable to obtain an authorization from a prescriber, to dispense to the patient an emergency refill of insulin and insulin-related supplies or equipment to treat diabetes, not to exceed three nonconsecutive times per calendar year, as opposed to a “one-time emergency refill of one vial of insulin” as provided under current law.

The bill takes effect on July 1, 2024.

²⁵ *Id.*

²⁶ *Id.*

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may provide diabetics, during times of emergency or when their prescribers are unavailable to authorize a refill, with a way to obtain emergency refills of insulin and insulin-related supplies and equipment to treat their diabetes without having to resort to emergency room visits.

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 the following sections of the Florida Statutes: 465.0275 and 893.04.

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 January 30, 2024:

The committee substitute removes the underlying bill’s reference to “a standard unit of dispensing or a 30-day supply” for emergency refills, up to three times per calendar year, and replaces that language with an emergency refill up to three nonconsecutive times per calendar year.

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senator Rodriguez

588-02648-24

2024516c1

1 A bill to be entitled
 2 An act relating to emergency refills of insulin and
 3 insulin-related supplies or equipment; amending s.
 4 465.0275, F.S.; authorizing pharmacists to dispense an
 5 emergency refill of insulin and insulin-related
 6 supplies or equipment a specified number of times per
 7 year; amending s. 893.04, F.S.; conforming a provision
 8 to changes made by the act; providing an effective
 9 date.

10

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

12

13 Section 1. Subsection (1) of section 465.0275, Florida
 14 Statutes, is amended to read:

15 465.0275 Emergency prescription refill.—

16 (1) In the event a pharmacist receives a request for a
 17 prescription refill and the pharmacist is unable to readily
 18 obtain refill authorization from the prescriber, the pharmacist
 19 may dispense:

20 (a) A one-time emergency refill of up to a 72-hour supply
 21 of the prescribed medication; or

22 (b) An A one-time emergency refill of one vial of insulin
 23 and insulin-related supplies or equipment to treat diabetes
 24 mellitus, not to exceed three nonconsecutive times per calendar
 25 year.

26 Section 2. Subsection (3) of section 893.04, Florida
 27 Statutes, is amended to read:

28 893.04 Pharmacist and practitioner.—

29 (3) Notwithstanding subsection (1), a pharmacist may

Page 1 of 2

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

588-02648-24

2024516c1

30 dispense a one-time emergency refill of up to a 72-hour supply
 31 of the prescribed medication for any medicinal drug other than a
 32 medicinal drug listed in Schedule II, or an emergency refill up
 33 to one vial of insulin and insulin-related supplies or equipment
 34 to treat diabetes mellitus, not to exceed three nonconsecutive
 35 times per calendar year, in compliance with s. 465.0275.

36

Section 3. 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 30, 2024

I respectfully request that **Senate Bill #516**, relating to Emergency Refills of Insulin and Insulin-related Supplies or Equipment, be placed on the:

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

A handwritten signature in black ink, appearing to read "Ana Maria Rodriguez".

Senator Ana Maria Rodriguez
Florida Senate, District 40

The Florida Senate

APPEARANCE RECORD

02/08/2024

Meeting Date

Appropriations Health & Human Serv

Committee

516

Bill Number or Topic

Deliver both copies of this form to
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Amendment Barcode (if applicable)

Name E. Ivonne Fernandez

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Address 215 S. Monroe Street - 601

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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:

AARP

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

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S-001 (08/10/2021)

The Florida Senate

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2/8/24

Meeting Date

SB 516

Bill Number or Topic

Approps HHS

Committee

Amendment Barcode (if applicable)

Name Amanda Fraser

Phone

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Tallahassee

City

State

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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:

American Diabetes Association

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

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S-001 (08/10/2021)

2/8/24

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 516

Bill Number or Topic

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

HHS Apprup

Committee

Amendment Barcode (if applicable)

Name Ron Watson

Phone 850 567 1202

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Street

Email watson.strategies@comcast.net

Tallahassee FL 32317
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 Renal 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. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate

APPEARANCE RECORD

CS/SB 516
Bill Number or Topic

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2-8-2024
Meeting Date

APPEP. COMMITTEE ON
HEALTH AND HUMAN SERVICES
Committee

Amendment Barcode (if applicable)

Name Bill Mincy, PPSC Pharmacies Phone (850) 322-7740

Address 2648 Bandy Bay Drive Email bill.mincy@ppsonline.com
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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:

PPSC

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February 8, 2024

Meeting Date

The Florida Senate
APPEARANCE RECORD

516

Bill Number or Topic

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

HHS Approps

Committee

Amendment Barcode (if applicable)

Name **Barney Bishop III**

Phone **850.510.9922**

Address **1454 Vieux Carre Drive**

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Street

Tallahassee

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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 Smart Justice Alliance

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)

2/8/2024

Meeting Date

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

CS/SB 516

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Michael Jackson**

Phone **8502222400**

Address **610 North Adams Street**
Street

Email **mjackson@pharmview.com**

Tallahassee

City

Florida

State

32301

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Pharmacy Association

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

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

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

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 644

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

SUBJECT: Rural Hospitals

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

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 644 creates a new hospital designation type “rural emergency hospital” (REH) and defines requirements for a rural or critical access hospital to apply to the Agency for Health Care Administration (AHCA) for that designation.

The bill clarifies that an REH is subject to the requirements to provide emergency services and care for any emergency medical condition in accordance with current law.

Additionally, the bill extends the licensure expiration date for rural hospitals licensed in fiscal years 2010-2011 or 2011-2012 from June 30, 2025, to June 30, 2031.

The bill has an indeterminate fiscal impact on the AHCA which can be absorbed with existing resources. See Section V., Fiscal Impact Statement.

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

II. Present Situation:

Rural Hospitals

A rural hospital is an acute care hospital that has 100 or fewer beds, an emergency room, and is one of the following:

- The sole provider within a county with a population density of up to 100 persons per square mile;
- An acute care hospital, in a county with a population density of up to 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;
- A hospital supported by a tax district or sub-district whose boundaries encompass a population of up to 100 persons per square mile;
- A hospital classified as a sole community hospital under 42 C.F.R. s. 412.92, regardless of the number of licensed beds;
- A hospital with a service area¹ that has a population of up to 100 persons per square mile; or
- A hospital designated as a critical access hospital, as defined in s. 408.07, F.S.²

As of January 17, 2024, there are 22 licensed rural hospitals in Florida.³

Closure of Rural Hospitals

Around the country between 2010 and 2021 a total of 136 rural hospitals have closed. In 2020 alone, a record 19 rural hospitals shuttered.⁴ Rural hospitals naturally face challenges due to low patient volumes, which can make it challenging to maintain fixed-operating costs and meet performance measures, and the fact that many of the patients treated in rural hospitals are older, sicker, and poorer when compared with the national average.⁵ In addition to the patient-side issues, rural hospitals also suffer from above average staffing shortages with only 10 percent of physicians in the U.S. practicing in rural areas despite 20 percent of the population residing in those areas.⁶ These issues were compounded and exacerbated by the COVID-19 pandemic which increased the severity of staffing shortages, increased costs, and worsened health outcomes.

In Florida, between 2010 and present, three rural hospitals closed: Healthmark Regional Medical Center in Defuniak Springs, Regional General Hospital in Williston, and Shands Lake Shore Regional Medical Center in Lake City.⁷

Rural Emergency Hospitals

To respond to the number of rural hospital closures, the federal Consolidated Appropriations Act of 2021 created a new Medicare provider type designated as a rural emergency hospital (REH).⁸ Federal rule defines a this newly-created type of hospital as an entity that operates for the

¹ The term “service area” means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency at the agency.

² Section 395.602(2)(b), F.S.

³ Florida Health Finder search, Class 1 Hospital Rural. Search tool available at <https://quality.healthfinder.fl.gov/>, (last visited Jan. 17, 2024).

⁴ Rural Hospital Closures Threaten Access – Solutions to Preserve Care in Local Communities, The American hospital, September 2022, available at <https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf>, (last visited Jan. 17, 2024).

⁵ *Id.*

⁶ *Id.*

⁷ *Supra* n. 3

⁸ 42 USC s. 1395x(kkk).

purpose of providing emergency department services, observational care, and other outpatient medical and health services specified by the Secretary in which the annual per-patient average length of stay does not exceed 24 hours.⁹ Only rural hospitals with 50 or fewer beds and critical access hospitals that were enrolled and certified to participate in Medicare on or before December 7, 2020, qualify for certification as a REH.¹⁰

REHs are required to be licensed by the state in which they are located, maintain a Medicare provider agreement with the federal Centers for Medicare & Medicaid Services (CMS), and meet the other conditions of participation established in 42 CFR s. 485.5 through 42 CFR s. 485.546. These conditions of participation establish requirements related to governance, services offered, staffing, physical environment, and emergency preparedness, among others.¹¹ Some of the requirements provide that the REH must:

- Have an organized medical staff that operates under bylaws approved by the governing body of the REH and which is responsible for the quality of medical care provided to patients in the REH. The medical staff must be composed of medical or osteopathic doctors and may include other categories of physicians. Additionally, an REH may supplement the care provided through the use of telemedicine services provided by a distant-site hospital as long as the distant-site hospital meets specified requirements.¹²
- Have an organized nursing service that is available to provide 24-hour care to patients of the REH.¹³
- Provide emergency, laboratory, radiological, pharmaceutical, and outpatient medical and health services as detailed in the rule.¹⁴
- Have an infection control program and a quality assessment and performance improvement program.

An REH is eligible for payment through the Medicare program for services at an amount that is equal to the amount that would be paid to a hospital for providing the equivalent outpatient service increased by five percent.¹⁵ Additionally, an REH will receive a monthly facility payment of \$272,866 from the Medicare program until October 1, 2024, after which the amount will be \$267,408.68. In future years, the payment will increase by the hospital market basket percentage.¹⁶

Currently, 15 states authorize REHs including Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, New York, Oklahoma, South Dakota, Texas, and West Virginia.¹⁷

⁹ 42 CFR s. 485.502

¹⁰ Rural Emergency Hospitals, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/medicare/health-safety-standards/guidance-for-laws-regulations/hospitals/rural-emergency-hospitals>, (last visited Jan. 18, 2024).

¹¹ *Id.*

¹² 42 CFR s. 485.512

¹³ 42 CFR s. 485.530

¹⁴ 42 CFR ss. 485.516-485.524

¹⁵ 42 CFR s. 419.92

¹⁶ MLN Fact Sheet, rural Emergency Hospitals, available at <https://www.cms.gov/files/document/mln2259384-rural-emergency-hospitals.pdf>, (last visited Jan. 18, 2024).

¹⁷ National Conference of State Legislatures, Rural Emergency Hospitals, available at <https://www.ncsl.org/health/rural-emergency-hospitals>, (last visited Jan. 18, 2024).

Mandated Health Insurance Coverages

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal which would mandate a health coverage or the offering of a health coverage by an insurance carrier, to submit to the Agency for Health Care Administration and the legislative committees having jurisdiction, a report that assesses the social and financial impacts of the proposed coverage. As of February 1, 2024, Senate Committee on Health Policy staff has not received this report.

Under the federal Patient Protection and Affordable Care Act (ACA), individuals and small businesses can shop for health insurance coverage on the federal marketplace. All non-grandfathered plans¹⁸ must include minimum essential coverage (MEC),¹⁹ including an array of services that includes the 10 essential health benefits (EHBs). These 10 EHBs are further clarified or modified each year through the federal rulemaking process and are open for public comment before taking effect. The 10 general categories for the EHBs are:

- Ambulatory services (outpatient care);
- Emergency services;
- Hospitalization (inpatient care);
- Maternity and newborn care.
- Mental health and substance abuse disorder services;
- Prescription drugs.
- Rehabilitative services and rehabilitative services and devices;
- Laboratory services;
- Preventive care and chronic disease management; and
- Pediatric services, including oral and vision care.²⁰

States are free to modify the EHBs offered in their states by adding coverage; however, because of concerns that federal funds would be used on costly mandated coverages that were not part of the required EHBs, the ACA contains a provision requiring that, starting in 2016, the states would have to pay for the cost of the coverage. As a result, the State of Florida may be required to defray the costs of any additional benefits beyond the required EHBs put in place after 2011.²¹

Examples of health insurance benefits mandated under Florida law include:

- Coverage for certain diagnostic and surgical procedures involving bones or joints of the jaw and facial region (s. 627.419(7), F.S.);
- Coverage for bone marrow transplants (s. 627.4236, F.S.);

¹⁸ A “grandfathered health plan” are those health plans, both individual and employer plans, that maintain coverage that were in place prior to the passage of the PPACA or in which the enrollee was enrolled on March 23, 2010 while complying with the consumer protection components of the PPACA. If a group health plan enters a new policy, certificate, or contract of insurance, the group must provide the new issuer the documentation from the prior plan so it can be determined whether there has been a change sufficient to lose grandfather status. *See* 26 U.S.C. 7805 and 26 C.F.R. s. 2590.715-1251(a).

¹⁹ To meet the individual responsibility provision of the PPACA statute, a benefit plan or coverage plan must be recognized as providing minimum essential coverage (MEC). Employer based coverage, Medicaid, Medicare, CHIP (i.e.: Florida KidCare), and TriCare would meet this requirement.

²⁰ 42 U.S.C. s. 18022(b)(1)(A)-(J).

²¹ *See* 42 U.S.C. s. 18031(d)(3)(B)(ii).

- Coverage for certain cancer drugs (s. 627.4239, F.S.);
- Coverage for any service performed in an ambulatory surgical center (s. 627.6616, F.S.);
- Diabetes treatment services (s. 627.6408, F.S.);
- Osteoporosis (s. 627.6409, F.S.);
- Certain coverage for newborn children (s. 627.641, F.S.);
- Child health supervision services (s. 627.6416, F.S.);
- Certain coverages related to mastectomies (s. 627.6417, F.S.);
- Mammograms (s. 627.6418, F.S.); and
- Treatment of cleft lip and cleft palate in children (s. 627.64193, F.S.).

III. Effect of Proposed Changes:

The bill creates s. 395.067, F.S., to establish a rural emergency hospital (REH) designation for rural or critical access hospitals that meet the following criteria:

- Meets federal requirements for an REH under the Consolidated Appropriations Act of 2021 (Pub. L. No. 116-260);
- Has no more than 50 beds;
- Can adequately provide rural emergency services 24 hours a day seven days a week; and
- Is sufficiently staffed and equipped to provide the types of services included in the application.

The bill also provides a definition for “rural emergency services” to include:

- Emergency services and other care that does not require treatment for more than 24 hours, provided in a rural emergency hospital;
- Observation care; and
- Outpatient services specified in regulations adopted by the United States Secretary of Health and Human Services.

The bill amends s. 395.1041, F.S., to require rural emergency hospitals to provide emergency services and care for any emergency medical condition in accordance with current law.

Additionally, the bill repeals one obsolete provision related to licensing of a rural hospital and changes the license expiration date for rural hospitals that were licensed during fiscal years 2010-2011 and 2011-2012 from June 30, 2025, to June 30, 2031.

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:

The bill may have an indeterminate positive fiscal impact on rural hospitals that convert to rural emergency hospitals.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the Agency for Health Care Administration (AHCA) due to requiring the agency to regulate a new facility type. However, the AHCA states existing resources can be used to address this workload.²²

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.1041 and 395.602.

The bill creates the following section of the Florida Statutes: 395.607.

²² Agency for Health Care Administration, 2024 Agency Legislative Bill Analysis, *House Bill 309* (Nov. 11, 2023) (on file with the Senate Appropriations Committee on Health and Human Services).

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 Appropriations Committee on Health and Human Services on February 8, 2024:

The committee substitute eliminates provisions of the bill related to coverage of rural emergency hospital services by commercial insurance and adds a requirement for rural emergency hospitals to provide emergency services for any emergency medical condition in accordance with current law.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/09/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Paragraph (a) of subsection (3) of section 395.1041, Florida Statutes, is amended to read

395.1041 Access to and ensurance of emergency services; transfers; patient rights; diversion programs; reports of controlled substance overdoses.—

(3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF



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11 FACILITY OR HEALTH CARE PERSONNEL.—

12 (a) Every general hospital which has an emergency
13 department and every rural emergency hospital as defined in s.
14 395.607 shall provide emergency services and care for any
15 emergency medical condition when:

- 16 1. Any person requests emergency services and care; or
17 2. Emergency services and care are requested on behalf of a
18 person by:

19 a. An emergency medical services provider who is rendering
20 care to or transporting the person; or

21 b. Another hospital, when such hospital is seeking a
22 medically necessary transfer, except as otherwise provided in
23 this section.

24 Section 2. Paragraph (b) of subsection (2) of section
25 395.602, Florida Statutes, is amended to read:

26 395.602 Rural hospitals.—

27 (2) DEFINITIONS.—As used in this part, the term:

28 (b) "Rural hospital" means an acute care hospital licensed
29 under this chapter, having 100 or fewer licensed beds and an
30 emergency room, which is:

31 1. The sole provider within a county with a population
32 density of up to 100 persons per square mile;

33 2. An acute care hospital, in a county with a population
34 density of up to 100 persons per square mile, which is at least
35 30 minutes of travel time, on normally traveled roads under
36 normal traffic conditions, from any other acute care hospital
37 within the same county;

38 3. A hospital supported by a tax district or subdistrict
39 whose boundaries encompass a population of up to 100 persons per



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40 square mile;

41 4. A hospital classified as a sole community hospital under
42 42 C.F.R. s. 412.92, regardless of the number of licensed beds;

43 5. A hospital with a service area that has a population of
44 up to 100 persons per square mile. As used in this subparagraph,
45 the term "service area" means the fewest number of zip codes
46 that account for 75 percent of the hospital's discharges for the
47 most recent 5-year period, based on information available from
48 the hospital inpatient discharge database in the Florida Center
49 for Health Information and Transparency at the agency; or

50 6. A hospital designated as a critical access hospital, as
51 defined in s. 408.07.

52
53 Population densities used in this paragraph must be based upon
54 the most recently completed United States census. ~~A hospital
55 that received funds under s. 409.9116 for a quarter beginning no
56 later than July 1, 2002, is deemed to have been and shall
57 continue to be a rural hospital from that date through June 30,
58 2021, if the hospital continues to have up to 100 licensed beds
59 and an emergency room.~~ An acute care hospital that has not
60 previously been designated as a rural hospital and that meets
61 the criteria of this paragraph shall be granted such designation
62 upon application, including supporting documentation, to the
63 agency. A hospital that was licensed as a rural hospital during
64 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
65 rural hospital from the date of designation through June 30,
66 2031 ~~2025~~, if the hospital continues to have up to 100 licensed
67 beds and an emergency room.

68 Section 3. Section 395.607, Florida Statutes, is created to



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69 read:

70 395.607 Rural emergency hospitals.—

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

72 (a) "Rural emergency hospital" means a rural hospital or
73 critical access hospital as those terms are defined in s. 408.07
74 designated by the agency as a rural emergency hospital under
75 this section.

76 (b) "Rural emergency services" means emergency services and
77 other care that does not require treatment for more than 24
78 hours, on average, provided in a rural emergency hospital;
79 observation care; and, at the election of the hospital,
80 outpatient services specified in regulations adopted by the
81 United States Secretary of Health and Human Services.

82 (2) A qualifying hospital may apply to the agency for
83 designation as a rural emergency hospital on a form adopted by
84 the agency. The agency may designate a hospital as a rural
85 emergency hospital if it demonstrates that it meets all of the
86 following criteria:

87 (a) Meets the requirements of the Consolidated
88 Appropriations Act of 2021, Pub. L. No. 116-260, and the
89 regulations adopted and guidance issued thereunder.

90 (b) Has no more than 50 beds.

91 (c) Can adequately provide rural emergency services in the
92 facility 24 hours a day and seven days a week.

93 (d) Is sufficiently staffed and equipped to provide rural
94 emergency services of the types indicated by the applicant.

95 (e) Has a transfer agreement in effect with a Level I or
96 Level II trauma center.

97 (3) Notwithstanding s. 395.002(12), a rural emergency



98 hospital is not required to offer acute inpatient care or care
99 beyond 24 hours, or to make available treatment facilities for
100 surgery, obstetrical care, or similar services in order to be
101 deemed a hospital as long as it maintains its designation as a
102 rural emergency hospital, and may be required to make such
103 services available only if it ceases to be designated as a rural
104 emergency hospital.

105 (4) The agency must suspend or revoke a rural emergency
106 hospital designation if at any time such a hospital fails to
107 meet the requirements of this section.

108 Section 4. This act shall take effect July 1, 2024.

109
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 everything before the enacting clause
113 and insert:

114 A bill to be entitled
115 An act relating to rural emergency hospitals; amending
116 s. 395.1041, F.S.; subjecting rural emergency
117 hospitals to certain requirements for the provision of
118 emergency services and care; amending s. 395.602,
119 F.S.; revising the definition of the term "rural
120 hospital"; creating s. 395.607, F.S.; defining the
121 terms "rural emergency hospital" and "rural emergency
122 services"; authorizing qualifying hospitals to apply
123 to the Agency for Health Care Administration for
124 designation as a rural emergency hospital; specifying
125 requirements for such designation; exempting
126 designated rural emergency hospitals from certain



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127 requirements for general hospitals; requiring the
128 agency to suspend or revoke a rural emergency
129 hospital's designation if at any time it fails to meet
130 specified requirements; providing an effective date.

By Senator Simon

3-00959-24

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1 A bill to be entitled
 2 An act relating to rural hospitals; amending s.
 3 395.002, F.S.; revising the definition of the term
 4 "hospital"; amending s. 395.602, F.S.; defining the
 5 term "rural emergency hospital"; revising the
 6 definition of the term "rural hospital"; specifying
 7 eligibility requirements for licensure of rural
 8 emergency hospitals; authorizing rural emergency
 9 hospitals to enter into any contracts required for
 10 certain federal reimbursement; authorizing the Agency
 11 for Health Care Administration to seek federal
 12 approval to provide Medicaid reimbursements to
 13 licensed rural emergency hospitals; amending s.
 14 395.0163, F.S.; requiring facilities that are to be
 15 licensed as rural emergency hospitals to submit
 16 certain construction plans and specifications to the
 17 agency; deleting obsolete language; creating ss.
 18 627.6051, 627.6614, and 641.31078, F.S.; requiring
 19 that individual health insurance policies, group
 20 health insurance policies, and health maintenance
 21 contracts, respectively, issued in this state on or
 22 after a specified date provide coverage for services
 23 performed in rural emergency hospitals under certain
 24 conditions; amending ss. 409.9116 and 1009.65, F.S.;
 25 conforming cross-references; providing an effective
 26 date.

27
 28 Be It Enacted by the Legislature of the State of Florida:
 29

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

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2024644__

30 Section 1. Subsection (12) of section 395.002, Florida
 31 Statutes, is amended to read:
 32 395.002 Definitions.—As used in this chapter:
 33 (12) "Hospital" means any establishment that:
 34 (a) Offers services more intensive than those required for
 35 room, board, personal services, and general nursing care, and
 36 offers facilities and beds for use beyond 24 hours by
 37 individuals requiring diagnosis, treatment, or care for illness,
 38 injury, deformity, infirmity, abnormality, disease, or
 39 pregnancy; and
 40 (b) Regularly makes available at least clinical laboratory
 41 services, diagnostic X-ray services, and treatment facilities
 42 for surgery or obstetrical care, or other definitive medical
 43 treatment of similar extent, except that a critical access
 44 hospital, as defined in s. 408.07, shall not be required to make
 45 available treatment facilities for surgery, obstetrical care, or
 46 similar services as long as it maintains its critical access
 47 hospital designation and shall be required to make such
 48 facilities available only if it ceases to be designated as a
 49 critical access hospital; or
 50 (c) Is licensed as a rural emergency hospital under s.
 51 395.602.
 52
 53 However, ~~the provisions of~~ this chapter does ~~de~~ not apply to any
 54 institution conducted by or for the adherents of any well-
 55 recognized church or religious denomination that depends
 56 exclusively upon prayer or spiritual means to heal, care for, or
 57 treat any person. For purposes of local zoning matters, the term
 58 "hospital" includes a medical office building located on the

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

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59 same premises as a hospital facility, provided the land on which
60 the medical office building is constructed is zoned for use as a
61 hospital; provided the premises were zoned for hospital purposes
62 on January 1, 1992.

63 Section 2. Present paragraphs (b) and (c) of subsection (2)
64 of section 395.602, Florida Statutes, are redesignated as
65 paragraphs (c) and (d), respectively, a new paragraph (b) is
66 added to that subsection, subsections (4) and (5) are added to
67 that section, and present paragraph (b) of subsection (2) of
68 that section is amended, to read:

69 395.602 Rural hospitals.—

70 (2) DEFINITIONS.—As used in this part, the term:

71 (b) "Rural emergency hospital" means a hospital that meets
72 the criteria specified in 42 U.S.C. s. 1395x(kkk) (2) and is
73 certified as a rural emergency hospital by the United States
74 Secretary of Health and Human Services.

75 (c) (b) "Rural hospital" means an acute care hospital
76 licensed under this chapter, having 100 or fewer licensed beds
77 and an emergency room, which is:

78 1. The sole provider within a county with a population
79 density of up to 100 persons per square mile;

80 2. An acute care hospital, in a county with a population
81 density of up to 100 persons per square mile, which is at least
82 30 minutes of travel time, on normally traveled roads under
83 normal traffic conditions, from any other acute care hospital
84 within the same county;

85 3. A hospital supported by a tax district or subdistrict
86 whose boundaries encompass a population of up to 100 persons per
87 square mile;

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88 4. A hospital classified as a sole community hospital under
89 42 C.F.R. s. 412.92, regardless of the number of licensed beds;

90 5. A hospital with a service area that has a population of
91 up to 100 persons per square mile. As used in this subparagraph,
92 the term "service area" means the fewest number of zip codes
93 that account for 75 percent of the hospital's discharges for the
94 most recent 5-year period, based on information available from
95 the hospital inpatient discharge database in the Florida Center
96 for Health Information and Transparency at the agency; ~~or~~

97 6. A hospital designated as a critical access hospital, as
98 defined in s. 408.07; or

99 7. A hospital designated as a rural emergency hospital.

100
101 Population densities used in this paragraph must be based upon
102 the most recently completed United States census. A hospital
103 that received funds under s. 409.9116 for a quarter beginning no
104 later than July 1, 2002, is deemed to have been and continues
105 ~~shall continue~~ to be a rural hospital from that date through
106 June 30, 2021, if the hospital continues to have up to 100
107 licensed beds and an emergency room. An acute care hospital that
108 has not previously been designated as a rural hospital and that
109 meets the criteria of this paragraph shall be granted such
110 designation upon application, including supporting
111 documentation, to the agency. A hospital that was licensed as a
112 rural hospital during the 2010-2011 or 2011-2012 fiscal year
113 continues ~~shall continue~~ to be a rural hospital from the date of
114 designation through June 30, 2025, if the hospital continues to
115 have up to 100 licensed beds and an emergency room.

116 (4) A facility is eligible for licensure as a rural

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117 emergency hospital if it meets all of the criteria specified in
 118 42 U.S.C. s. 1395x(kkk)(2) and is certified as a rural emergency
 119 hospital by the United States Secretary of Health and Human
 120 Services.

121 (5) Licensed rural emergency hospitals may enter into any
 122 contracts necessary to be eligible for federal reimbursement as
 123 a rural emergency hospital.

124 Section 3. The Agency for Health Care Administration may
 125 seek federal approval to provide Medicaid reimbursements to
 126 licensed rural emergency hospitals.

127 Section 4. Paragraph (b) of subsection (1) of section
 128 395.0163, Florida Statutes, is amended to read:

129 395.0163 Construction inspections; plan submission and
 130 approval; fees.—

131 (1)

132 (b) All outpatient facilities that provide surgical
 133 treatments requiring general anesthesia or IV conscious
 134 sedation, that provide cardiac catheterization services, or that
 135 are to be licensed as rural emergency hospitals or ambulatory
 136 surgical centers shall submit plans and specifications to the
 137 agency for review under this section. All other outpatient
 138 facilities must be reviewed under this section, except that
 139 those that are physically detached from, and have no utility
 140 connections with, the hospital and that do not block emergency
 141 egress from or create a fire hazard to the hospital are exempt
 142 from review under this section. ~~This paragraph applies to~~
 143 ~~applications for which review is pending on or after July 1,~~
 144 ~~1998.~~

145 Section 5. Section 627.6051, Florida Statutes, is created

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146 to read:

147 627.6051 Coverage for rural emergency hospital services.—To
 148 the extent not preempted by federal or state law, any individual
 149 health insurance policy issued or renewed in this state on or
 150 after July 1, 2024, must provide coverage for any service
 151 performed in a rural emergency hospital licensed under s.
 152 395.602 if such service performed in a general hospital would be
 153 covered by the policy.

154 Section 6. Section 627.6614, Florida Statutes, is created
 155 to read:

156 627.6614 Coverage for rural emergency hospital services.—To
 157 the extent not preempted by federal or state law, any group
 158 health insurance policy issued or renewed in this state on or
 159 after July 1, 2024, must provide coverage for any service
 160 performed in a rural emergency hospital licensed under s.
 161 395.602 if such service performed in a general hospital would be
 162 covered by the policy.

163 Section 7. Section 641.31078, Florida Statutes, is created
 164 to read:

165 641.31078 Coverage for rural emergency hospital services.—
 166 To the extent not preempted by federal or state law, any health
 167 maintenance contract issued or renewed in this state on or after
 168 July 1, 2024, must provide coverage for any service performed in
 169 a rural emergency hospital licensed under s. 395.602 if such
 170 service performed in a general hospital would be covered by the
 171 contract.

172 Section 8. Subsection (6) of section 409.9116, Florida
 173 Statutes, is amended to read:

174 409.9116 Disproportionate share/financial assistance

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2024644__

175 program for rural hospitals.—In addition to the payments made
 176 under s. 409.911, the Agency for Health Care Administration
 177 shall administer a federally matched disproportionate share
 178 program and a state-funded financial assistance program for
 179 statutory rural hospitals. The agency shall make
 180 disproportionate share payments to statutory rural hospitals
 181 that qualify for such payments and financial assistance payments
 182 to statutory rural hospitals that do not qualify for
 183 disproportionate share payments. The disproportionate share
 184 program payments shall be limited by and conform with federal
 185 requirements. Funds shall be distributed quarterly in each
 186 fiscal year for which an appropriation is made. Notwithstanding
 187 the provisions of s. 409.915, counties are exempt from
 188 contributing toward the cost of this special reimbursement for
 189 hospitals serving a disproportionate share of low-income
 190 patients.

191 (6) This section applies only to hospitals that were
 192 defined as statutory rural hospitals, or their successor-in-
 193 interest hospital, prior to January 1, 2001. Any additional
 194 hospital that is defined as a statutory rural hospital, or its
 195 successor-in-interest hospital, on or after January 1, 2001, is
 196 not eligible for programs under this section unless additional
 197 funds are appropriated each fiscal year specifically to the
 198 rural hospital disproportionate share and financial assistance
 199 programs in an amount necessary to prevent any hospital, or its
 200 successor-in-interest hospital, eligible for the programs prior
 201 to January 1, 2001, from incurring a reduction in payments
 202 because of the eligibility of an additional hospital to
 203 participate in the programs. A hospital, or its successor-in-

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2024644__

204 interest hospital, which received funds pursuant to this section
 205 before January 1, 2001, and which qualifies under s.
 206 395.602(2)(c) ~~s. 395.602(2)(b)~~, shall be included in the
 207 programs under this section and is not required to seek
 208 additional appropriations under this subsection.

209 Section 9. Paragraph (a) of subsection (1) of section
 210 1009.65, Florida Statutes, is amended to read:

211 1009.65 Medical Education Reimbursement and Loan Repayment
 212 Program.—

213 (1) To encourage qualified medical professionals to
 214 practice in underserved locations where there are shortages of
 215 such personnel, there is established the Medical Education
 216 Reimbursement and Loan Repayment Program. The function of the
 217 program is to make payments that offset loans and educational
 218 expenses incurred by students for studies leading to a medical
 219 or nursing degree, medical or nursing licensure, or advanced
 220 practice registered nurse licensure or physician assistant
 221 licensure. The following licensed or certified health care
 222 professionals are eligible to participate in this program:

223 (a) Medical doctors with primary care specialties, doctors
 224 of osteopathic medicine with primary care specialties, physician
 225 assistants, licensed practical nurses and registered nurses, and
 226 advanced practice registered nurses with primary care
 227 specialties such as certified nurse midwives. Primary care
 228 medical specialties for physicians include obstetrics,
 229 gynecology, general and family practice, internal medicine,
 230 pediatrics, and other specialties which may be identified by the
 231 Department of Health. From the funds available, the Department
 232 of Health shall make payments as follows:

3-00959-24

2024644

233 1. Up to \$4,000 per year for licensed practical nurses and
234 registered nurses, up to \$10,000 per year for advanced practice
235 registered nurses and physician assistants, and up to \$20,000
236 per year for physicians. Penalties for noncompliance shall be
237 the same as those in the National Health Services Corps Loan
238 Repayment Program. Educational expenses include costs for
239 tuition, matriculation, registration, books, laboratory and
240 other fees, other educational costs, and reasonable living
241 expenses as determined by the Department of Health.

242 2. All payments are contingent on continued proof of
243 primary care practice in an area defined in s. 395.602(2)(c) ~~s.~~
244 ~~395.602(2)(b)~~, or an underserved area designated by the
245 Department of Health, provided the practitioner accepts Medicaid
246 reimbursement if eligible for such reimbursement. Correctional
247 facilities, state hospitals, and other state institutions that
248 employ medical personnel shall be designated by the Department
249 of Health as underserved locations. Locations with high
250 incidences of infant mortality, high morbidity, or low Medicaid
251 participation by health care professionals may be designated as
252 underserved.

253 Section 10. This act shall take effect July 1, 2024.



2024 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION

BILL NUMBER:	HB 309
BILL TITLE:	Rural Emergency Hospitals
BILL SPONSOR:	Rep. Shoaf
EFFECTIVE DATE:	7/1/2024

COMMITTEES OF REFERENCE

1) Select Committee on Health Innovation
2) Health Care Appropriations Subcommittee
3) Health & Human Services Committee
4) N/A
5) N/A

CURRENT COMMITTEE

Select Committee on Health Innovation

SIMILAR BILLS

BILL NUMBER:	SB 644
SPONSOR:	Sen Simon

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 __ X _

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	11/7/2023
LEAD AGENCY ANALYST:	Jack Plagge
ADDITIONAL ANALYST(S):	Donah Heiberg, Jessica Callsen
LEGAL ANALYST:	N/A
FISCAL ANALYST:	N/A

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill creates a new hospital license classification in response to the Centers of Medicare and Medicaid Services (CMS) new Medicare certification option referred to as Rural Emergency Hospitals (REH). This bill allows for hospitals in rural communities to provide emergency and outpatient services for a higher rate of reimbursement without all the current requirements of a full-service hospital. The bill will also allow for reimbursement by Medicaid and other health insurance providers.

The bill becomes effective July 1, 2024.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Chapter 395, Florida Statutes (F.S.), the statute governing hospital licensure, requires hospitals to offer facilities and inpatient beds for use beyond 24 hours. The statute defines rural hospital, but it does not allow for an exclusion to any requirements hospitals must meet, such as inpatient services. Effective January 1, 2023, CMS created the REH program to address concerns of rural hospital closures. The program is described in 42 USC s.1395x(kkk) as an additional program for reimbursement of hospital services. REHs may provide emergency department, outpatient services, and inpatient skilled nursing services but it may not provide acute care inpatient services. With the federal REH designation, Medicare pays an enhanced payment for these limited hospital services in a rural area without the facility having to meet Medicare's definition of a hospital. An entity does not meet the definition of hospital at section 395.002, F.S. if it does not provide inpatient services. Without amending state licensure requirements, an entity will not qualify for Medicare certification.

To qualify for REH Medicare certification, an existing Florida licensed hospital must be a:

- Critical Access Hospital (CAH) enrolled/certified in Medicare as of 12/27/2020. CAH is a Medicare reimbursement designation for rural hospital with no more than 25 acute care beds and makes emergency services available at all times.
- Rural Hospital with 50 or fewer beds enrolled/certified in Medicare as of 12/27/2020. This includes acute care hospitals treated as rural if it had not previously applied for the rural designation.
- Closed hospitals meeting one of the above if they become re-licensed and re-enroll in Medicare. This requires special review and handling between the Medicare Administrative Contractor (MAC) and CMS.

As of October 31, 2023, there are 328 licensed hospitals in the state of Florida:

Classification	Facility Count	Total Licensed Beds
General Acute Care	203	61,052
Children's	4	945
Rural	22	948
Psychiatric	35	5,243
Rehabilitation	33	2,161
Long Term Care	27	1,629
Intensive Residential Treatment Program for Children and Adolescents	2	140
Special Medical	2	140

Of the 22 rural hospitals, 10 are Critical Access Hospitals and an additional 7 have 50 beds or fewer. A total of 5 hospitals closed since 12/27/2020: 3 psychiatric, 1 general acute care, and 1 rural.

2. EFFECT OF THE BILL:

By amending the definition of hospital to include the federal definition of a REH, the bill allows the opportunity for an existing hospital to be licensed and participate in the Medicare program as a REH. The process for an entity not currently licensed in Florida will be to meet all requirements for an acute care hospital, become

Medicare certified as a short-term hospital, then if the federal criteria is met, apply to the MAC to convert its certification. Existing hospitals will be able to convert their classification by submitting the required documentation. Closed hospitals and new providers will have to meet Florida Building Code for Hospitals, pass the licensure and life safety inspections for hospital licensure, then satisfy the enrollment criteria, including compliance with the Medicare Conditions of Participation verified by an on-site inspection conducted by the Agency for Health Care Administration.

The bill also makes clear a REH may enter any contract required to be eligible for federal reimbursement. All entities that provide individual, group, blanket, or franchise accident or health insurance or prepaid health insurance must provide benefits for services provided at an REH unless preempted by federal law or exempted by state law. Additionally, the bill creates s. 409.90803, F.S. authorizing the Agency to seek federal approval to apply Medicaid reimbursement to licensed rural emergency hospitals.

Rule 59G-1.060, F.A.C., the Provider Enrollment Policy, Rule 59G-4.150, F.A.C., the Inpatient Hospital Services Policy, and Rule 59G-4.160, F.A.C., the Outpatient Hospital Services Policy, will need to be updated to include rural emergency hospitals' Medicaid enrollment and service coverage provisions. The Agency will update and promulgate applicable rules in accordance with Chapter 120, F.S., which historically takes between six to eight months for completion and can be accomplished with the Agency's existing resources. The Agency will also need to program FMMIS with the new provider type and payment methodologies for rural emergency hospitals, which takes approximately six months for completion once the system programming is developed. Additionally, SMMC plan contracts may need to be amended to include language on coverage of services in rural emergency hospitals.

The bill allows the Agency to seek federal approval to reimburse rural emergency hospitals but does not provide direction on the payment methodology to be used. The Agency would anticipate utilizing current payment methodologies and seeking federal authority through an amendment to the Medicaid state plan, if necessary, and updating payment methodologies, as needed, to include rural emergency hospitals.

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 <u>X</u> N ___
Rule(s) impacted (provide references to F.A.C., etc.):	Section 395, Part I, allows for rulemaking in 395.1055 to implement this part of statute. The Agency would revise 59A-3 & 59A-35 to include REHs.

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	unknown
Opponents and summary of position:	unknown

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:	Existing resources will be utilized to add this licensed program.
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 X N ___

If yes, describe the anticipated impact including any fiscal impact.	The federal government contributes to the Florida Medicaid program in the form of Federal Medical Assistance Percentage (FMAP). As this bill allows the Agency to reimburse Rural Emergency Hospitals with Medicaid funds, the federal percentage of those funds will go to Rural Emergency Hospitals.
--	--

ADDITIONAL COMMENTS

N/A

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	N/A
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The Florida Senate

Committee Agenda Request

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

Subject: Committee Agenda Request

Date: January 23, 2024

I respectfully request that **Senate Bill # 644**, relating to Rural Hospitals, be placed on the:

- Committee agenda at your earliest possible convenience.
- Next committee agenda.



Senator Corey Simon
Florida Senate, District 3

The Florida Senate

APPEARANCE RECORD

2/9/2024

Meeting Date

644

Bill Number or Topic

Appropriations HHS

Committee

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

Amendment Barcode (if applicable)

Name TRISH NEELY

Phone

Address 2024 SHANGRI LA LANE

Street

Email

TALLY

City

32303

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:

League Women Voters

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

2/8/2024

Meeting Date

SB 644

Bill Number or Topic

Appropriations Health & Human Services

Committee

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

Amendment Barcode (if applicable)

Name Clay Meenan

Phone 682-276-5245

Address 306 E College Ave

Email ClayM@FHA.org

Fallchassee

City

FL

State

32312

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 Hospital 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 \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

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2-8-24

Meeting Date

The Florida Senate
APPEARANCE RECORD

644

Bill Number or Topic

Deliver both copies of this form to
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Approps. HHS

Committee

Amendment Barcode (if applicable)

Name Bryan Cherry

Phone (850) 544-5673

Address 110 E College Ave.

Email bryan@pinpointresults

Tallahassee FL. 32301

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:

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

North Walton Doctors Hospital

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

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2/8/24
Meeting Date

HHS Approps
Committee

644
Bill Number or Topic

Amendment Barcode (if applicable)

Name Sarah Massey

Phone 850 545 0543

Address 136 S. Brenough
Street

Email smassey@flchamber.com

Tallahassee FL
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. [2020-2022 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 830

INTRODUCER: Health Policy Committee and Senator Collins

SUBJECT: Youth Athletic Activities

DATE: February 7, 2024

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 830 amends the Education Code in s. 1012.55, F.S., to require that an athletic coach in any public school in the state must hold and maintain a certification in cardiopulmonary resuscitation (CPR), first aid, and the use of an automatic external defibrillator (AED). The certification must be consistent with national, evidence-based emergency cardiovascular care guidelines.

This bill does not have a fiscal impact on state government. See Section V. Fiscal Impact Statement.

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

II. Present Situation:

Cardiopulmonary Resuscitation, First Aid, and Automatic External Defibrillation

Many types of injuries and illnesses can occur when participating in organized sports, including sudden cardiac arrest. While rare in young, healthy athletes, it can happen, and preparation via an emergency action plan, as well as required coursework and training, is pivotal in preparing

coaches, parents and other athletics personnel or staff to respond in the most effective way to save lives.¹

Cardiopulmonary resuscitation (CPR) is an emergency lifesaving procedure performed when the heart stops beating. Immediate CPR can double or triple chances of survival after cardiac arrest by keeping the blood flow active until the arrival of trained medical staff.²

First aid refers to medical attention that is usually administered immediately on-site after the injury occurs. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress.³

An automated external defibrillator (AED) is a lightweight, portable device. It delivers an electric shock through the chest to the heart when it detects an abnormal rhythm and changes the rhythm back to normal.⁴ AEDs can greatly increase a cardiac arrest victim's chances of survival.⁵ Although formal AED training isn't required, it's recommended to increase the confidence level of the user, promoting better outcomes.⁶

Student Extracurricular Activities and Athletics Legislation

Currently, the Education Code provides that each public school that is a member of the Florida High School Athletic Association (FHSAA) must have an operational AED on school grounds. The AED must be available in a clearly marked and publicized location for each athletic contest, practice, workout, or conditioning session, including those conducted outside of the school year. Public and private partnerships are encouraged to cover the cost associated with the purchase, placement, and training in the use of the AED.⁷

Under current law, an FHSAA member school employee or volunteer with current training in CPR and use of an AED must be present at each athletic event during and outside of the school year, including athletic contests, practices, workouts, and conditioning sessions. The training must include completion of a course in CPR or a basic first aid course that includes CPR training, and demonstrated proficiency in the use of an AED. Each employee or volunteer who is reasonably expected to use an AED must complete this training.⁸

¹ Atlantic Health System, *How to Be Better Prepared at a Child's Sporting Event*, available at <https://www.atlantichealth.org/about-us/stay-connected/news/content-central/2023/cardiac-arrest-kids-sports.html> (last visited Feb. 1, 2024).

² American Heart Association Emergency Cardiovascular Care, *What is CPR?*, available at <https://cpr.heart.org/en/resources/what-is-cpr> (last visited Feb. 1, 2024).

³ Occupational Safety and Health Administration, *What is First Aid?*, available at <https://www.osha.gov/medical-first-aid/recognition> (last visited Feb. 1, 2024).

⁴ American Heart Association, *What Is an Automated External Defibrillator?*, available at <https://www.heart.org/-/media/files/health-topics/answers-by-heart/what-is-an-aed.pdf> (last visited Jan. 30, 2024).

⁵ *Supra* note 2.

⁶ *Supra* note 4.

⁷ Section 1006.165(1)(a), F.S.

⁸ Section 1006.165(1)(b), F.S.

The location of each AED must be registered with a local emergency medical services medical director. Each employee or volunteer required to complete the training must annually be notified in writing of the location of each AED on school grounds.⁹ Immunity from civil liability for the use of AEDs by employees and volunteers is covered under the Good Samaritan Act¹⁰ and the Cardiac Arrest Survival Act.^{11, 12}

III. Effect of Proposed Changes:

The bill amends s. 1012.55, F.S., to require that a Florida public school athletic coach must hold and maintain a certification in CPR, first aid, and the use of an AED. The certification must be consistent with national, evidence-based emergency cardiovascular care guidelines.

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.

⁹ Section 1006.165(1)(c), F.S.

¹⁰ Section 768.13, F.S.

¹¹ Section 768.1325, F.S.

¹² Section 1006.165(d), F.S.

C. **Government Sector Impact:**

The bill does not have a fiscal impact on state expenditures. There could be an impact to school districts to ensure the staff receive the required training.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends section 1012.55 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 January 30, 2024:

The committee substitute removes Section 1 of the underlying bill and retains only the amendment to s. 1012.55, F.S., to update the qualifications of a Florida public school athletic coach to include a certification in CPR, first aid, and the use of an AED.

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senator Collins

588-02645-24

2024830c1

1 A bill to be entitled
2 An act relating to youth athletic activities; amending
3 s. 1012.55, F.S.; revising the requirements for
4 certain athletic coaches to include certification in
5 cardiopulmonary resuscitation, first aid, and the use
6 of an automatic external defibrillator; providing
7 requirements for such certification; providing an
8 effective date.
9
10 Be It Enacted by the Legislature of the State of Florida:
11
12 Section 1. Paragraph (a) of subsection (2) of section
13 1012.55, Florida Statutes, is amended to read:
14 1012.55 Positions for which certificates required.—
15 (2) (a) 1. Each person who is employed and renders service as
16 an athletic coach in any public school in any district of this
17 state shall:
18 a. Hold a valid temporary or professional certificate or an
19 athletic coaching certificate. The athletic coaching certificate
20 may be used for either part-time or full-time positions.
21 b. Hold and maintain a certification in cardiopulmonary
22 resuscitation, first aid, and the use of an automatic external
23 defibrillator. The certification must be consistent with
24 national evidence-based emergency cardiovascular care
25 guidelines.
26 2. The provisions of this subsection do not apply to any
27 athletic coach who voluntarily renders service and who is not
28 employed by any public school district of this state.
29 Section 2. 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 # 830**, relating to Youth Athletic Activities, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Jay Collins", written over a horizontal line.

Senator Jay Collins
Florida Senate, District 14

2/8/24

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 830

Bill Number or Topic

Approps-Health #

Committee

Human Services

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

Amendment Barcode (if applicable)

Name Nancy Lawther, Ph.D.

Phone 407 855-7604

Address 1747 Orlando Central Pkwy

Email legulation@floridapta.org

Street

Orlando

Fla

32809

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida PTA

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)

10:45 4/21

The Florida Senate

APPEARANCE RECORD

830

2/8/24

Meeting Date

Bill Number or Topic

Appropriation - HHS

Committee

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

Amendment Barcode (if applicable)

Name Natalie King

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Street

Brandon FL 33511

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:

Sunshine State Athletic Association

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/8/24 Meeting Date

Approps HHS Committee

830 Bill Number or Topic

Amendment Barcode (if applicable)

Tiffany McCaskill Henderson Name

(850) 933 5928 Phone

(Remote) Address Street

tiffany.henderson@heart.org Email

Tallahassee FL 32317 City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

American Heart Association

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

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

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

The Florida Senate
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 896

INTRODUCER: Senator Martin

SUBJECT: Health Care Practitioners and Massage Therapy

DATE: February 7, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.	Gerbrandt	McKnight	AHS	Favorable
3.			FP	

I. Summary:

SB 896 expands the Department of Health’s (DOH) authority to suspend the license of a massage therapist or massage establishment to include when an employee of the establishment is arrested for committing or attempting, soliciting, or conspiring to commit certain offenses, such as prostitution, kidnapping, or human trafficking. The bill authorizes the State Surgeon General to suspend the license of any licensee upon probable cause that the licensee has committed sexual misconduct.

The bill expressly prohibits sexual activity in a massage establishment and authorizes the DOH and law enforcement to investigate massage establishments for new required and prohibited acts to assist in identifying persons who may be engaging in human trafficking.

The bill is estimated to have a significant, negative fiscal impact on the DOH. See Section V., Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

Massage Therapy Practice

Chapter 480, F.S., is the “Massage Therapy Practice Act” and governs the practice of massage therapy in Florida. A massage therapist is a health care practitioner licensed under ch. 480, F.S. The Board of Massage Therapy (Board) is within the Department of Health (DOH) and regulates

the practice of massage therapy.¹ As of June 30, 2023, there were 55,409 total licensed massage therapists and establishments.²

Massage therapy is the manipulation of the soft tissues of the human body with the hands, feet, arms, or elbow, whether or not the manipulation is aided by hydrotherapy, and includes colonic irrigation, thermal therapy, the use of any electrical or mechanical device, or the application of chemical or herbal preparations to the human body.³

According to the DOH, in Fiscal Year 2022-2023, in Florida, there were 191 Board-approved licensed massage therapy schools, 34,515 in-state, active licensed massage therapists, and 8,966 massage establishments with active licenses.⁴

Massage Therapy Licensure

An individual seeking licensure as a massage therapist in Florida must:

- Submit an application and the appropriate licensing fee;
- Be at least 18 years of age or have a high school diploma or high school equivalency diploma;
- Submit to background screening and be found to not have been convicted or found guilty of, or to have pled nolo contendere to, a specific list of crimes; and
- Meet specific education and training requirements, as discussed below.⁵

Massage Establishment Licensure

A massage establishment is the premises wherein a massage therapist practices massage therapy.⁶ A massage establishment must be licensed by the Board and adhere to rules set by the Board regarding facilities, personnel, safety and sanitation requirements, financial responsibility, and insurance coverage.⁷ Massage establishments must be licensed to operate legally.⁸

The Board requires the following to be met before a massage establishment license may be issued:⁹

- A completed application and appropriate licensing fee;¹⁰

¹ Section 480.035, F.S.

² Department of Health, House Bill 197 2024 Agency Legislative Bill Analysis (Oct. 24, 2023) (On file with the Senate Committee on Health Policy).

³ Section 480.033, F.S.

⁴ Department of Health, Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2022-2023*, pgs. 27 and 31, available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Jan. 28 2024).

⁵ Section 480.041, F.S. *See also*, Fla. Admin. Code R. 64B7-25, (2023).

⁶ Section 480.033(7), F.S.

⁷ Section 480.043, F.S.

⁸ *Id.*

⁹ Fla. Admin. Code R. 64B7-26.002, (2023).

¹⁰ *See* Board of Massage Therapy, *Application for Massage Establishment License*. Available at <https://floridasmassagetherapy.gov/applications/app-bus-original-mt.pdf> (last visited Jan. 28, 2024).

- A DOH inspection;¹¹ and
- Proof of property damage and bodily injury liability insurance coverage.¹²

The application includes background screening of the establishment owner and requires the identification of a designated establishment manager (DEM).¹³ A DEM must be a licensed massage therapist who holds a clear and active license without restriction. The DEM is responsible for the operation of a massage establishment and must be designated the manager by the rules or practices at the establishment.¹⁴

Massage establishment licenses may not be transferred from a licensee to another individual or entity.¹⁵ Board approval is required for a massage establishment to move locations or change names.¹⁶

A proposed massage establishment may be denied a license for failing to meet the standards adopted by the Board, or if the owner or DEM has been convicted of, or plead guilty to, or plead nolo contendere to, a felony or misdemeanor relating to any of the following offenses:¹⁷

- Prostitution;¹⁸
- Kidnapping;¹⁹
- False imprisonment;²⁰
- Luring or enticing a child;²¹
- Human trafficking or smuggling;²²
- Sexual battery;²³
- Female genital mutilation;²⁴
- Lewd or lascivious offenses in the presence of a minor, elderly, or disabled person;²⁵ or
- Obscene or sexual acts involving a minor.²⁶

The DOH may investigate the proposed massage establishment based on the application contents.²⁷ If the DOH determines that the proposed massage establishment fails to meet the standards adopted by the Board, the DOH must deny the application for licensure and provide

¹¹ The inspection must demonstrate that the proposed massage establishment is to be used for “massage” as defined in Section 480.033(3), F.S., and that the proposed massage establishment is in compliance with chs. 456 and 480, F.S., and related rules. *See* Fla. Admin. Code R. 64B7-26.002, (2023).

¹² Fla. Admin. Code R. 64B7-26.002, (2023).

¹³ *See* Board of Massage Therapy, *Application for Massage Establishment License*. Available at <https://floridasmassagetherapy.gov/applications/app-bus-original-mt.pdf> (last visited Jan. 28, 2024).

¹⁴ Section 480.033(6), F.S.

¹⁵ Section 480.043(9), F.S.

¹⁶ *Id.*

¹⁷ Section 480.043, F.S.

¹⁸ Chapter 796, F.S.

¹⁹ Section 787.01, F.S.

²⁰ Section 787.02, F.S.

²¹ Section 787.025, F.S.

²² Sections 787.06 and 787.07, F.S.

²³ Section 794.011, F.S.

²⁴ Section 794.08, F.S.

²⁵ Sections 800.004 and 825.1025(2)(b), F.S.

²⁶ Section 827.071 and ch. 847 F.S.

²⁷ Section 480.043(5), F.S.

the denial in writing with a list of reasons for the denial. The establishment may correct the recorded deficiencies and reapply for licensure.²⁸

Professional Discipline of Massage Therapists and Massage Establishments

It is the responsibility of the Board to discipline its licensees regulated under ch. 480, F.S., for any acts that violate ss. 480.041, 480.043, 480.0485, 480.046, and 456.072, F.S., or ch. 64B7, Florida Administrative Code. In doing so, it must issue an order imposing appropriate penalties on the massage therapist or massage establishment within the ranges recommended in the disciplinary guidelines of ss. 456.072(2) and 480.046, F.S., and ch. 64B7, Florida Administrative Code, after consideration of the listed aggravating and mitigating factors. Discipline may include any combination of the following:

- Letter of concern or guidance.
- Reprimand.
- Conditional license.
- Probation.
- Suspension of license.
- Revocation of license.
- Fines.

During Fiscal Year 2022-2023, 229 administrative complaints were filed related to massage therapists and massage establishments.²⁹ Of those, 70 were related to sexual misconduct.³⁰

DOH Emergency Action Orders

The DOH is authorized under s. 456.074, F.S., to immediately suspend the license of any health care practitioner who has pleaded guilty, or nolo contendere to, or has been convicted of, any of the following offenses:

- Felony Medicare or Medicaid fraud under ch. 409, F.S.;
- Felony fraud under ch. 817, F.S.;
- Felony drug offenses under ch. 893, F.S., and equivalent charges under federal law;
- Misdemeanors or felonies under federal law relating to the Medicaid program;
- Felonies under s. 784.086, F.S., relating to reproductive battery; and
- Felonies under ch. 782, F.S., relating to homicide.

The DOH may only issue an emergency suspension order (ESO), an emergency restriction order (ERO), or an order limiting a practitioner's license if the procedure leading to the order was fair under the circumstances and meets the following criteria:

- The procedure provided at least the same procedural protection as is given by other statutes, the State Constitution, or the U.S. Constitution;
- The DOH took only the action necessary to protect the public health, safety, and welfare under the emergency procedure; and

²⁸ Section 480.043(6), F.S.

²⁹ Department of Health, House Bill 197 2024 Agency Legislative Bill Analysis (Oct. 24, 2023) (On file with the Senate Committee on Health Policy).

³⁰ *Id.*

- The DOH stated, in writing, with particularity, at the time of or before the emergency action, the specific facts and reasons for finding that the practitioner or regulated facility presented an *immediate danger to the public health, safety, or welfare* and its reasons for concluding that the procedure used was fair under the circumstances.³¹

The State Surgeon General, or his or her designee, may issue the emergency action and is required to conduct a proceeding to make a finding that a healthcare practitioner or regulated facility presents an immediate danger to the public health or safety and that the least restrictive means of protecting the public welfare is an action against the health care practitioner's or facility's license.³²

Emergency Actions Specific to Massage Therapist and Massage Establishment License

The DOH under s. 456.074(4), F.S., is required to issue an ESO of the license of a massage therapist or massage establishment when a therapist, or a person with any ownership interest in a massage establishment, has been convicted, or found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, prostitution or related acts under s. 796.07, F.S., or a felony under any of the following or similar provisions in another jurisdiction:³³

- 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;
- Section 787.06, F.S., relating to human trafficking;
- Section 787.07, F.S., relating to human smuggling;
- Section 794.011, F.S., relating to sexual battery;
- Section 794.08, F.S., relating to female genital mutilation;
- Former s. 796.03, F.S., relating to procuring a person under the age of 18 for prostitution;
- Former s. 796.04, F.S., relating to forcing, compelling, or coercing another to become a prostitute;
- Section 796.05, F.S., relating to deriving support from the proceeds of prostitution;
- Section 796.07(4)(a)3, F.S., relating to a felony of the third degree for a third or subsequent violation of s. 796.07, F.S., relating to prohibiting prostitution and related acts;
- Section 800.04, F.S., relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age;
- Section 825.1025(2)(b), F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person;
- Section 827.071, F.S., relating to sexual performance by a child;
- Section 847.0133, F.S., relating to the protection of minors;
- Section 847.0135, F.S., relating to computer pornography;
- Section 847.0138, F.S., relating to the transmission of material harmful to minors to a minor by electronic device or equipment; and
- Section 847.0145, F.S., relating to the selling or buying of minors.

³¹ Section 120.60(6), F.S.

³² Sections 456.073(8) and 120.60(6), F.S.

³³ Section 456.074(4), F.S.

Without a conviction or the entry of a guilty or nolo contendere plea by the licensee, the DOH cannot issue an ESO.

The DOH is required to annually report to the Legislature the total number of administrative complaints and a description of disciplinary actions taken against healthcare professionals and establishments licensed and regulated by the DOH.³⁴ Such figures are required to be categorized by profession but not by the cause for the complaint or disciplinary action, such as sexual misconduct or failure to maintain a DEM.

Massage establishments are also required to maintain a DEM on file with DOH as a condition of their licensure. The DOH is authorized to issue an ESO to an establishment that fails to identify a new DEM within ten days of terminating the previous DEM.³⁵

Human Trafficking

Human trafficking is a form of modern-day slavery involving the transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, or obtaining another person to exploit that person.³⁶ Human trafficking can affect individuals of any age, gender, or nationality; however, some people are more vulnerable than others. Significant risk factors include recent migration or relocation, substance abuse, mental health concerns, and involvement in the child welfare system.³⁷

Victims of human trafficking are often subjected to force, fraud, or coercion for sexual exploitation or forced labor.³⁸ It is estimated that at any given time in 2021, approximately 27.6 million people were engaging in forced labor.³⁹ In 2021, the National Human Trafficking Hotline⁴⁰ (hotline) identified 16,710 trafficking victims in the U.S., of which 1,253 were in Florida.⁴¹ However, these figures do not reflect the true scope and scale of the issue which cannot be easily quantified due to the underground nature of the issue. An analysis of data

³⁴ Section 456.026, F.S. See Department of Health, Division of Medical Quality Assurance Annual Report and Long-Range Plan (2023). available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/MQAAAnnualReport2022-2023.pdf> (last visited Jan. 28, 2024).

³⁵ Section 480.043(12), F.S.

³⁶ Section 787.06, F.S.

³⁷ U.S. Department of Health and Human Services, Administration of Children and Families, National Human Trafficking Hotline. *Human Trafficking: What Human Trafficking is, and isn't*. Available at <https://humantraffickinghotline.org/en/human-trafficking> (last visited Jan. 28, 2024).

³⁸ *Id.*

³⁹ International Labour Organization, *Global Estimates of Modern Slavery: Forced Labour and Forced Marriage* (Sep. 2022). Available at https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_854733.pdf (last visited Jan. 23, 2024).

⁴⁰ 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 also, National Human Trafficking Hotline, *About Us*, available at <https://humantraffickinghotline.org/en/about-us> (last visited Jan. 28, 2024).

⁴¹ U.S. Department of Health and Human Services, Administration of Children and Families, National Human Trafficking Hotline, *National Statistics (2021)*. Available at <https://humantraffickinghotline.org/en/statistics> (last visited Jan. 28, 2024).

collected by the hotline showed that approximately six percent of reported victims in 2021 were associated with illicit massage, health, and beauty services.⁴²

Illicit Massage Businesses

An illicit massage business (IMB) is an establishment that puts on the façade of a legitimate massage business to facilitate commercial sex services. As of 2023, *The Network*, a private I.R.S. 502(c)(3) non-profit, working to counter IMBs, estimated more than 13,000 IMBs were operating in all 50 states. As a whole, this illicit industry generates over \$5 billion per year in revenue.⁴³ IMBs are considered one of the top venues for sex trafficking involving adults and represented the largest group of citizen calls to the hotline in 2019.⁴⁴

Law Enforcement Response to IMBs

Florida has implemented several law enforcement and regulatory measures to stop the operation of IMBs without interfering with legitimate massage establishments.

Traditional tactics such as sting operations, undercover work, and reactive investigations are still relied on heavily for addressing human trafficking and IMBs, though these tactics for controlling crime have proven largely ineffective in reducing the presence of IMBs and their impact on victims of human trafficking. These tactics have been ineffective in holding traffickers accountable and decreasing the risk of victimization as the sting and undercover methods and massage therapy create unique issues for law enforcement.⁴⁵

Law enforcement has also attempted to prosecute IMBs as a public nuisance and sought injunctive relief.⁴⁶ When such a nuisance exists, the Attorney General, state attorney, city attorney, county attorney, or any citizen of the county where the nuisance allegedly exists, may bring a nuisance abatement action to enjoin the nuisance, the person maintaining it, and the owner or agent of the premises where the nuisance is located.⁴⁷ Such actions may result in a permanent injunction requiring the establishment to cease operations or abate any such nuisance. Massage establishments may also be declared a public nuisance if they are operating outside of legal hours, serving as a person's principal domicile,⁴⁸ or are unable to provide the required

⁴² U.S. Department of Health and Human Services, Administration of Children and Families, National Human Trafficking Hotline, *Polaris Analysis of 2021 Data from the National Human Trafficking Hotline*. Available at <https://polarisproject.org/wp-content/uploads/2020/07/Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf> (last visited Jan. 28, 2024).

⁴³ The Network, *What is the Illicit Massage Industry?* Available at <https://www.thenetworkteam.org/research/what-is-the-illicit-massage-industry> (last visited Jan. 28, 2023). The Network is an intelligence driven I.R.S. 501(c)(3) non-profit counter human traffic organization based in northern Virginia that works with partners across the U.S. with diverse strengths.

⁴⁴ de Vries, I. (2020). Crime, place, and networks in the age of the internet: The case of online-promoted illicit massage businesses. Northeastern University. Available at <https://repository.library.northeastern.edu/files/neu:m046sd37z/fulltext.pdf> (last visited Jan. 28, 2024).

⁴⁵ Vries, I. de, & Farrell, A. (2022). *Explaining the Use of Traditional Law Enforcement Responses to Human Trafficking Concerns in Illicit Massage Businesses*. Justice Quarterly, available at <https://www.tandfonline.com/doi/epdf/10.1080/07418825.2022.2051587?needAccess=true> (last visited Jan. 26, 2024).

⁴⁶ Section 823.05, F.S.

⁴⁷ Section 60.05, F.S.

⁴⁸ See s. 480.0475, F.S.

identification and licensure documents upon the request of a law enforcement officer or DOH investigator.⁴⁹

Administrative Response to IMBs

Florida has implemented several regulatory measures to combat the operation of IMBs. These regulations include:

- Massage establishments are not authorized to operate between 12:00 a.m. and 5:00 a.m.;⁵⁰
- Sexual misconduct⁵¹ is explicitly prohibited in massage establishments;⁵²
- Advertisements must include the license number of the individual massage therapist or establishment being advertised;⁵³
- Persons employed in a massage establishment must be able to produce a government-issued identification upon request of a DOH inspector or law enforcement investigator;⁵⁴ and
- Massage establishments are required to have a procedure for reporting suspected human trafficking and conspicuously post a sign with the relevant procedures.⁵⁵

III. Effect of Proposed Changes:

Section 1 amends s. 456.026, F.S., to expand the Department of Health's (DOH) reporting requirements regarding massage therapists and establishments. Current law requires the DOH to report the number of complaints, investigations, and disciplinary actions taken for all the DOH-regulated professions, but the basis of the cause of action is not required to be reported. The bill requires the DOH to separately categorize complaints, investigations, probable cause findings, and disciplinary actions against massage therapists and establishments where the following specific statutory violations are being alleged:

- No designated establishment manager (DEM);
- No procedure for reporting suspected human trafficking to the hotline or a local law enforcement agency;
- Sexual activity in a massage establishment;
- Window violation;
- Clothing violation;
- Employment records violation;
- License display violation;
- Medical records violation;
- Advertising violation;
- Domicile, shelter, harbor, sleeping or napping violation;
- Sexual misconduct violation; and
- Document violation.

⁴⁹ See s. 480.0535, F.S.

⁵⁰ Section 480.0475, F.S.

⁵¹ Fla. Admin. Code R. 64B7-26.010, (2023), specifies that the statutory prohibition of sexual misconduct extends to sexual activity occurring within any massage establishment.

⁵² Section 480.0485, F.S.

⁵³ Section 480.0465, F.S.

⁵⁴ Section 480.0535, F.S.

⁵⁵ Section 480.043, F.S.

Section 2 amends s. 456.074, F.S., to expand the DOH authority to suspend the license of a massage therapist and massage establishment when an employee of the establishment is arrested for committing or attempting, soliciting, or conspiring to commit any offense listed in 456.074, F.S., such as prostitution, kidnapping, or human trafficking.

The bill authorizes the State Surgeon General to suspend the license of any licensee upon probable cause that the licensee has committed sexual misconduct, and that the violation constitutes an immediate danger to the public.

Section 3 amends s. 480.033, F.S., to define the following terms for the practice of massage therapy and massage establishments:

- “Advertising medium,” which includes:
 - Any newspaper;
 - Airwave or computer transmission;
 - Telephone directory listing, other than an in-column listing consisting only of a name, physical address, and telephone number;
 - Business card;
 - Handbill;
 - Flyer;
 - Sign, other than a building directory listing all building tenants and their room or suite numbers; or
 - Any other form of written or electronic advertisement.
- “Employee,” which includes any person, independent contractor, or lessee of the massage establishment, whose duties include any aspect of the massage establishment, including, cooking and cleaning, with or without compensation. The term does not include persons exclusively engaged in the repair or maintenance of the massage establishment or the delivery of goods to the establishment.
- “Sexual activity” according to parameters provided in the bill.

The bill amends the definition of designated establishment manager (DEM), to include an acupuncturist, medical or osteopathic physician, or chiropractor, who holds a clear and active license without restrictions as persons who may act as a DEM. Currently, only a massage therapist may act as a DEM.

Section 4 amends s. 480.035, F.S., to change the Board of Massage Therapy quorum requirements from four members to a majority of members.

Section 5 amends s. 480.043, F.S., to provide the DOH and law enforcement the means to effectively identify persons engaging in human trafficking at massage establishments.

Specifically, the bill:

- Expressly prohibits sexual activity in a massage establishment;
- Requires the outside windows in the massage establishment’s reception area to allow for at least 35 percent light penetration and no more than 50 percent of the outside windows may be obstructed by signage, blinds, curtains, or other obstructions;
- Requires a sign on the front window that includes the name and license number of the massage establishment and the telephone number that has been provided to the DOH as part of the licensure application, with an exception for a massage establishment:

- Within a public lodging establishment; or
- Located within a county or municipality that has an ordinance that prescribes requirements related to business window light penetration or signage limitations if compliance would result in noncompliance with such ordinance;
- Requires all employees at the massage establishment to be fully clothed and the clothing be fully opaque and made of nontransparent material that does not expose the employee's genitalia, with an exception for employees of a public lodging establishment that is licensed as a clothing-optional establishment and chartered with the American Association for Nude Recreation;
- Requires a massage establishment to maintain a complete set of legible employment records in English or Spanish, which must include employees':
 - Start date;
 - Full legal name;
 - Date of birth;
 - Home address;
 - Telephone number;
 - Employment position; and
 - A copy of the employee's government identification.
- Requires a massage establishment to display a two-inch by two-inch photo for each employee, which, for massage therapists, must be attached to the massage therapist's license and include the employee's full legal name and employment position. A massage establishment within a public lodging establishment may satisfy this requirement by displaying the photos and required information in an employee break room or other room that is used by employees, but is not used by clients or patients;
- Requires a massage establishment to maintain a complete set of legible patient or client medical records in English or Spanish which must be maintained for one year after the last date of service or treatment, and include:
 - The date and time of the service or treatment;
 - The type of service or treatment provided;
 - The full legal name of the employee who provided the service or treatment; and
 - The full legal name, home address, and telephone number of the client or patient; and
- Requires an establishment to confirm the identification of a client or patient before any service or treatment is provided.

Except for the requirement that a massage establishment implement a procedure for reporting suspected human trafficking to the National Human Trafficking Hotline or a local law enforcement agency and post it in a conspicuous place in the establishment, the bill exempts acupuncturists, physician licensed ch. 458 or 459, F.S., and chiropractors who employ a massage therapist to perform massage therapy on their patients at their practice are exempt from requirements of s. 480.043, F.S.

The bill amends s. 823.05, F.S., to declare that a massage establishment found to have permitted sexual activity on the premises, or to have failed to maintain a complete set of client or patient medical records, in violation of s. 480.14(a) or (f), F.S., is a nuisance, and law enforcement may abate and enjoin the establishment under ss. 60.05 and 60.06, F.S.

Section 6 amends s. 480.0465, F.S., to require that advertisements by a massage therapist or massage establishment include the physical address of the establishment that was provided to the DOH. Massage establishments with more than five locations in Florida are exempt from this requirement.

Massage therapists, massage establishments, and employees of massage establishments are prohibited from advertising in any medium or website that expressly or implicitly advertises prostitution, escort, or other sexual services. The bill deletes the statutory clause allowing new massage establishments with pending licenses to advertise using the license number of a massage therapist.

Section 7 amends s. 480.0475, F.S., to prohibit the use of a massage establishment, unless zoned residential under a local ordinance, by any person as:

- A principle or temporary domicile;
- A shelter or a harbor; or
- Sleeping or napping quarters.

Section 8 amends s. 480.0535, F.S., to require DOH investigators to request valid government identification from all employees, in addition to massage therapists, in a massage establishment at the time of inspection. If an employee is unable to provide a valid form of government identification, the bill requires the DOH to notify a federal immigration office.

Section 9 amends s. 823.05, F.S., to expand the circumstances under which a massage establishment may be declared a public nuisance to include violating laws regarding the prohibition of sexual activity at a massage establishment and the maintenance of certain employment records.

Section 10 provides that 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 has a significant negative impact on the Department of Health (DOH) due to an increase in workload associated with additional complaints, investigations, and prosecution cases. According to the DOH, the licensure pool for massage therapists and establishments is not expected to increase, yet the increase in workload cannot be absorbed with current resources.⁵⁶

The DOH estimates that the bill will result in an additional 1,869 complaints, 500 cases, and 48 unlicensed activity investigations per year. In addition, the bill requires mandatory emergency suspension orders for massage therapy and massage establishment licenses in violation of numerous statutes, which the DOH indicates will increase Prosecution Services Unit workloads.

The DOH expects the bill to create a non-recurring increase in workload associated with updating the Licensing and Enforcement Information Database System, Iron Data Mobile inspection software, Online Service Portal, artificial intelligence virtual agent for voice and web, License Verification Search Site, board order tracking and monitoring systems, board websites, and data exchange services. Updates to fully integrate the bill are estimated to take three months.

The DOH's total estimated annual cost is 8 full-time-equivalent positions, and \$1,034,032 in the following categories:⁵⁷

- Salary and Benefits - \$846,102/Recurring
- Expense - \$71,000/Recurring + \$53,272/Non-Recurring
- Human Resources - \$2,878/Recurring
- Contracted Services - \$5,100/Recurring \$55,680/Non-Recurring

⁵⁶ Department of Health, House Bill 197 2024 Agency Legislative Bill Analysis (Oct. 24, 2023) (On file with the Senate Committee on Health Policy).

⁵⁷ *Id.*

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.026, 456.074, 480.033, 480.035, 480.043, 480.0465, 480.0475, 480.0535, and 823.05.

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 Martin

33-00545A-24

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1 A bill to be entitled
 2 An act relating to health care practitioners and
 3 massage therapy; amending s. 456.026, F.S.; requiring
 4 that a certain annual report required of the
 5 Department of Health include specified data; amending
 6 s. 456.074, F.S.; requiring the department to
 7 immediately suspend the license of massage therapists
 8 and massage establishments under certain
 9 circumstances; requiring the department to suspend the
 10 license of any person or entity under its jurisdiction
 11 under certain circumstances; amending s. 480.033,
 12 F.S.; revising and providing definitions; amending s.
 13 480.035, F.S.; revising quorum requirements for the
 14 Board of Massage Therapy; amending s. 480.043, F.S.;
 15 revising certain rules the board is required to adopt;
 16 prohibiting sexual activity and certain related
 17 activities in massage establishments; specifying
 18 prohibited conduct by establishment owners and
 19 employees; providing requirements for outside windows
 20 and signs in massage establishments; providing
 21 exceptions; providing employee dress code
 22 requirements, with an exception; requiring
 23 establishments to maintain certain employment records
 24 in English or Spanish; requiring that specified
 25 information be recorded before an employee may provide
 26 services or treatment; requiring massage
 27 establishments to conspicuously display a photo and
 28 specified information for each employee; requiring
 29 that such photos and information be displayed before

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30 an employee may provide services or treatment;
 31 providing for such requirements in massage
 32 establishments within public lodging establishments;
 33 requiring massage establishments to maintain customer
 34 and patient records for services and treatment
 35 provided in the massage establishment in English or
 36 Spanish; providing that medical records satisfy
 37 certain requirements; requiring massage establishments
 38 to maintain such records for a specified timeframe;
 39 requiring massage establishments to collect and record
 40 specified information; requiring massage
 41 establishments to confirm the identification of a
 42 customer or patient before providing services or
 43 treatment; amending s. 480.0465, F.S.; revising
 44 advertising requirements and prohibitions for massage
 45 therapists and massage establishments; amending s.
 46 480.0475, F.S.; prohibiting establishments from being
 47 used as a temporary domicile for, to shelter or
 48 harbor, or as sleeping quarters for any person, with
 49 an exception; amending s. 480.0535, F.S.; requiring
 50 the department's investigators to request valid
 51 government identification from all employees while in
 52 a massage establishment; specifying additional
 53 documents a person operating a massage establishment
 54 must immediately present, upon request, to department
 55 investigators and law enforcement officers; requiring
 56 the department to notify a federal immigration office
 57 if specified persons in a massage establishment fail
 58 to provide valid government identification; amending

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59 s. 823.05, F.S.; providing criminal penalties;
60 providing an effective date.

61
62 Be It Enacted by the Legislature of the State of Florida:

63
64 Section 1. Section 456.026, Florida Statutes, is amended to
65 read:

66 456.026 Annual report concerning finances, administrative
67 complaints, disciplinary actions, and recommendations.—

68 (1) The department is directed to prepare and submit a
69 report to the President of the Senate and the Speaker of the
70 House of Representatives by November 1 of each year. In addition
71 to finances and any other information the Legislature may
72 require, the report must ~~shall~~ include statistics and relevant
73 information, profession by profession, detailing:

74 (a) ~~(1)~~ The revenues, expenditures, and cash balances for
75 the prior year, and a review of the adequacy of existing fees.

76 (b) ~~(2)~~ The number of complaints received and investigated.

77 (c) ~~(3)~~ The number of findings of probable cause made.

78 (d) ~~(4)~~ The number of findings of no probable cause made.

79 (e) ~~(5)~~ The number of administrative complaints filed.

80 (f) ~~(6)~~ The disposition of all administrative complaints.

81 (g) ~~(7)~~ A description of disciplinary actions taken.

82 (h) ~~(8)~~ A description of any effort by the department to
83 reduce or otherwise close any investigation or disciplinary
84 proceeding not before the Division of Administrative Hearings
85 under chapter 120 or otherwise not completed within 1 year after
86 the initial filing of a complaint under this chapter.

87 (i) ~~(9)~~ The status of the development and implementation of

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88 rules providing for disciplinary guidelines pursuant to s.
89 456.079.

90 (j) ~~(10)~~ Such recommendations for administrative and
91 statutory changes necessary to facilitate efficient and cost-
92 effective operation of the department and the various boards.

93 (2) The report must separately categorize all complaints,
94 investigations, probable cause findings, and disciplinary
95 actions against a massage therapist or massage establishment
96 licensed under chapter 480 related to a violation of each of the
97 following:

98 (a) Section 480.043(12).

99 (b) Section 480.043(13).

100 (c) Section 480.043(14)(a)-(f).

101 (d) Section 480.0465.

102 (e) Section 480.0475.

103 (f) Section 480.0485.

104 (g) Section 480.0535.

105 Section 2. Subsection (4) of section 456.074, Florida
106 Statutes, is amended, and subsection (7) is added to that
107 section, to read:

108 456.074 Certain health care practitioners; immediate
109 suspension of license.—

110 (4) The department shall issue an emergency order
111 suspending the license of a massage therapist and ~~or~~
112 establishment as those terms are defined in s. 480.033 ~~chapter~~
113 ~~480~~ upon receipt of information that the massage therapist; the
114 designated establishment manager as defined in s. 480.033; an
115 employee of the establishment; ~~;~~ a person with an ownership
116 interest in the establishment; ~~;~~ or, for a corporation that has

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117 more than \$250,000 of business assets in this state, the owner,
 118 officer, or individual directly involved in the management of
 119 the establishment has been arrested for committing or
 120 attempting, soliciting, or conspiring to commit, has been
 121 convicted or found guilty of, or has entered a plea of guilty or
 122 nolo contendere to, regardless of adjudication, a violation of
 123 s. 796.07 ~~s. 796.07(2)(a) which is reclassified under s.~~
 124 ~~796.07(7)~~ or a felony offense under any of the following
 125 provisions of state law or a similar provision in another
 126 jurisdiction:

127 (a) Section 787.01, relating to kidnapping.
 128 (b) Section 787.02, relating to false imprisonment.
 129 (c) Section 787.025, relating to luring or enticing a
 130 child.
 131 (d) Section 787.06, relating to human trafficking.
 132 (e) Section 787.07, relating to human smuggling.
 133 (f) Section 794.011, relating to sexual battery.
 134 (g) Section 794.08, relating to female genital mutilation.
 135 (h) Former s. 796.03, relating to procuring a person under
 136 the age of 18 for prostitution.
 137 (i) Former s. 796.035, relating to the selling or buying of
 138 minors into prostitution.
 139 (j) Section 796.04, relating to forcing, compelling, or
 140 coercing another to become a prostitute.
 141 (k) Section 796.05, relating to deriving support from the
 142 proceeds of prostitution.
 143 (l) Section 796.07(4)(a)3., relating to a felony of the
 144 third degree for a third or subsequent violation of s. 796.07,
 145 relating to prohibiting prostitution and related acts.

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146 (m) Section 800.04, relating to lewd or lascivious offenses
 147 committed upon or in the presence of persons less than 16 years
 148 of age.
 149 (n) Section 825.1025(2)(b), relating to lewd or lascivious
 150 offenses committed upon or in the presence of an elderly or
 151 disabled person.
 152 (o) Section 827.071, relating to sexual performance by a
 153 child.
 154 (p) Section 847.0133, relating to the protection of minors.
 155 (q) Section 847.0135, relating to computer pornography.
 156 (r) Section 847.0138, relating to the transmission of
 157 material harmful to minors to a minor by electronic device or
 158 equipment.
 159 (s) Section 847.0145, relating to the selling or buying of
 160 minors.
 161 (7) The department shall issue an emergency order
 162 suspending the license of any licensee upon a finding of the
 163 State Surgeon General that probable cause exists to believe that
 164 the licensee has committed sexual misconduct as described and
 165 prohibited in s. 456.063(1), or the applicable practice act, and
 166 that such violation constitutes an immediate danger to the
 167 public.
 168 Section 3. Present subsections (1) through (6) and (7)
 169 through (12) of section 480.033, Florida Statutes, are
 170 redesignated as subsections (2) through (7) and (9) through
 171 (14), respectively, new subsections (1) and (8) and subsection
 172 (15) are added to that section, and present subsection (6) of
 173 that section is amended, to read:
 174 480.033 Definitions.—As used in this act:

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175 (1) "Advertising medium" means any newspaper; airwave or
 176 computer transmission; telephone directory listing, other than
 177 an in-column listing consisting only of a name, physical
 178 address, and telephone number; business card; handbill; flyer;
 179 sign, other than a building directory listing all building
 180 tenants and their room or suite numbers; or any other form of
 181 written or electronic advertisement.

182 (7)(6) "Designated establishment manager" means a massage
 183 therapist; a health care practitioner licensed under chapter
 184 457; or a physician licensed under chapter 458, chapter 459, or
 185 chapter 460 who holds a clear and active license without
 186 restriction, who is responsible for the operation of a massage
 187 establishment in accordance with the provisions of this chapter,
 188 and who is designated the manager by the rules or practices at
 189 the establishment.

190 (8) "Employee" means any person, including, but not limited
 191 to, independent contractors or lessees of a massage
 192 establishment, whose duties involve any aspect or capacity of
 193 the massage establishment, including, but not limited to,
 194 preparing meals and cleaning, regardless of whether such person
 195 is compensated for the performance of such duties. The term does
 196 not include a person who is exclusively engaged in the repair or
 197 maintenance of the massage establishment or in the delivery of
 198 goods to the establishment.

199 (15) "Sexual activity" means any direct or indirect contact
 200 by any employee or person, or between any employees or persons,
 201 with the intent to abuse, humiliate, harass, degrade, or arouse,
 202 or gratify the sexual desire of, any employee or person, or
 203 which is likely to cause such abuse, humiliation, harassment,

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204 degradation, arousal, or sexual gratification:

205 (a) With or without the consent of the employee or person.

206 (b) With or without verbal or nonverbal communication that
 207 the sexual activity is undesired.

208 (c) With or without the use of any device or object.

209 (d) With or without the occurrence of penetration, orgasm,
 210 or ejaculation.

211 The term includes, but is not limited to, intentional contact
 212 with the genitalia, groin, femoral triangle, anus, buttocks,
 213 gluteal cleft, breast or nipples, mouth, or tongue and the
 214 intentional removal of any drape without specific written
 215 informed consent of the patient.

216 Section 4. Subsection (5) of section 480.035, Florida
 217 Statutes, is amended to read:

218 480.035 Board of Massage Therapy.—

219 (5) The board shall hold such meetings during the year as
 220 it may determine to be necessary, one of which shall be the
 221 annual meeting. The chair of the board shall have the authority
 222 to call other meetings at her or his discretion. A quorum of the
 223 board shall consist of not less than a majority of the current
 224 membership of the board ~~four members~~.

225 Section 5. Present subsection (14) of section 480.043,
 226 Florida Statutes, is redesignated as subsection (15), a new
 227 subsection (14) is added to that section, and subsection (3) and
 228 present subsection (14) of that section are amended, to read:

229 480.043 Massage establishments; requisites; licensure;
 230 inspection; human trafficking awareness training and policies.—

231 (3) The board shall adopt rules governing the operation of
 232

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233 message establishments and their facilities, employees
 234 ~~personnel~~, safety and sanitary requirements, financial
 235 responsibility, insurance coverage, and the license application
 236 and granting process.

237 (14) In order to provide the department and law enforcement
 238 agencies the means to more effectively identify persons engaging
 239 in human trafficking at massage establishments, the following
 240 apply:

241 (a) Sexual activity in a massage establishment is
 242 prohibited. An establishment owner or employee may not engage in
 243 or allow any person to engage in sexual activity in the
 244 establishment or use the establishment to make arrangements to
 245 engage in sexual activity in another location. Used or unused
 246 condoms are prohibited in a massage establishment.

247 (b) If there is an outside window or windows into the
 248 massage establishment's reception area, the outside window or
 249 windows must allow for at least 35 percent light penetration,
 250 and no more than 50 percent of the outside window or windows may
 251 be obstructed with signage, blinds, curtains, or other
 252 obstructions, allowing the public to see the establishment's
 253 reception area. A sign must be posted on the front window of the
 254 establishment that includes the name and license number of the
 255 massage establishment and the telephone number that has been
 256 provided to the department as part of licensure of the
 257 establishment. This paragraph does not apply to:

258 1. A massage establishment within a public lodging
 259 establishment as defined in s. 509.013(4).

260 2. A massage establishment located within a county or
 261 municipality that has an ordinance that prescribes requirements

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262 related to business window light penetration or signage
 263 limitations if compliance with this paragraph would result in
 264 noncompliance with such ordinance.

265 (c) All employees within the massage establishment must be
 266 fully clothed, and such clothing must be fully opaque and made
 267 of nontransparent material that does not expose the employee's
 268 genitalia. This requirement does not apply to an employee,
 269 excluding a massage therapist, of a public lodging establishment
 270 as defined in s. 509.013(4) which is licensed as a clothing-
 271 optional establishment and chartered with the American
 272 Association for Nude Recreation.

273 (d) A massage establishment must maintain a complete set of
 274 legible records in English or Spanish, which must include each
 275 employee's start date of employment, full legal name, date of
 276 birth, home address, telephone number, and employment position
 277 and a copy of the employee's government identification required
 278 under s. 480.0535. All information required under this paragraph
 279 must be recorded before the employee may provide any service or
 280 treatment to a client or patient.

281 (e) A massage establishment must conspicuously display a 2
 282 inch by 2 inch photo for each employee, which, for massage
 283 therapists, must be attached to the massage therapist's license.
 284 Such display must also include the employee's full legal name
 285 and employment position. All information required under this
 286 paragraph must be displayed before the employee may provide any
 287 service or treatment to a client or patient. A massage
 288 establishment within a public lodging establishment as defined
 289 in s. 509.013(4) may satisfy this requirement by displaying the
 290 photos and required information in an employee break room or

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291 other room that is used by employees, but is not used by clients
 292 or patients.

293 (f) A message establishment must maintain a complete set of
 294 legible records in English or Spanish which must include the
 295 date, time, and type of service or treatment provided; the full
 296 legal name of the employee who provided the service or
 297 treatment; and the full legal name, home address, and telephone
 298 number of the client or patient. Medical records may satisfy
 299 this requirement if the records include the specified
 300 information. A copy of the client's or patient's photo
 301 identification may be used to provide the full legal name and
 302 home address of the client or patient. Records required under
 303 this paragraph must be maintained for at least 1 year after a
 304 service or treatment is provided. All information required under
 305 this paragraph must be collected and recorded before any service
 306 or treatment is provided to a client or patient. The
 307 establishment must confirm the identification of the client or
 308 patient before any service or treatment is provided to the
 309 client or patient.

310 (15)(14) Except for the requirements of subsection (13),
 311 this section does not apply to a practitioner ~~physician~~ licensed
 312 under chapter 457 or a physician licensed under, chapter 458,
 313 chapter 459, or chapter 460 who employs a licensed message
 314 therapist to perform massage therapy on the practitioner's or
 315 physician's patients at his or her ~~the physician's~~ place of
 316 practice. This subsection does not restrict investigations by
 317 the department for violations of chapter 456 or this chapter.

318 Section 6. Section 480.0465, Florida Statutes, is amended
 319 to read:

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320 480.0465 Advertisement; prohibitions.-

321 (1) Each message therapist or message establishment
 322 licensed under this act shall include the number of the license
 323 in any advertisement of massage therapy services appearing in
 324 any advertising medium, including, but not limited to, a
 325 newspaper, airwave transmission, telephone directory, Internet,
 326 or other advertising medium. The advertisement must also include
 327 the physical address of the message establishment and the
 328 telephone number that has been provided to the department as
 329 part of the licensing of the establishment. However, the
 330 inclusion of the physical address and telephone number is not
 331 required for an advertisement by a message establishment whose
 332 establishment owner operates more than five locations in this
 333 state.

334 (2) A message therapist, an establishment owner, an
 335 employee, or any third party directed by the establishment owner
 336 or employee may not place, publish, or distribute, or cause to
 337 be placed, published, or distributed, any advertisement in any
 338 advertising medium which states prostitution services, escort
 339 services, or sexual services are available.

340 (3) A message therapist, an establishment owner, an
 341 employee, or any third party directed by the message therapist,
 342 establishment owner, or employee may not place, publish, or
 343 distribute, or cause to be placed, published, or distributed,
 344 any online advertisement on any website known for advertising
 345 prostitution services, escort services, or sexual services
 346 ~~Pending licensure of a new message establishment under s.~~
 347 ~~480.043(7), the license number of a licensed message therapist~~
 348 ~~who is an owner or principal officer of the establishment may be~~

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349 ~~used in lieu of the license number for the establishment.~~

350 Section 7. Subsection (2) of section 480.0475, Florida
351 Statutes, is amended to read:

352 480.0475 Massage establishments; prohibited practices.—

353 (2) A person operating a massage establishment may not use
354 or permit the establishment to be used as a principal or
355 temporary domicile for, to shelter or harbor, or as sleeping or
356 napping quarters for any person unless the establishment is
357 zoned for residential use under a local ordinance.

358 Section 8. Section 480.0535, Florida Statutes, is amended
359 to read:

360 480.0535 Documents required while working in a massage
361 establishment; penalties; reporting.—

362 (1) In order to provide the department and law enforcement
363 agencies the means to more effectively identify, investigate,
364 and arrest persons engaging in human trafficking, an employee a
365 person employed by a massage establishment and any person
366 performing massage therapy in a massage establishment ~~therein~~
367 must immediately present, upon the request of an investigator of
368 the department or a law enforcement officer, valid government
369 identification while in the establishment. An investigator of
370 the department must request valid government identification from
371 all employees while in the establishment. A valid government
372 identification for the purposes of this section is:

373 (a) A valid, unexpired driver license issued by any state,
374 territory, or district of the United States;

375 (b) A valid, unexpired identification card issued by any
376 state, territory, or district of the United States;

377 (c) A valid, unexpired United States passport;

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378 (d) A naturalization certificate issued by the United
379 States Department of Homeland Security;

380 (e) A valid, unexpired alien registration receipt card
381 (green card); or

382 (f) A valid, unexpired employment authorization card issued
383 by the United States Department of Homeland Security.

384 (2) A person operating a massage establishment must:

385 (a) Immediately present, upon the request of an
386 investigator of the department or a law enforcement officer:

387 1. Valid government identification while in the
388 establishment.

389 2. A copy of the documentation specified in paragraph
390 (1) (a) for each employee and any person performing massage
391 therapy in the establishment.

392 3. A copy of the documents required under s. 480.043(14) (d)
393 and (f).

394 (b) Ensure that each employee and any person performing
395 massage therapy in the massage establishment is able to
396 immediately present, upon the request of an investigator of the
397 department or a law enforcement officer, valid government
398 identification while in the establishment.

399 (3) A person who violates ~~any provision of~~ this section
400 commits:

401 (a) For a first violation, a misdemeanor of the second
402 degree, punishable as provided in s. 775.082 or s. 775.083.

403 (b) For a second violation, a misdemeanor of the first
404 degree, punishable as provided in s. 775.082 or s. 775.083.

405 (c) For a third or subsequent violation, a felony of the
406 third degree, punishable as provided in s. 775.082, s. 775.083,

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407 or s. 775.084.

408 (4) The department shall notify a federal immigration
409 office if a person operating a massage establishment, an
410 employee, or any person performing massage therapy in a massage
411 establishment fails to provide valid government identification
412 as required under this section.

413 Section 9. Subsection (3) of section 823.05, Florida
414 Statutes, is amended to read:

415 823.05 Places and groups engaged in certain activities
416 declared a nuisance; abatement and enjoinder.—

417 (3) A massage establishment as defined in s. 480.033 which
418 operates in violation of s. 480.043(14)(a) or (f), s. 480.0475,
419 or s. 480.0535(2) is declared a nuisance and may be abated or
420 enjoined as provided in ss. 60.05 and 60.06.

421 Section 10. 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

SB 896

Bill Number or Topic

2/8/2024

Meeting Date

Approps HHS

Committee

Amendment Barcode (if applicable)

Name kate kelly

Phone 850-933-2822

Address 100 E. College Ave # 820

Email k.kelly@mandarbaires.com

Tutt FL 32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

Collier County Sheriff's Office

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

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

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

2-8-2024

Meeting Date

Approps on Health & Huma

Committee

The Florida Senate

APPEARANCE RECORD

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SB 896

Bill Number or Topic

Amendment Barcode (if applicable)

Name Erin Collins/Junior Leagues of Florida

Phone (850) 570-1492

Address 1400 Village Square Blvd., #3-110

Email Erin@FloridaAllianceEndHT.co

Street

Tallahassee

FL

32312

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)

2/8/24

Meeting Date

The Florida Senate APPEARANCE RECORD

SB 896

Bill Number or Topic

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

Appropriations on Health + Human Services

Committee

Amendment Barcode (if applicable)

Name ERICH SCHUTTAUF

Phone 407-520-2010

Address 1703 N. MAIN ST

Email ERICH.SCHUTTAUF@AANR.COM

Street

Kissimmee

FL

34744

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:

AANR, Inc.

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)

2/8/24

Meeting Date

The Florida Senate
APPEARANCE RECORD

SB 896

Bill Number or Topic

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

depositions on Health & human services
Committee

Amendment Barcode (if applicable)

Name MAXWELL H. SCHUTTAUF Phone 4075777868

Address 1703 N. MAIN STREET Email MAX.SCHUTTAUF@AANR.COM
KISSIMMEE FL 34744
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:
- I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by: AANR

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The Florida Senate
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Bill Number or Topic

Amendment Barcode (if applicable)

2/8/24
Meeting Date

HC APP
Committee

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TALL FL 32302

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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/CS/SB 1320

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

SUBJECT: HIV Infection Prevention Drugs

DATE: February 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Gerbrandt	McKnight	AHS	Fav/CS
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1320 creates s. 465.1861, F.S., to establish a process under which a pharmacist may order and dispense certain HIV drugs. The bill defines the following terms: HIV, HIV infection prevention drug, HIV postexposure prophylaxis drug, and HIV preexposure prophylaxis drug.

The bill authorizes a pharmacist to screen an adult for HIV exposure and provide the results to that adult, with the advice that the patient should seek further medical consultation or treatment from a physician, regardless of the test results.

The bill requires all pharmacies that provide adult HIV screenings have an access-to-care plan for assisting patients in gaining access to appropriate care settings when they present to the pharmacy for HIV screening and indicate that they lack regular access to primary care.

The bill does not have a fiscal impact on state expenditures.

The bill takes effect July 1, 2024.

II. Present Situation:

Pharmacist Licensure

Pharmacy is the third largest health profession behind nursing and medicine.¹ The Board of Pharmacy (BOP), in conjunction with the Department of Health (DOH), regulates the practice of pharmacists under ch. 465, F.S.² To be licensed as a pharmacist, a person must:³

- Complete an application and remit an examination fee;
- Be at least 18 years of age;
- Hold a degree from an accredited and approved school or college of pharmacy;⁴
- Have completed a BOP-approved internship; and
- Complete the BOP-approved examination.

A pharmacist must complete at least 30 hours of BOP-approved continuing education during each biennial renewal period.⁵ Pharmacists who are certified to administer vaccines or epinephrine auto-injections must complete a three-hour continuing education course on the safe and effective administration of vaccines and epinephrine auto-injections as a part of the biennial licensure renewal.⁶ Pharmacists who administer long-acting antipsychotic medications must complete an approved eight-hour continuing education course as a part of the continuing education.⁷

Pharmacist Scope of Practice

In Florida, the practice of the profession of pharmacy includes:⁸

- Compounding, dispensing, and consulting concerning the contents, therapeutic values, and uses of any medicinal drug;
- Consulting concerning therapeutic values and interactions of patent or proprietary preparations;
- Monitoring a patient's drug therapy and assisting the patient in the management of his or her drug therapy, including the review of the patient's drug therapy and communication with the patient's prescribing health care provider or other persons specifically authorized by the patient;
- Transmitting information from prescribers to their patients;

¹ American Association of Colleges of Pharmacy, *About AACP*, available at <https://www.aacp.org/about-aacp> (last visited Jan. 24, 2024).

² Sections 465.004 and 465.005, F.S.

³ Section 465.007, F.S. The DOH may also issue a license by endorsement to a pharmacist who is licensed in another state upon meeting the applicable requirements set forth in law and rule. *See* s. 465.0075, F.S.

⁴ If the applicant has graduated from a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the U.S., the applicant must demonstrate proficiency in English, pass the board-approved Foreign Pharmacy Graduate Equivalency Examination, and complete a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a DOH licensed pharmacist.

⁵ Section 465.009, F.S.

⁶ Section 465.009(6), F.S.

⁷ Section 465.1893, F.S.

⁸ Section 465.003(13), F.S.

- Administering specified vaccines to adults and influenza vaccines to persons seven years of age or older;⁹
- Administering epinephrine autoinjections;¹⁰ and
- Administering antipsychotic medications by injection.¹¹

A pharmacist may not alter a prescriber's directions, diagnose or treat any disease, initiate any drug therapy, or practice medicine or osteopathic medicine, unless permitted by law.¹²

Pharmacists may order and dispense drugs that are included in a formulary developed by a committee composed of members of the Board of Medicine (BOM), the Board of Osteopathic Medicine (BOOM), and the BOP.¹³ The formulary may only include:

- Any medicinal drug of single or multiple active ingredients in any strength when such active ingredients have been approved individually or in combination for over-the-counter sale by the U.S. Food and Drug Administration (FDA);
- Any medicinal drug recommended by the FDA Advisory Panel for transfer to over-the-counter status pending approval by the FDA;
- Any medicinal drug containing any antihistamine or decongestant as a single active ingredient or in combination;
- Any medicinal drug containing fluoride in any strength;
- Any medicinal drug containing lindane in any strength;
- Any over-the-counter proprietary drug under federal law that has been approved for reimbursement by the Florida Medicaid Program; and
- Any topical anti-infective, excluding eye and ear topical anti-infective.¹⁴

A pharmacist may order the following, within his or her professional judgment and subject to the following conditions:

- Certain oral analgesics for mild to moderate pain. The pharmacist may order these drugs for minor pain and menstrual cramps for patients with no history of peptic ulcer disease. The prescription is limited to a six-day supply for one treatment of:
 - Magnesium salicylate/phenyltoloxamine citrate;
 - Acetylsalicylic acid (zero order release, long-acting tablets);
 - Choline salicylate and magnesium salicylate;
 - Naproxen sodium;
 - Naproxen;
 - Ibuprofen;
 - Phenazopyridine, for urinary pain; and
 - Antipyrine 5.4 percent, benzocaine 1.4 percent, glycerin, for ear pain if clinical signs or symptoms of tympanic membrane perforation are not present;
- Anti-nausea preparations;
- Certain antihistamines and decongestants;

⁹ See s. 465.189, F.S.

¹⁰ *Id.*

¹¹ Section 465.1893, F.S.

¹² Section 465.003(13), F.S.

¹³ Section 465.186, F.S.

¹⁴ *Id.*

- Certain topical antifungals/antibacterials;
- Topical anti-inflammatory preparations containing hydrocortisone not exceeding 2.5 percent;
- Certain otic antifungal/antibacterial;
- Salicylic acid 16.7 percent and lactic acid 16.7 percent in flexible collodion, to be applied to warts, except for patients under 2 years of age, and those with diabetes or impaired circulation;
- Vitamins with fluoride, excluding vitamins with folic acid over 0.9 mg.;
- Medicinal drug shampoos containing lindane for the treatment of head lice;
- Ophthalmic. Naphazoline 0.1 percent ophthalmic solution;
- Certain histamine H2 antagonists;
- Acne products; and
- Topical antiviral for herpes simplex infections of the lips.¹⁵

Collaborative Pharmacy Practice Agreements

Under s. 465.1865, F.S., a collaborative pharmacy practice agreement (CPPA) is a formal agreement in which a physician licensed under ch. 458, F.S., or ch. 459, F.S., makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to provide specified patient care services for certain chronic medical conditions. A CPPA specifies what functions beyond the pharmacist's typical scope of practice can be delegated to the pharmacist by the collaborating physician.¹⁶ Common tasks include initiating, modifying, or discontinuing medication therapy and ordering and evaluating tests.¹⁷

Pharmacist Training for Collaborative Practice

To provide services under a CPPA, a pharmacist must be certified by the BOP. To obtain certification a pharmacist must complete a 20-hour course approved by the BOP, in consultation with the BOM and the BOOM, and:

- Hold an active and unencumbered license to practice pharmacy;
- Have a Ph.D. in pharmacy or have five years of experience as a licensed pharmacist;
- Have completed the BOP-approved, 20-hour course, eight hours of which must be live or live video conference that includes instruction in:
 - Performance of patient assessments;
 - Ordering, performing, and interpreting clinical and laboratory tests;
 - Evaluating and managing diseases and health conditions in collaboration with other health care practitioners; and
 - Writing and entering into a CPPA.
- Maintains at least \$250,000 of professional liability insurance coverage; and
- Has established a system to maintain patient records of patients receiving services under a CPPA for five years from the patient's most recent service.¹⁸

¹⁵ Fla. Admin. Code R. 64B16-27.220 (2023).

¹⁶ U.S. Center for Disease Control and Prevention, *Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team*, (2017), available at <https://www.cdc.gov/dhdsdp/pubs/docs/CPA-Team-Based-Care.pdf> (last visited Jan. 25, 2024).

¹⁷ *Id.*

¹⁸ Section 465.1865(2), F.S. and Fla. Admin. Code R. 64B-31.007 (2023).

Required Contents of CPPA

The terms and conditions of the CPPA must be appropriate to the pharmacist's training, and the services delegated to the pharmacist must be within the collaborating physician's scope of practice. A copy of the certification received from the BOP must be included as an attachment to the CPPA. A CPPA must include the following:

- The name of the collaborating physician's patient(s) for whom a pharmacist may provide services;
- Each chronic health condition to be collaboratively managed;
- The specific medicinal drug(s) to be managed for each patient;
- Material terms defined as those terms enumerated in s. 465.1865(3)(a), F.S.;
- Circumstances under which the pharmacist may order or perform and evaluate laboratory or clinical tests;
- Conditions and events in which the pharmacist must notify the collaborating physician and the manner and timeframe in which notification must occur;
- The start and end dates of the CPPA and termination procedures, including procedures for patient notification and medical records transfers;
- A statement that the CPPA may be terminated, in writing, by either party at any time; and
- In the event of an addendum to the material terms of an existing CPPA, a copy of the addendum and the initial agreement.

A CPPA will automatically terminate two years after execution if not renewed. The pharmacist, along with the collaborating physician, must maintain the CPPA on file at his or her practice location and must make the CPPA available to the DOH or BOP upon request or inspection. A pharmacist who enters into a CPPA must submit a copy of the signed agreement to the BOP before the agreement may be implemented.¹⁹

Allowable Chronic Health Conditions for Pharmacist CPPAs

CPPAs in Florida allow a pharmacist to provide specific patient care services for the following chronic health conditions:

- Anti-coagulation management;
- Arthritis;
- Asthma;
- Chronic obstructive pulmonary disease (COPD);
- HIV or acquired immune deficiency syndrome (AIDS);
- Hyperlipidemia;
- Hypertension;
- Nicotine dependence;
- Obesity;
- Opioid use disorder;
- Type 2 diabetes;
- Hepatitis C; and

¹⁹ Section 465.1865(3), F.S. and Fla. Admin. Code R. 64B-31.003 (2023).

- Any other chronic condition adopted in rule by the BOP, in consultation with the BOM and the BOOM.²⁰

Prohibited Acts Regarding a CPPA

A pharmacist may not:

- Modify or discontinue medicinal drugs prescribed by a health care practitioner with whom he or she does not have a CPPA; or
- Enter into a CPPA while acting as a pharmacy employee without the written approval of the owner of the pharmacy.

A physician may not delegate the authority to initiate or prescribe a controlled substance listed in s. 893.03, F.S. or 21 U.S.C. s. 812, to a pharmacist.

Continuing Education

A pharmacist who practices under a CPPA must complete an eight-hour continuing education (CE) course approved by the BOP that addresses CPPA-related issues each biennial licensure renewal, in addition to the CE requirements under s. 465.009, F.S. A pharmacist wishing to maintain CPPA certification must submit confirmation of having completed such course when applying for licensure renewal. A pharmacist who fails to complete this CE is prohibited from practicing under a CPPA.

CPPAs in Effect

According to the DOH 2022 - 2023 Annual Report there are 39,337 licensed pharmacists in Florida.²¹ There are 120 pharmacists certified to provide care under a CPPA. There are 37 pharmacists and 37 physicians actively engaged in collaborative practice. The BOP has received 97 CPPAs, 47 of which contain more than one chronic health condition that can be collaboratively managed.²² The chart below illustrates the composition of chronic conditions treated by CPPA as of March 31, 2023.²³

²⁰ Section 465.1865, F.S. and Fla. Admin. Code R. 64B-31.005 (2023). The statute provides for arthritis, asthma, COPD, Type 2 diabetes, HIV/AIDS, and obesity. The other items in the list (anti-coagulation management, hyperlipidemia, hypertension, nicotine dependence, opioid use disorder, and hepatitis C) were added under BOP rule.

²¹ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2022-2023*, at pg. 4, available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Jan. 26, 2024).

²² Florida Department of Health, Division of Medical Quality Assurance, *Pharmacy Collaborative Practice Agreements*, Report to Senate Health Policy Committee, Aug, 1, 2023, (on file with the senate Committee on Health Policy). While the number of participating pharmacists and physicians are identical, this does not represent a one-to-one ratio; a pharmacist may have multiple agreements with more than one physician just as multiple physicians may have multiple agreements with more than one pharmacist.

²³ *Id.*

Condition	Count
Anti-Coagulation Management	48
Arthritis	46
Asthma	46
COPD	46
HIV/AIDS	85
Hyperlipidemia	45
Hypertension	50
Nicotine Dependence	44
Obesity	48
Opioid Use Disorder	1
Type 2 Diabetes	48

Human Immunodeficiency Virus (HIV)

The HIV attacks and destroys the infection-fighting CD4 cells (CD4 T lymphocyte) of the immune system. The loss of CD4 cells makes it difficult for the body to fight off infections, illnesses, and certain cancers. Without treatment, HIV can gradually destroy the immune system, causing health decline and the onset of AIDS. With treatment, the immune system can recover.²⁴

If untreated, an HIV infection may cause acquired immunodeficiency syndrome (AIDS), the most advanced stage of HIV infection. People with HIV who are not on medication and do not have consistent control of their HIV can transmit HIV through bodily fluids exchanged via sex, sharing of needles, pregnancy, and/or breastfeeding. If HIV is controlled, the risk of transmission can be close to zero.²⁵

For people without HIV, there are several ways to reduce the risk of becoming infected with HIV. Using condoms correctly with every sexual encounter, particularly with partners who are HIV positive with a detectable viral load or with partners whose HIV status is unknown, can reduce the risk of acquiring HIV. Reducing HIV risk also involves limiting and reducing sexual partners and avoiding sharing needles.²⁶

Pre-exposure Prophylaxis (PrEP)

PrEP is an HIV prevention option for people who do not have HIV but who are at risk of becoming infected. PrEP involves taking a specific HIV medicine every day or a long-acting injection.²⁷

²⁴ U.S. National Institute of Health, *Understanding HIV*, available at <https://hivinfo.nih.gov/understanding-hiv/factsheets/hiv-and-aids-basics> (last visited Jan. 25, 2024).

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

Post-exposure Prophylaxis (PEP)

PEP means taking HIV medicines within 72 hours after a possible exposure to HIV to prevent HIV infection. PEP should be used only in emergencies. It is not meant for regular use by people who may be exposed to HIV frequently. The sooner PEP is started after a possible HIV exposure, the better. Persons who are treated with PEP are directed to take the drug every day for 28 days.²⁸

HIV Testing

Certain healthcare providers can give an HIV test. HIV testing is also available at many hospitals, medical clinics, substance abuse programs, and community health centers. Getting tested through a professional healthcare provider is recommended; however, there are HIV self-testing kits available.²⁹

A rapid self-test is an oral fluid test done entirely at home or in private. A mail-in self-test requires a person to provide a blood sample from a finger-stick, which is then sent to a lab for testing.³⁰

The federal Centers for Disease Control and Prevention (CDC) recommends that everyone age 13 to 64 get tested for HIV at least once as part of routine health care and that people at higher risk for HIV get tested more often. HIV testing can detect if a person has an HIV infection, but it cannot tell how long the person has had the infection or if the person has AIDS.³¹

There are three types of tests used to diagnose HIV infection: antibody tests, antigen/antibody tests, and nucleic acid tests:

- Antibody tests check for HIV antibodies in blood or oral fluid. HIV antibodies are disease-fighting proteins that the body produces in response to HIV infection. Most rapid tests and home-use tests are antibody tests;
- Antigen/antibody tests can detect both HIV antibodies and HIV antigens (a part of the virus) in the blood; and
- Nucleic acid tests look for HIV in the blood.

How soon each test can detect HIV infection differs, because each test has a different window period. The window period is the time between when a person may have been exposed to HIV and when a test can accurately detect HIV infection. A person's initial HIV test will usually be either an antibody test or an antigen/antibody test. Nucleic acid tests are very expensive and not routinely used for HIV screening unless the person had a high-risk exposure or a possible exposure with early symptoms of HIV infection.

²⁸ U.S. National Institute of Health, *HIV Prevention: Post-exposure Prophylaxis (PEP)*, available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/post-exposure-prophylaxis-peg> (last visited Jan. 31, 2024).

²⁹ U.S. National Institute of Health, *HIV Testing, Where can someone get tested for HIV?*, <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-testing> (last visited Jan. 25, 2024).

³⁰ *Id.*

³¹ U.S. National Institute of Health, *HIV Testing*, available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-testing> (last visited Jan. 25, 2024).

When an HIV test is positive, a follow-up test will be conducted. Sometimes people will need to visit a health care provider to take a follow-up test. Other times, the follow-up test may be performed in a lab using the same blood sample that was provided for the first test. A positive follow-up test confirms that a person has HIV.

HIV Treatment

People with HIV should start taking HIV medicines as soon as possible after HIV is diagnosed. For people with HIV who have the following conditions, it is especially important to start taking HIV medicines right away:³²

- Pregnancy;
- AIDS-defining conditions; and
- Early HIV infection.³³

Antiretroviral therapy (ART) is the use of HIV medicines that reduce the level of HIV in the blood (called viral load). ART is recommended for everyone who has HIV. ART cannot cure HIV infection, but HIV medicines help people with HIV have about the same life expectancy as people without HIV. ART can eliminate the risk of HIV transmission. For mothers with HIV who want to breastfeed, the risk of transmitting HIV through breast milk is less than one percent with the consistent use of ART and an undetectable viral load. People on ART take a combination of medicines (called an HIV treatment regimen) every day (pills) or by schedule (injections). In many cases oral medicines may be combined into a single pill or capsule. There are newer long-acting medicines given by an injection every two months that may be used for some people.³⁴

FDA Approved HIV Medications

The following is a list HIV medicines, by category, recommended for the treatment of HIV infection in the U.S., based on the U.S. Department of Health and Human Services (HHS) HIV/AIDS medical practice guidelines:³⁵

- **Nucleoside Reverse Transcriptase Inhibitors (NRTIs):** These drugs block reverse-transcriptase, an enzyme HIV needs to make copies of itself.
 - Abacavir;
 - Emtricitabine;
 - Lamivudine;
 - Tenofovir disoproxil;
 - Fumarate; and
 - Zidovudine.
- **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs):** These drugs bind to and later alter reverse-transcriptase.
 - Doravirine;

³² U.S. National Institute of Health, *When to Start HIV Medicines* (rev, Aug. 16, 2021) available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/when-start-hiv-medicines> (last visited Jan. 25, 2024).

³³ *Id.* Early HIV infection, also known as acute HIV infection, is the period up to six months after a person is infected with HIV.

³⁴ *Id.*

³⁵ U.S. National Institute of Health, *FDA-Approved HIV Medicines*, available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines> (last visited Jan. 25, 2024).

- Efavirenz;
- Etravirine;
- Nevirapine; and
- Rilpivirine.
- **Protease Inhibitors (PIs):** These drugs block HIV protease, an enzyme HIV needs to make copies of itself.
 - Atazanavir;
 - Darunavir;
 - Tosamprenavir;
 - Ritonavir; and
 - Tipranavir.
- **Fusion Inhibitors:** These drugs block HIV from entering the CD4 T lymphocytes (CD4 cells) of the immune system.
 - Enfuvirtide.
- **CCR5 Antagonists:** These drugs block the CCR5 co-receptor on the surface of certain immune cells that HIV utilizes to enter the cells.
 - Maraviroc.
- **Integrase Strand Transfer Inhibitor (INSTIs):** These drugs block HIV integrase, an enzyme HIV needs to make copies of itself.
 - Cabotegravir;
 - Dolutegravir; and
 - Raltegravir.
- **Attachment Inhibitors:** These drugs bind to the gp120 protein on the outer surface of HIV, preventing HIV from entering CD4 cells.
 - Fostemsavir.
- **Post-attachment inhibitors:** These drugs block CD4 receptors on the surface of certain immune cells that HIV utilizes to enter the cells.
 - Ibalizumab-uiyk.
- **Capsid Inhibitors:** These drugs interfere with the HIV capsid, a protein shell that protects HIV's genetic material and enzymes needed for replication.
 - Lenacapavir.
- **Pharmacokinetic Enhancers:** These drugs are used in HIV treatment to increase the effectiveness of an HIV medicine included in an HIV treatment regimen.
 - Cobicistat.
- **Combination HIV Medicines:** These medicines contain two or more HIV medicines from one or more drug classes.

Side Effects of HIV Medication

Adverse effects have been reported with all ART antiretroviral (ARV) drugs. As ART is recommended for all patients regardless of CD4 T lymphocyte (CD4) cell count, and because therapy must be continued indefinitely, the focus of patient management has evolved from identifying and managing early ARV-related toxicities to individualizing therapy to avoid long-term adverse effects, including:

- Diabetes and other metabolic complications;
- Atherosclerotic cardiovascular disease;
- Kidney dysfunction;

- Bone loss; and
- Weight gain.

To achieve and sustain viral suppression over a lifetime, both long-term and short-term ART toxicities must be anticipated and managed. When selecting an ARV regimen, clinicians should consider potential adverse effects, as well as the patient’s comorbidities, concomitant medications, and prior history of drug intolerances.³⁶

HIV and Opportunistic Infections, Coinfections, and Conditions

Opportunistic infections (OIs) are infections that occur more often or are more severe in people with weakened immune systems than in people with healthy immune systems. People with weakened immune systems include people living with HIV, as HIV damages the immune system. A weakened immune system makes it harder for the body to fight off OIs. HIV-related OIs include:

- Pneumonia;
- Salmonella infection;
- Candidiasis;
- Toxoplasmosis; and
- Tuberculosis.

For people with HIV, the best protection against OIs is to take HIV medicines every day. HIV medicines prevent HIV from damaging the immune system. Because HIV medicines are now widely used in the United States, fewer people with HIV get OIs.³⁷

III. Effect of Proposed Changes:

The bill creates s. 465.1861, F.S., to establish a process under which a pharmacist may order and dispense preexposure and postexposure HIV drugs.

The bill defines the following terms as follows:

- “HIV” means the human immunodeficiency virus.
- “HIV infection prevention drug” means preexposure prophylaxis, postexposure prophylaxis, and any other drug approved by the U.S. Food and Drug Administration for the prevention of HIV infection as of March 8, 2024.
- “HIV Postexposure prophylaxis drug” means a drug or drug combination that meets the clinical eligibility recommendations of Centers for Disease Control and Prevention (CDC) guidelines for antiretroviral treatment following potential exposure to HIV issued as of March 8, 2024.

³⁶ U.S. National Institute of Health, Do all HIV medicines cause the same side effects?, Limitations to Treatment Safety and Efficacy, *Adverse Effects of Antiretroviral Agents*, available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-medicines-and-side-effects> (last visited Jan. 26, 2024).

³⁷ U.S. National Institute of Health, HIV and Opportunistic Infections, Coinfections and Conditions, *What is an Opportunistic Infection?* available at <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/what-opportunistic-infection> (last visited Jan. 25, 2024).

- “HIV Preexposure prophylaxis drug” means a drug or drug combination that meets the clinical eligibility recommendations of CDC guidelines for antiretroviral treatment for the prevention of HIV transmission issued as of March 8, 2024.

The bill authorizes a pharmacist to screen an adult for HIV and provide the results to that adult, with the advice that the patient should seek further medical consultation or treatment from a physician.

The bill provides that a pharmacist may dispense HIV preexposure drugs only under a valid prescription issued by a licensed health care practitioner authorized by law to prescribe such drugs.

The bill authorizes a pharmacist to order and dispense HIV postexposure drugs only under a written collaborative practice agreement (CPA) with a medical or osteopathic physician in the same geographic area as the pharmacist. Under the bill the term “geographic area,” is the county or counties, or any portion of the county or counties, within which the pharmacist and the physician provide health care services.

The CPA must contain particular terms and conditions imposed by the supervising physician relating to the screening for HIV and the ordering and dispensing of HIV postexposure drugs. The CPA must include:

- Specific categories of patients the pharmacist is authorized to screen for HIV and for whom the pharmacist may order and dispense HIV postexposure drugs;
- The physician’s instructions for obtaining relevant patient medical history to identify disqualifying health conditions, adverse reactions, and contraindications to the use of HIV postexposure drugs;
- A requirement that the pharmacist maintain records for any HIV postexposure drugs ordered and dispensed under the CPA;
- A process and schedule for the physician to review the pharmacist’s records and actions under the CPA; and
- Any additional requirements established by the Board of Pharmacy (BOP), and approved by the BOM and the BOOM.

A pharmacist who enters into a CPA with a supervising physician must submit the agreement to the BOP.

If a pharmacist orders and dispenses HIV postexposure drugs under the CPA, he or she must provide the patient with written information advising the patient to seek follow-up care from his or her primary care physician. If the patient indicates that he or she lacks regular access to primary care, the pharmacist must comply with the procedures set out in the pharmacy’s approved access-to-care plan (ACP).

A pharmacist must be certified by the BOP before ordering or dispensing HIV postexposure drugs. To be certified, a pharmacist must meet all of the following:

- Hold an active and unencumbered license to practice pharmacy;
- Be engaged in the active practice of pharmacy;

- Have a Ph.D. degree in pharmacy or have completed at least three years of experience as a licensed pharmacist;
- Maintain at least \$250,000 of liability coverage;
- Complete a course approved by the BOP, in consultation with the Board of Medicine and the Board of Osteopathic Medicine, which includes, at a minimum, instruction on all of the following, but with no required number of hours:
 - Performance of patient assessments.
 - Point-of-care testing procedures.
 - Safe and effective treatment of HIV exposure with HIV infection prevention drugs, including, but not limited to:
 - Consideration of the side effects.
 - The patient's diet and activity levels.
 - Identification of contraindications;
 - Identification of comorbidities in individuals with HIV requiring further medical evaluation and treatment, including:
 - Cardiovascular disease;
 - Lung and liver cancer;
 - Chronic obstructive lung disease; and
 - Diabetes.

A pharmacist authorized to order and dispense HIV postexposure drugs under a CPA must provide his or her supervising physician with evidence of current certification.

The bill requires that all pharmacies that provide adult HIV screenings have an access-to-care plan (ACP) for assisting patients in gaining access to appropriate care settings when they present to the pharmacy for HIV screening and indicate that they lack regular access to primary care.

An ACP must include:

- Procedures to educate patients about care that would be best provided in a primary care setting and the importance of receiving regular primary care;
- A collaborative partnership with one or more nearby federally qualified health centers (FQHC), county health departments (CHD), or other primary care settings. The goals of such partnership must include, but need not be limited to:
 - Identifying patients who have presented to the pharmacy for HIV screening or access to HIV infection prevention drugs; and
 - If such a patient indicates that he or she lacks regular access to primary care, proactively seeking to establish a relationship between the patient and an FQHC, CHD, or other primary care setting so that the patient develops a medical home at such setting for primary health care services.

The bill provides that a pharmacy that establishes one or more collaborative partnerships may not enter into an arrangement relating to such partnership which would prevent an FQHC, CHD, or other primary care setting from establishing collaborative partnerships with other pharmacies.

Under the bill, as of July 1, 2025, a pharmacy's ACP must be approved by the DOH before the pharmacy may receive initial licensure or licensure renewal occurring after that date. A pharmacy with an approved ACP must submit data to the DOH regarding the implementation

and results of its plan as part of the licensure renewal process, or as directed by the DOH, before each licensure renewal.

The bill requires the BOP to adopt rules to implement s. 465.1861, 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 following language in the bill: “the board shall adopt by rule reasonable and fair minimum standards to ensure that all pharmacies that provide adult screening for HIV exposure submit to the department for approval an access-to-care plan (ACP) for assisting patients to gain access to appropriate care settings when they present to the pharmacy for HIV screening and indicate that they lack regular access to primary care” may present an unconstitutional delegation under Article II, Section 3 of the Florida Constitution. *Askew v. Cross Key Waterways*, 372 So. 2d 913, 925 (Fla. 1978); see also *Avatar Dev. Corp. v. State*; 723 So. 2d 199, 202 (Fla. 1998) (citing *Askew* with approval). “...fundamental and primary policy decisions must be made by members of the legislature who are elected to perform those tasks, and administration of legislative programs must be pursuant to some minimal standards and guidelines ascertainable by reference to the enactment establishing the program.”

Section 465.1861(7), F.S., as created by the bill, 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 properly connected with the subject; and third, the subject must be briefly expressed in the title.³⁸ The subject matter to consider when determining whether a bill embraces a single subject

³⁸ *Franklin v. State*, 887 So. 1063, 1072 (Fla. 2004).

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.³⁹

The bill's title indicates it is an act relating to HIV infection prevention drugs. However, the bill's provisions under s. 465.1861(7), F.S., relate to pharmacies that provide adult screening for HIV exposure and the requirement for an ACP, without addressing the subject of HIV infection prevention drugs that are dispensed by pharmacists under the bill's other provisions. Subsection (7) requires pharmacies, not pharmacists, to submit to the DOH for approval an access-to-care plan (ACP), with standards set by the BOP, for assisting patients to gain access to appropriate care settings when they present to the pharmacy for HIV screening and indicate that they lack regular access to primary care, regardless of whether HIV infection prevention drugs are ordered or dispensed.

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.]

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

To the extent that pharmacists provide HIV testing or become certified and enter into collaborative practice agreements with physicians under the bill, HIV testing and treatment might become more accessible.

C. Government Sector Impact:

The bill does not have a fiscal impact on state expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Unlike the current statutory provisions for a "collaborative pharmacy practice agreement" (CPPA) relating to treatment of chronic conditions found in s. 465.1865, F.S., the bill does not define a "collaborative practice agreement" nor provide the level of detail regarding requirements for what the agreement must contain or what form it must take as is required of a CPPA. Notable differences can be found between the two agreements in the following examples

³⁹ See *Ex parte Knight*, 41 So. 786, 788 (Fla. 1906); *Bd. of Pub. Instruction v. Doran*, 224 So. 2d 693, 699 (Fla. 1969).

of requirements for a CPPA that are not required for a collaborative practice agreement (CPA) created under the bill:

- Must be signed by both practitioners.
- Pharmacist certification must be attached to CPPA;
- Applies only to the collaborating physician's patients who are named in the agreement.
- Specific drugs to be managed for each patient must be listed in the agreement;
- Triggers for the pharmacist to notify the collaborating physician and the manner and timeframe in which notification must occur must be included in the agreement;
- Duration limitations.
- Provisions for termination of the agreement.
- Certain actions prohibited.
- Employer permission (if applicable).
- Continuing education.
- Record-keeping.

Lines 69-72 provide that a pharmacist may dispense HIV preexposure drugs *only* pursuant to a valid prescription issued by a licensed health care practitioner authorized by law to prescribe such drugs. Lines 73-81 provide that a pharmacist may order and dispense HIV postexposure drugs *only* pursuant to a written CPA with a physician who practices in the same geographic region as the pharmacist. These provisions appear to conflict with existing law in s. 465.1861, F.S., relating to authority for pharmacists to enter into a CPPA with a physician to treat chronic conditions, including HIV/AIDS. By use of the word "only" in the two instances cited above, the bill may conflict with a pharmacist's authority to order and dispense such drugs under the existing CPPA provisions, which are separate from the bill's CPA provisions.

Lines 115-119 provide that if a patient for whom a pharmacist has ordered and dispensed postexposure HIV drugs indicates that he or she lacks regular access to primary care, the pharmacist must comply with the procedures of the pharmacy's approved ACP as provided under s. 465.1861(7), F.S., which is created later in the bill. However, the bill's provisions for the contents of an ACP include no procedures relating to such a case and only pertain to persons who receive HIV screening at the pharmacy.

Lines 179-182 require a pharmacy's ACP to be approved by the Department of Health (DOH) before the pharmacy may receive initial licensure or licensure renewal after July 1, 2025. However, because a pharmacy may not establish an ACP until after it has been licensed, the bill's reference to "initial licensure" is not applicable. An amendment to remove the concept of initial licensure from this provision is advisable.

VIII. Statutes Affected:

This bill creates section 465.1861 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 8, 2024:

The committee substitute:

- Revises the requirement that a collaborative practice agreement (CPA) include any other requirements established by the Board of Pharmacy (BOP) *in consultation with* the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM), and instead requires that the CPA include any other requirements established by the BOP, and *approved* the BOM and BOOM.
- Revises the requirement that the CPA include a process and schedule for the physician to review the pharmacist’s actions under the CPA and instead requires the CPA to include a process and schedule to review the pharmacist’s *records* and actions under the CPA.
- Revises a requirement that a pharmacist must be certified by the BOP, according to the rules adopted by the BOP, and *in consultation with* the BOM and BOOM, to order and dispense certain HIV drugs, and instead requires the rules adopted by the BOP to be *approved* by the BOM and BOOM.
- Requires a pharmacist to maintain records for any postexposure drugs ordered and dispensed under the CPA.

CS by Health Policy on January 30, 2024:

The committee substitute:

- Deletes the terms “postexposure prophylaxis” and “preexposure prophylaxis;” and replaces them with the terms, “HIV postexposure prophylaxis drug” and “HIV preexposure prophylaxis drug,” but the language of the definitions does not change;
- Requires the CPA to require particular terms and conditions imposed by the supervising physician, and include:
 - Specific categories of patients the pharmacist is authorized to screen for HIV and for whom the pharmacist may order and dispense HIV postexposure prophylaxis drugs;
 - The physician’s instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the use of HIV postexposure prophylaxis drugs;
 - A process and schedule for the physician to review the pharmacist’s actions under the CPA; and
 - Any other requirements as established by the BOP in consultation with the BOM and the BOOM.
- Requires a pharmacist who screens an adult patient for HIV exposure to advise the patient to seek further medical consultation or treatment from a physician, regardless of the test results;
- Requires the BOP to adopt rules to create standards for pharmacies doing adult screening for HIV exposure to submit to the DOH for approval an ACP to assist

patients to gain access to appropriate care settings when the patient indicate that they lack regular access to primary care;

- Requires a pharmacy's ACP to include patient educational procedures, a collaborative partnership with one or more FQHCs, CHDs, or other primary care settings, and have DOH approval of the ACP before the pharmacy may receive an initial license or renewal; and
- Requires a pharmacy that establishes one or more collaborative partnerships may not enter into an arrangement relating to these partnerships which would prevent an FQHC, CHD, or other primary care setting from establishing collaborative partnerships with other pharmacies.

B. Amendments:

None.



355144

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/08/2024	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 102 - 123
and insert:

3. A requirement that the pharmacist maintain records for any HIV postexposure prophylaxis drugs ordered and dispensed under the collaborative practice agreement.

4. A process and schedule for the physician to review the



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10 pharmacist's records and actions under the collaborative
11 practice agreement.

12 5. Any other requirements as established by the board, with
13 the approval of the Board of Medicine and the Board of
14 Osteopathic Medicine.

15 (c) A pharmacist authorized to screen for HIV and order and
16 dispense HIV postexposure prophylaxis drugs pursuant to a
17 written collaborative practice agreement must provide his or her
18 supervising physician with evidence of current certification by
19 the board as provided in subsection (6).

20 (5) A pharmacist who orders and dispenses HIV postexposure
21 prophylaxis drugs pursuant to subsection (4) must provide the
22 patient with written information advising the patient to seek
23 follow-up care from his or her primary care physician. If the
24 patient indicates that he or she lacks regular access to primary
25 care, the pharmacist must comply with the procedures of the
26 pharmacy's approved access-to-care plan as provided in
27 subsection (7).

28 (6) Before ordering or dispensing HIV postexposure
29 prophylaxis drugs under this section, a pharmacist must be
30 certified by the board, according to the rules adopted by the
31 board and approved by the Board of Medicine and the Board

32
33 ===== T I T L E A M E N D M E N T =====

34 And the title is amended as follows:

35 Delete lines 27 - 28

36 and insert:

37 prophylaxis drugs; requiring the board, with approval
38 of the Board of Medicine and the Board

By the Committee on Health Policy; and Senator Calatayud

588-02647-24

20241320c1

1 A bill to be entitled
 2 An act relating to HIV infection prevention drugs;
 3 creating s. 465.1861, F.S.; defining terms;
 4 authorizing pharmacists to screen adults for HIV
 5 exposure and provide the results to such adults, with
 6 advice to seek consultation or treatment from a
 7 physician; authorizing pharmacists to dispense HIV
 8 preexposure prophylaxis drugs only pursuant to a
 9 prescription; authorizing pharmacists to order and
 10 dispense HIV postexposure prophylaxis drugs only
 11 pursuant to a written collaborative practice agreement
 12 with a physician; defining the term "geographic area";
 13 specifying requirements for the practice agreements;
 14 requiring the supervising physician to review the
 15 pharmacist's actions in accordance with the practice
 16 agreement; requiring pharmacists who enter into such
 17 practice agreements to submit the agreements to the
 18 Board of Pharmacy; requiring pharmacists who enter
 19 into such practice agreements to provide evidence of
 20 certain certification to their supervising physician;
 21 requiring such pharmacists to provide certain written
 22 information when dispensing such drugs to patients;
 23 requiring pharmacists to comply with certain
 24 procedures under certain circumstances; requiring
 25 pharmacists to be certified by the Board of Pharmacy
 26 before ordering or dispensing HIV postexposure
 27 prophylaxis drugs; requiring the board, in
 28 consultation with the Board of Medicine and the Board
 29 of Osteopathic Medicine, to adopt rules for such

Page 1 of 7

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

588-02647-24

20241320c1

30 certification; specifying minimum requirements for the
 31 certification; requiring the board to adopt by rule
 32 certain minimum standards to ensure that pharmacies
 33 providing adult screenings for HIV exposure submit to
 34 the Department of Health for approval an access-to-
 35 care plan (ACP) for a specified purpose; specifying
 36 requirements for ACPs; requiring that, beginning on a
 37 specified date, such ACPs be approved before a license
 38 may be issued or renewed; requiring such pharmacies to
 39 submit specified data to the department as part of the
 40 licensure renewal process and, or as directed by the
 41 department, before each licensure renewal; requiring
 42 the board to adopt rules; providing an effective date.
 43

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

45
 46 Section 1. Section 465.1861, Florida Statutes, is created
 47 to read:

48 465.1861 Ordering and dispensing HIV drugs.-

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

50 (a) "HIV" means the human immunodeficiency virus.

51 (b) "HIV infection prevention drug" means preexposure
 52 prophylaxis, postexposure prophylaxis, and any other drug
 53 approved by the United States Food and Drug Administration for
 54 the prevention of HIV infection as of March 8, 2024.

55 (c) "HIV postexposure prophylaxis drug" means a drug or
 56 drug combination that meets the clinical eligibility
 57 recommendations of the United States Centers for Disease Control
 58 and Prevention guidelines for antiretroviral treatment following

Page 2 of 7

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

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20241320c1

59 potential exposure to HIV issued as of March 8, 2024.

60 (d) "HIV preexposure prophylaxis drug" means a drug or drug
 61 combination that meets the clinical eligibility recommendations
 62 of the United States Centers for Disease Control and Prevention
 63 guidelines for antiretroviral treatment for the prevention of
 64 HIV transmission issued as of March 8, 2024.

65 (2) A pharmacist may screen an adult for HIV exposure and
 66 provide the results to that adult, with the advice that the
 67 patient should seek further medical consultation or treatment
 68 from a physician.

69 (3) A pharmacist may dispense HIV preexposure prophylaxis
 70 drugs only pursuant to a valid prescription issued by a licensed
 71 health care practitioner authorized by the laws of this state to
 72 prescribe such drugs.

73 (4) A pharmacist may order and dispense HIV postexposure
 74 prophylaxis drugs only pursuant to a written collaborative
 75 practice agreement between the pharmacist and a physician
 76 licensed under chapter 458 or chapter 459 who practices medicine
 77 or osteopathic medicine in the same geographic area as the
 78 pharmacist. As used in this subsection, the term "geographic
 79 area" means the county or counties, or any portion of the county
 80 or counties, within which the pharmacist and the physician
 81 provide health care services.

82 (a) The written collaborative practice agreement must
 83 include particular terms and conditions imposed by the
 84 supervising physician relating to the screening for HIV and the
 85 ordering and dispensing of HIV postexposure prophylaxis drugs
 86 under this section. The terms and conditions of the practice
 87 agreement must be appropriate for the pharmacist's training, and

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20241320c1

88 the supervising physician is responsible for reviewing the
 89 pharmacist's actions in accordance with the practice agreement.
 90 A pharmacist who enters into such a practice agreement with a
 91 supervising physician must submit the agreement to the board.

92 (b) At a minimum, a written collaborative practice
 93 agreement must include all of the following:

94 1. Specific categories of patients the pharmacist is
 95 authorized to screen for HIV and for whom the pharmacist may
 96 order and dispense HIV postexposure prophylaxis drugs.

97 2. The physician's instructions for obtaining relevant
 98 patient medical history for the purpose of identifying
 99 disqualifying health conditions, adverse reactions, and
 100 contraindications to the use of HIV postexposure prophylaxis
 101 drugs.

102 3. A process and schedule for the physician to review the
 103 pharmacist's actions under the practice agreement.

104 4. Any other requirements as established by the board in
 105 consultation with the Board of Medicine and the Board of
 106 Osteopathic Medicine.

107 (c) A pharmacist authorized to screen for HIV and order and
 108 dispense HIV postexposure prophylaxis drugs pursuant to a
 109 written collaborative practice agreement must provide his or her
 110 supervising physician with evidence of current certification by
 111 the board as provided in subsection (6).

112 (5) A pharmacist who orders and dispenses HIV postexposure
 113 prophylaxis drugs pursuant to subsection (4) must provide the
 114 patient with written information advising the patient to seek
 115 follow-up care from his or her primary care physician. If the
 116 patient indicates that he or she lacks regular access to primary

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117 care, the pharmacist must comply with the procedures of the
 118 pharmacy's approved access-to-care plan as provided in
 119 subsection (7).

120 (6) Before ordering or dispensing HIV postexposure
 121 prophylaxis drugs under this section, a pharmacist must be
 122 certified by the board, according to the rules adopted by the
 123 board, in consultation with the Board of Medicine and the Board
 124 of Osteopathic Medicine. To be certified, a pharmacist must, at
 125 a minimum, meet all of the following criteria:

126 (a) Hold an active and unencumbered license to practice
 127 pharmacy under this chapter.

128 (b) Be engaged in the active practice of pharmacy.

129 (c) Have earned a degree of doctor of pharmacy or have
 130 completed at least 3 years of experience as a licensed
 131 pharmacist.

132 (d) Maintain at least \$250,000 of liability coverage. A
 133 pharmacist who maintains liability coverage pursuant to s.
 134 465.1865 or s. 465.1895 satisfies this requirement.

135 (e) Have completed a course approved by the board, in
 136 consultation with the Board of Medicine and the Board of
 137 Osteopathic Medicine, which includes, at a minimum, instruction
 138 on all of the following:

139 1. Performance of patient assessments.

140 2. Point-of-care testing procedures.

141 3. Safe and effective treatment of HIV exposure with HIV
 142 infection prevention drugs, including, but not limited to,
 143 consideration of the side effects of the drug dispensed and the
 144 patient's diet and activity levels.

145 4. Identification of contraindications.

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146 5. Identification of patient comorbidities in individuals
 147 with HIV requiring further medical evaluation and treatment,
 148 including, but not limited to, cardiovascular disease, lung and
 149 liver cancer, chronic obstructive lung disease, and diabetes
 150 mellitus.

151 (7) The board shall adopt by rule reasonable and fair
 152 minimum standards to ensure that all pharmacies that provide
 153 adult screening for HIV exposure submit to the department for
 154 approval an access-to-care plan (ACP) for assisting patients to
 155 gain access to appropriate care settings when they present to
 156 the pharmacy for HIV screening and indicate that they lack
 157 regular access to primary care.

158 (a) An ACP must include:

159 1. Procedures to educate such patients about care that
 160 would be best provided in a primary care setting and the
 161 importance of receiving regular primary care.

162 2. A collaborative partnership with one or more nearby
 163 federally qualified health centers, county health departments,
 164 or other primary care settings. The goals of such partnership
 165 must include, but need not be limited to, identifying patients
 166 who have presented to the pharmacy for HIV screening or access
 167 to HIV infection prevention drugs, and, if such a patient
 168 indicates that he or she lacks regular access to primary care,
 169 proactively seeking to establish a relationship between the
 170 patient and a federally qualified health center, county health
 171 department, or other primary care setting so that the patient
 172 develops a medical home at such setting for primary health care
 173 services. A pharmacy that establishes one or more collaborative
 174 partnerships under this subparagraph may not enter into an

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20241320c1

175 arrangement relating to such partnership which would prevent a
176 federally qualified health center, county health department, or
177 other primary care setting from establishing collaborative
178 partnerships with other pharmacies.

179 (b) Effective July 1, 2025, a pharmacy's ACP must be
180 approved by the department before the pharmacy may receive
181 initial licensure or licensure renewal occurring after that
182 date. A pharmacy with an approved ACP must submit data to the
183 department regarding the implementation and results of its plan
184 as part of the licensure renewal process, or as directed by the
185 department, before each licensure renewal.

186 (8) The board shall adopt rules to implement this section.
187 Section 2. This act shall take effect July 1, 2024.

The Florida Senate

APPEARANCE RECORD

2-8-24

Meeting Date

SB 1320

Bill Number or Topic

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

Committee

Amendment Barcode (if applicable)

Name Dustin Kurzawa Phone _____

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

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The Florida Senate

APPEARANCE RECORD

2-8-24

Meeting Date

SB 1320

Bill Number or Topic

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~~Regulations~~ Appropriation of Health & Human Services
Committee

Amendment Barcode (if applicable)

Name Dustie (Edmund) Kurzawa Phone _____

Address _____ Email _____
Street

City _____ State _____ Zip _____

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

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SB 1320

Bill Number or Topic

Amendment Barcode (if applicable)

2/8/21

Meeting Date

Health & Human Services

Committee

Name

Parker Keaton

Phone

(352) 727-3796

Address

Street

Tallahassee

City

FL

State

32304

Zip

Email

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

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2/8/24

Meeting Date

SB 1320

Bill Number or Topic

HHS

Committee

Amendment Barcode (if applicable)

Name

PAUL ARONS MD

Phone

850-545-8997

Address

1706 BEECHWOOD CIR, N

Email

paronsmd@gmail.com

Street

TALLAHASSEE FL

32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

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

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The Florida Senate

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SB 1320

Bill Number or Topic

Amendment Barcode (if applicable)

2/8/24

Meeting Date

Approps on HHS

Committee

Name

Cheyenne Drenas

Phone

Address

Street

Email

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:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

02/05/2024

Meeting Date

SB 1320

Bill Number or Topic

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Appropriations on Health & Human Services
Committee

Amendment Barcode (if applicable)

Name Carys Mullins

Phone 813 312 8265

Address 7827 Outerbridge St
Street

Email

Wesley Chapel FL
City State

33545
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 \(flsenate.gov\)](#)

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The Florida Senate

APPEARANCE RECORD

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2/18/24

Meeting Date

SB1320

Bill Number or Topic

Appropriations Human Health

Committee

Amendment Barcode (if applicable)

Name Jules Rayne

Phone (941) 730-1814

Address

Email

Street

Bradenton

FL

34210

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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The Florida Senate

APPEARANCE RECORD

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Feb 8 2024

Meeting Date

SB 1320

Bill Number or Topic

Appropriations - H + HS

Committee

Amendment Barcode (if applicable)

Name Quinn Diaz

Phone 215-272-8353

Address
Street

Email quinn.diaz@equalityflorida.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:

Equality 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. [2020-2022JointRules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

February 8, 2024

Meeting Date

HHS Approps

Committee

Name **Barney Bishop III**

Address **1454 Vieux Carre Drive**

Street

Tallahassee

City

FL

State

32308

Zip

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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1320

Bill Number or Topic

Amendment Barcode (if applicable)

Phone **850.510.9922**

Email **Barney@BarneyBishop.com**

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 Smart Justice Alliance

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)

2/8/2024

Meeting Date

Appropriations Committee on Health and Human Services

Committee

Name **Angela Bonds**

Phone **8503452277**

Address **227 S Adams Street**

Email **angela@frf.org**

Street

Tallahassee

Florida

32301

City

State

Zip

The Florida Senate APPEARANCE RECORD

1320

Bill Number or Topic

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Amendment Barcode (if applicable)

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 Retail Federation

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/18/24

Meeting Date

CS/SB 1320

Bill Number or Topic

HHS Approps
Committee

Amendment Barcode (if applicable)

Name Ryan Ford

Phone (772) 486-0657

Address 821 Forest Cir
Street

Email ryan.ford@aidshlth.org

Neptune Beach, FL
City State

32266
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

APPEARANCE RECORD

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2/8/24

Meeting Date

SB 1320

Bill Number or Topic

Appropriation

Committee

Amendment Barcode (if applicable)

Name Letitia Harmon

Phone

Address

Street

Email

City

State

32256

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[checked] I am a registered lobbyist, representing: Florida Rising

[] 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 1394

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Gruters and others

SUBJECT: Community Mobile Support Teams

DATE: February 7, 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 1394 requires the Department of Children and Families to contract with managing entities for community mobile support teams throughout the state to place crisis counselors from community mental health centers in local law enforcement agencies. These crisis counselors are to conduct follow-up contacts with children, adolescents, and adults who have been involuntarily committed under the Baker Act by a law enforcement officer and provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.

The bill details what services the community mobile support team is required to offer and also details the requirements of a community mental health center contracted by the managing entity.

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

The bill takes effect July 1, 2024.

II. Present Situation:

Mental Health and Mental Illness

Mental Health is a state of well-being in which the individual realizes his or her own abilities to cope with normal stresses of life, can work productively and fruitfully, and can contribute to his or her community.¹ The primary indicators used to evaluate an individual's mental health are:²

- Emotional well-being: perceived life satisfaction, happiness, cheerfulness, and peacefulness;
- Psychological well-being: self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- Social well-being: social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.³ Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being. Mental illness affects millions of people in the United States each year. More than one in five adults live with a mental illness.⁴ Young adults between the ages of 18 to 25 had the highest prevalence of any mental illness⁵ (33.7 percent) compared to adults between the ages of 26 to 49 (28.1 percent) and adults age 50 and older (15 percent).⁶

Mental Health Safety Net Services

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g., crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.

Behavioral Health Managing Entities

In 2001, the Legislature authorized DCF to implement and pilot behavioral health managing entities (MEs) as the management structure for the delivery of local mental health and substance

¹ World Health Organization, *Mental Health: Strengthening Our Response*, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (last visited January 20, 2024).

² Centers for Disease Control and Prevention, *Mental Health Basics*, <http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/mentalhealth/basics.htm> (last visited January 20, 2024).

³ *Id.*

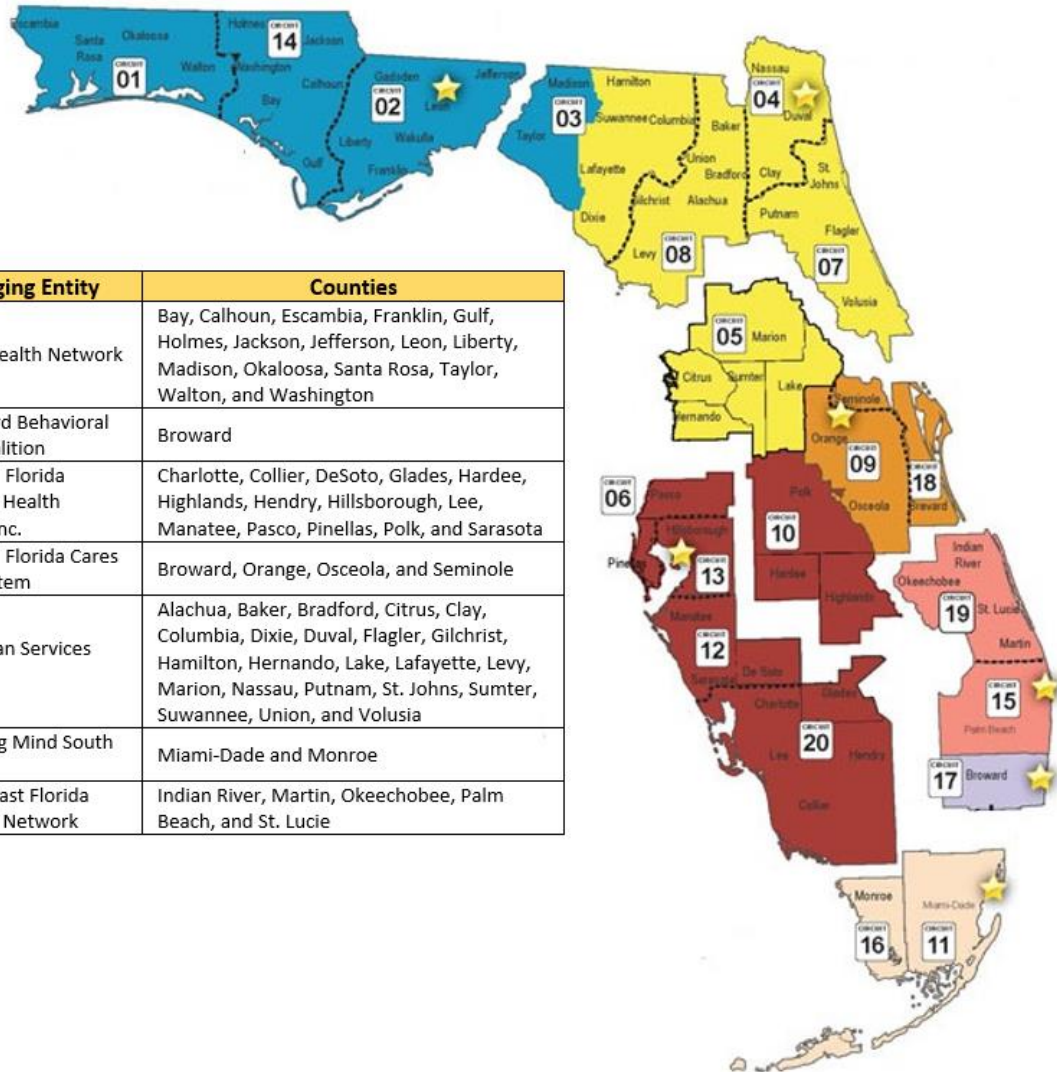
⁴ National Institute of Mental Health, *Mental Illness*, <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited January 20, 2024).

⁵ Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness).

⁶ National Institute of Mental Health (NIH), *Mental Illness*, <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited January 20, 2024).

abuse services.⁷ In 2008, the Legislature authorized DCF to implement MEs statewide.⁸ MEs were fully implemented statewide in 2013, serving all geographic regions.

DCF currently contracts with seven MEs for behavioral health services throughout the state. These entities do not provide direct services; rather, they allow the DCF’s funding to be tailored to the specific behavioral health needs of various regions of the state. The regions are as follows:⁹



Coordinated System of Care

Managing entities are required to promote the development and implementation of a coordinated system of care.¹⁰ A coordinated system of care means a full array of behavioral and related

⁷ Ch. 2001-191, Laws of Fla.

⁸ Ch. 2008-243, Laws of Fla.

⁹ DCF, *Managing Entities*, <https://www.myflfamilies.com/services/samh/providers/managing-entities> (last visited January 20, 2024).

¹⁰ Section 394.9082(5)(d), F.S.

services in a region or community offered by all service providers, providing service under contract with a managing entity or by another method of community partnership or mutual agreement.¹¹ A community or region provides a coordinated system of care for those with a mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. MEs must submit detailed plans to enhance crisis services based on the no-wrong-door model or to meet specific needs identified in DCF's assessment of behavioral health services in this state.¹² DCF must use performance-based contracts to award grants.¹³

There are several essential elements, which make up a coordinated system of care, including:¹⁴

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication-assisted treatment and medication management; and
- Recovery support.

A coordinated system of care must include, but is not limited to, the following array of services:¹⁵

- Prevention services;
- Home-based services;
- School-based services;
- Family therapy;
- Respite services;
- Outpatient treatment;
- Crisis stabilization;
- Therapeutic foster care;
- Residential treatment;
- Inpatient hospitalization;
- Care management;
- Services for victims of sex offenses;
- Transitional services; and
- Trauma-informed services for children who have suffered sexual exploitation.

The Baker Act

The Florida Mental Health Act, commonly referred to as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.¹⁶ The Act includes legal procedures for mental

¹¹ Section 394.4573(1)(c), F.S.

¹² Section 394.4573(1)(c), F.S.

¹³ *Id.*

¹⁴ Section 394.4573(2), F.S.

¹⁵ Section 394.495(4), F.S.

¹⁶ The Baker Act is contained in Part I of Ch. 394, F.S.

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.¹⁷

Receiving Facilities

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.¹⁸ Individuals receiving services on an involuntary basis must be taken to a facility that has been designated by DCF as a receiving facility.

Receiving facilities, often referred to as Baker Act receiving facilities, are public or private facilities designated by DCF to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.¹⁹ A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.²⁰ Funds appropriated for Baker Act services may only be used to pay for services diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.²¹

Crisis Stabilization Units

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding and provide a less intensive and less costly alternative to inpatient psychiatric hospitalization for individuals presenting as acutely mentally ill. CSUs screen, assess and admit individuals brought to the unit under the Baker Act, as well as those individuals who voluntarily present themselves, for short-term services. CSUs provide services 24 hours a day, seven days a week, through a team of mental health professionals. The purpose of the CSU is to examine, stabilize, and redirect people to the most appropriate and least restrictive treatment settings, consistent with their mental health needs.²² Individuals often enter the public mental health system through CSUs.

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 a voluntary examination, is likely to refuse to care for him or herself to the extent that such refusal threatens to cause substantial harm to that person's well-being, and such harm is unavoidable through the help of willing family members or friends, or will cause serious bodily harm to him or herself or others in the near future based on recent behavior.²³

¹⁷ Section 394.459, F.S.

¹⁸ Section 394.4625 and 394.463, F.S.

¹⁹ Section 394.455(40), F.S. This term does not include a county jail.

²⁰ Section 394.455(38), F.S.

²¹ Rule 65E-5.400(2), F.A.C.

²² Section 394.875, F.S.

²³ Section 394.463(1), F.S.

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;²⁴ or
- A physician, clinical psychologist, psychiatric nurse, 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 professional's observations supporting such conclusion.²⁵

Unlike the discretion afforded to courts and medical professionals, current law mandates that law enforcement officers must initiate an involuntary examination of a person who appears to meet the criteria by taking him or her into custody and delivering or having the person delivered to a receiving facility for examination.²⁶

Under the Baker Act, a receiving facility has up to 72 hours to examine an involuntary patient.²⁷ During those 72 hours, an involuntary patient must be examined to determine if the criteria for involuntary services are met.²⁸ Within that 72-hour examination period, one of the following must happen:²⁹

- The patient must be released, unless he or she is charged with a crime, in which case, law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to be placed and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.

III. Effect of Proposed Changes:

Section 1 amends s. 394.495, F.S., to require the Department of Children and Families to contract with managing entities throughout the state for community mobile support teams to place crisis counselors from community mental health centers within local law enforcement agencies. These crisis counselors are to conduct follow-up contacts with children, adolescents, and adults who have been involuntarily committed under the Baker Act by a law enforcement officer.

The bill provides the goal of the partnership is to reduce recidivism of law enforcement Baker Act commitments, reduce the time burden of law enforcement completing follow-up work with individuals after they have been subject to treatment under the Baker Act, provide additional crisis intervention services, engage individuals in ongoing mental health care, and provide a source for mental health crisis intervention other than law enforcement.

²⁴ Section 394.463(2)(a)1., F.S. The order of the court must be made a part of the patient's clinical record.

²⁵ Section 394.463(2)(a)3., F.S. The report and certificate must be made a part of the patient's clinical record.

²⁶ Section 394.463(2)(a)2., F.S.

²⁷ Section 394.463(2)(g), F.S.

²⁸ Section 394.463(2)(f), F.S.

²⁹ Section 394.463(2)(g), F.S.

The bill requires a crisis counselor to, at a minimum:

- Provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.
- Conduct home visits to assist individuals in connecting with appropriate aftercare services in his or her community following his or her discharge from a Baker Act receiving facility.
- Provide support to aid a person during the transition period his or her release from commitment under the Baker Act to connection with aftercare services.
- Provide brief crisis counseling and assessment for additional needs.

The bill requires a community mobile support team to offer, at a minimum, the following services:

- Crisis assessment.
- Community-based crisis counseling.
- In-person, follow-up care after involuntary commitment under the Baker Act by a law enforcement officer.
- Assistance with accessing and engaging in aftercare services.
- Assistance with obtaining other necessary community resources to maintain stability.
- Coordination of safety planning.

The bill requires the community mental health center contracted by the managing entity to, at a minimum:

- Collaborate with local law enforcement offices in the planning, development, and program evaluation processes.
- Require that services are available seven days a week.
- Establish independent response protocols and memoranda of understanding with local law enforcement agencies.

Section 2 provides that the bill take 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 may have a significant, negative fiscal impact on state government due to the provision that requires contracts between the behavioral health managing entities and community mental health centers to employ community mobile support team crisis counselors in local law enforcement agencies to perform the duties detailed within the bill. As of this writing, the Department of Children and Families has not submitted an estimate of such fiscal impact.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends section 394.495 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 Children, Families, and Elder Affairs on January 23, 2024:

The committee substitute makes the following changes:

- Requires the community mobile support team crisis counselor to provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.
- Details what services the community mobile support team is required to offer.
- Details the requirements of a community mental health center contracted by the managing entity.

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 Children, Families, and Elder Affairs; and
Senators Gruters and Book

586-02416-24

20241394c1

A bill to be entitled

An act relating to community mobile support teams;
amending s. 394.495, F.S.; requiring the Department of
Children and Families to contract with managing
entities for community mobile support teams to place
certain crisis counselors within local law enforcement
agencies to conduct follow-up contacts with certain
persons; providing requirements for crisis counselors,
community mobile support teams, and certain community
mental health centers; providing an effective date.

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

Section 1. Subsection (8) is added to section 394.495,
Florida Statutes, to read:

394.495 Child and adolescent mental health system of care;
programs and services.—

(8) (a) The department shall contract with managing entities
for community mobile support teams throughout this state to
place crisis counselors from community mental health centers in
local law enforcement agencies. The counselors shall conduct
follow-up contacts with children, adolescents, and adults who
have been involuntarily committed under the Baker Act by a law
enforcement officer. The goal of the community mobile support
team through its partnership with law enforcement is to reduce
recidivism of involuntary commitments under the Baker Act by law
enforcement, reduce the time burden of law enforcement
completing follow-up work with persons after commitment under
the Baker Act, provide additional crisis intervention services,

Page 1 of 3

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

586-02416-24

20241394c1

assist persons with engagement in mental health care, and give
persons another option for mental health crisis intervention
other than the use of law enforcement.

(b) A community mobile support team crisis counselor shall,
at a minimum:

1. Provide follow-up care to individuals in the community
that law enforcement has identified as needing additional mental
health support.

2. Conduct home visits to assist a person with connecting
with the appropriate aftercare services in his or her community
following his or her discharge from a Baker Act receiving
facility.

3. Provide support to aid a person during the transition
period from his or her release from commitment under the Baker
Act to connection with aftercare services.

4. Provide brief crisis counseling and assessment for
additional needs.

(c) A community mobile support team shall offer, at a
minimum, all of the following services:

1. Crisis assessment.

2. Community-based crisis counseling.

3. In-person, follow-up care after involuntary commitment
under the Baker Act by a law enforcement officer.

4. Assistance with accessing and engaging in aftercare
services.

5. Assistance with obtaining other necessary community
resources to maintain stability.

6. Coordination of safety planning.

(d) A community mental health center contracted by a

Page 2 of 3

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

586-02416-24

20241394c1

59 managing entity to provide a community mobile support team must:

60 1. Collaborate with local law enforcement offices in the

61 planning, development, and program evaluation processes.

62 2. Require that services be made available 7 days a week.

63 3. Establish independent response protocols and memorandums

64 of understanding with local law enforcement agencies.

65 Section 2. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

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

Subject: Committee Agenda Request

Date: January 23, 2024

I respectfully request that **Senate Bill # 1394**, relating to Mental Health, be placed on the:

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

A handwritten signature in black ink that reads "Joe Gruters".

Senator Joe Gruters
Florida Senate, District 22

February 8, 2024

Meeting Date

HHS Approps

Committee

Name Barney Bishop III

Address 1454 Vieux Carre Drive

Street

Tallahassee

City

FL

State

32308

Zip

The Florida Senate

APPEARANCE RECORD

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

1394

Bill Number or Topic

Amendment Barcode (if applicable)

Phone 850.510.9922

Email Barney@BarneyBishop.com

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 Smart Justice Alliance

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

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APPEARANCE RECORD

2/8/24

Meeting Date

JB 1394

Bill Number or Topic

Approps-Health & Human Services

Committee

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Amendment Barcode (if applicable)

Name Nancy Lawther, Ph.D.

Phone 407 855-7604

Address 1747 Orlando Central Pkwy

Email legislator@floridapta.org

Street

Orlando FL 32809

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

Florida PTA

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

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S-001 (08/10/2021)

2-8-2024

Meeting Date

Approps on Health & Huma

Committee

Name

Erin Collins/Junior Leagues of Florida

Phone

(850) 570-1492

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Street

Tallahassee

FL

32312

City

State

Zip

The Florida Senate

APPEARANCE RECORD

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SB 1394

Bill Number or Topic

Amendment Barcode (if applicable)

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:

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The Florida Senate

APPEARANCE RECORD

SB 1394

2/8/24

Meeting Date

Bill Number or Topic

Approps Health + Human Services

Committee

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Amendment Barcode (if applicable)

Name

David Shepp

Phone

863 581-4250

Address

123 S. Adams Street

Email

sheppthesouthern.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:

Peace River Center

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 1432

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

SUBJECT: Commercial Sexual Exploitation of Children

DATE: February 7, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Rao</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 - Technical Changes

I. Summary:

CS/SB 1432 requires the Department of Children and Families (department) to provide the Legislature with individual-level data for commercial sexual exploitation of children (CSEC) victims who are assessed for a safe harbor placement in an extractable format that allows for aggregation and analysis. Additionally, the bill requires the department to include the individual-level data in its annual report to the Legislature.

The bill will have an indeterminate, but likely insignificant, negative fiscal impact on state government. *See* Section V. Fiscal Impact Statement.

The bill takes effect July 1, 2024.

II. Present Situation:

The Department of Children and Families

The Legislature recognizes the need for specialized care and services for children who are victims of commercial sexual exploitation.¹ Commercial sexual exploitation of children (CSEC)

¹ Section 39.001(5), F.S.

is defined as the use of any person under the age of 18 years for sexual purposes in exchange for or the promise of money, goods, or services.²

When the Department of Children and Families (department) receives a report of human trafficking to the Child Abuse Hotline, the department investigates the report. If commercial sexual trafficking is suspected or verified, the department and community-based care agencies conduct a multidisciplinary staffing on the case.³ The staffing includes local experts in child protection, child welfare, medical professionals, and law enforcement to assess the needs of the child and determine if the victim needs placement in a “safe house” or “safe foster home.”⁴ Multidisciplinary staffing teams are also charged with assessing the local services available for victims of commercial sexual exploitation.⁵

Commercial Sexual Exploitation of Children

It is difficult to obtain an accurate count of commercially sexually exploited children because these victims are not readily identifiable.⁶ CSEC victims do not have immediately recognizable characteristics, many do not have identification, and they are often physically or psychologically controlled by adult traffickers; as such, they rarely disclose or provide information on exploitation.⁷

In 2022, the department verified 354 victims of commercial sexual exploitation from 3,408 reports.⁸ Of the reports referred for investigation, most came from the Department of Juvenile Justice, the Department of Corrections, or criminal justice personnel and law enforcement.⁹ Of the 354 verified commercially sexually exploited children, 25 percent were in out-of-home care.¹⁰

Safe Houses and Safe Foster Homes

Current law defines and provides for the certification of specialized residential options for CSEC victims.¹¹ The law defines a “safe foster home” to mean a foster home certified by the department to care for sexually exploited children and a “safe house” to mean a group residential

² Section 409.016, F.S.

³ Section 409.1754, F.S.

⁴ *Id.*

⁵ *Id.*

⁶ The Office of Program Policy Analysis and Government Accountability, *Annual Report on the Commercial Sexual Exploitation of Children in Florida, 2016*, p. 2, available at: <https://oppaga.fl.gov/Products/ReportDetail?rn=16-04> (last visited 1/24/24).

⁷ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Commercial Sexual Exploitation of Children and Sex Trafficking*, available at: <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/commercial-sexual-exploitation-of-children-and-sex-trafficking.pdf> (last visited 1/25/24).

⁸ The Office of Program Policy Analysis and Government Accountability, *Annual Report on the Commercial Sexual Exploitation of Children in Florida 2023*, available at: <https://oppaga.fl.gov/Products/ReportDetail?rn=23-08> (last visited 1/25/24).

⁹ *Id.*

¹⁰ *Id.*

¹¹ *See* Section 409.1678, F.S.

placement certified by the department to care for sexually exploited children.¹² To be certified, a safe house or safe foster home must:

- Use strength-based and trauma-informed approaches to care, to the extent possible and appropriate.
- Serve exclusively one sex.
- Group CSEC victims by age or maturity level.
- Care for CSEC victims in a manner that separates those children from children with other needs. Safe houses and safe foster homes may care for other populations if the children who have not experienced commercial sexual exploitation do not interact with children who have experienced commercial sexual exploitation.
- Have awake staff members on duty 24 hours a day, if a safe house.
- Provide appropriate security through facility design, hardware, technology, staffing, and siting, including, but not limited to, external video monitoring or door exit alarms, a high staff-to-client ratio, or being situated in a remote location that is isolated from major transportation centers and common trafficking areas.
- Meet other criteria established by department rule,¹³ including personnel qualifications, staffing ratios, and types of services offered.¹⁴

Safe Harbor Placement

If a dependent child age 6 years or older is suspected of being or has been found to be a victim of commercial sexual exploitation, the department is required to determine the child's need for services and need for placement in a safe house or safe foster home.¹⁵

Current law requires the department to annually report to the Legislature the following information about the prevalence of CSEC:¹⁶

- The specialized services provided and placement of victims of CSE;
- The local service capacity to meet the specialized needs of CSE victims;
- The placement of children in safe houses and safe foster homes during the year, including the criteria used to determine the child's placement;
- The number of children who were evaluated for placement;
- The number of children who were placed in safe houses or safe foster homes based upon the evaluation;
- The number of children who were not placed; and
- The department's response to the findings and recommendations made by the Office of Program Policy Analysis and Government Accountability in its annual study on CSE.

The department is also required to maintain data specifying the number of CSEC victims placed in a safe foster house or safe foster home, the number of CSEC victims who were referred for placement in a safe harbor setting but none was available, and the counties in which the safe harbor placements were unavailable.¹⁷

¹² Section 409.1678(1), F.S.

¹³ Rule 65C-46.020, F.A.C.

¹⁴ Section 409.1678(2)(c), F.S.

¹⁵ Section 39.524, F.S.

¹⁶ Section 39.524(3), F.S.

¹⁷ *Id.*

III. Effect of Proposed Changes:

Section 1 amends s. 39.524, F.S., to change the term “child commercial sexual exploitation” to the more commonly used “commercial sexual exploitation of children.” This change aligns terminology between chs. 39 and 409, F.S.

The bill requires the Department of Children and Families (department) to include redacted supporting assessments that include anonymized individual-level data for children who are assessed for placement in safe houses and safe foster homes in its annual report to the Legislature.

The bill also requires the department to provide the Legislature with individual-level data for children assessed for placement in safe houses or safe foster homes in an extractable format that allows for aggregation and analysis upon the request of the Legislature.

Section 2 provides that 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:**

There is an indeterminate, but likely insignificant, negative fiscal impact on the Department of Children and Families due to the increased requirement to maintain anonymized individual-level data for children assessed for placement in safe harbor homes.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 39.524 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 January 30, 2024:

This CS requires supporting assessments for victims of CSE that are placed in safe harbor placements to be redacted and contain anonymized individual-level data.

B. **Amendments:**

None.

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

586-02671-24

20241432c1

1 A bill to be entitled
2 An act relating to commercial sexual exploitation of
3 children; amending s. 39.524, F.S.; requiring the
4 Department of Children and Families to include
5 individual-level child placement assessment data in
6 its annual report to the Legislature on the commercial
7 sexual exploitation of children; requiring the
8 department to provide the Legislature with individual-
9 level child placement assessment data in a certain
10 format; providing an effective date.
11
12 Be It Enacted by the Legislature of the State of Florida:
13
14 Section 1. Subsection (3) of section 39.524, Florida
15 Statutes, is amended to read:
16 39.524 Safe-harbor placement.—
17 (3) (a) By October 1 of each year, the department, with
18 information from community-based care agencies, shall report to
19 the Legislature on the prevalence of ~~child~~ commercial sexual
20 exploitation of children; the specialized services provided and
21 placement of such children; the local service capacity assessed
22 pursuant to s. 409.1754; the placement of children in safe
23 houses and safe foster homes during the year, including the
24 criteria used to determine the placement of children; the number
25 of children who were evaluated for placement; the number of
26 children who were placed based upon the evaluation; the number
27 of children who were not placed; and the department's response
28 to the findings and recommendations made by the Office of
29 Program Policy Analysis and Government Accountability in its

Page 1 of 2

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586-02671-24

20241432c1

30 annual study on commercial sexual exploitation of children, as
31 required by s. 409.16791; and the redacted supporting
32 assessments, including anonymized individual-level data for
33 children who are assessed for such placement.
34 (b) The department shall maintain data specifying the
35 number of children who were verified as victims of commercial
36 sexual exploitation, who were referred to nonresidential
37 services in the community, who were placed in a safe house or
38 safe foster home, and who were referred to a safe house or safe
39 foster home for whom placement was unavailable, and shall
40 identify the counties in which such placement was unavailable.
41 The department shall maintain individual-level data for children
42 who are assessed for such placement in an extractable format
43 that allows for aggregation and analysis upon request by the
44 Legislature. The department shall include this data in its
45 report under this subsection so that the Legislature may
46 consider this information in developing the General
47 Appropriations Act.
48 Section 2. This act shall take effect July 1, 2024.

Page 2 of 2

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February 8, 2024

Meeting Date

HHS Approps

Committee

Name **Barney Bishop III**

Address **1454 Vieux Carre Drive**

Street

Tallahassee

City

FL

State

32308

Zip

The Florida Senate
APPEARANCE RECORD

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

1432

Bill Number or Topic

Amendment Barcode (if applicable)

Phone **850.510.9922**

Email **Barney@BarneyBishop.com**

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 Smart Justice Alliance

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 \(flsenate.gov\)](#)

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The Florida Senate

APPEARANCE RECORD

SB 1432

2/8/24

Meeting Date

Bill Number or Topic

Approps-Health & Human Services

Committee

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

Amendment Barcode (if applicable)

Name Nancy Lawther, Ph.D.

Phone 407 855-7604

Address 1747 Orlando Central Pkwy

Email legislator@floridapta.org

Orlando FL 32809

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

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

Florida PTA

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

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The Florida Senate

APPEARANCE RECORD

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

Meeting Date

2/8/2024

Bill Number or Topic

SB-1432

Committee

Appropriation on Health

Amendment Barcode (if applicable)

Name

Lynda Bell (Florida Right to Life)

Phone

850-388-9967

Address

Street

Tallahassee FL

Email

FRTL@FRTL.org
LyndaForLife@bellsouth.net

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:

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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 1732

INTRODUCER: Senator Wright

SUBJECT: Veterans' Assistance

DATE: February 7, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Proctor</u>	<u>MS</u>	Favorable
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 1732 enhances and expands the current role of the Florida Department of Veterans' Affairs (department) in conducting outreach of services and benefits for veterans and their families or survivors. The bill requires the department, subject to a \$500,000 annual appropriation, to expand its Internet-based, mobile application, print, social media, and in-person outreach programs for the purpose of connecting veterans and their families or survivors with earned services, benefits, and support beyond existing efforts.

The department must annually host at least two public events to disseminate information on benefits and services to in-person and virtual attendees. Information disseminated must include, but is not limited to, educational, medical, insurance, and disability benefits.

The bill requires the department to annually submit a report to the Governor, President of the Senate, and the Speaker of the House of Representatives. The report must include the number of public events hosted by the department, the number of attendees at each event, and other information the department deems necessary.

The bill is subject to an appropriation and, therefore, has no fiscal impact on state expenditures. See Section V., Fiscal Impact Statement.

The bill takes effect on July 1, 2024.

II. Present Situation:

Veterans in Florida

Other than California and Texas, Florida has the third largest population of veterans.¹ More than 1.4 million veterans reside in the state, that is 12 percent of the state's population of adults aged 18 and over.² Additionally, Florida has the second largest population of veterans who are women, at more than 168,000. Women veterans are one of the fastest growing among the veterans' population.³

State Benefits for Veterans

In addition to federal benefits, veterans in the state have available a multitude of benefits.

The department educates and provides assistance to veterans on accessing services and benefits in housing, health care, disability claims, education, burial benefits, and employment including veterans' preference.⁴

The department also annually produces the Florida Veterans' Benefits Guide that helps connect veterans and their families with earned federal and state benefits, services and support. It also contains useful phone numbers and website addresses to provide additional information to veterans, and a comprehensive listing of current services and benefits available to veterans in the state.⁵

Florida Department of Veterans' Affairs

The department has a key role in the connection of veterans and their families with earned benefits, services, and support, and has an outreach, marketing and branding campaign currently underway to make those connections. The department campaign employs social media in its messaging through Twitter (now "X"), Facebook, and LinkedIn, in addition to the department website FloridaVets.org, a department mobile application, a YouTube Channel with department public service announcements, and the annual benefits guide.⁶

III. Effect of Proposed Changes:

The bill creates s. 295.235, F.S., to require, subject to an annual appropriation of \$500,000 by the Legislature, the department to enhance and expand its Internet-based, mobile application, print,

¹ Department of Veterans' Affairs, *Our Veterans*, available at <https://www.floridavets.org/our-veterans/> (last visited Jan. 17, 2024).

² *Id.*

³ Department of Veterans' Affairs, *Women Veterans*, available at <https://floridavets.org/our-veterans/women-veterans/> (last visited Jan. 17, 2024).

⁴ Department of Veterans' Affairs, *Benefits & Services*, available at <https://www.floridavets.org/benefits-services/> (last visited Jan. 17, 2024).

⁵ Department of Veterans' Affairs, *Florida Veterans' Benefits Guide*, available at <https://floridavets.org/resources/va-benefits-guide/> (last visited Jan. 18, 2024).

⁶ Department of Veterans' Affairs, *2024 Agency Legislative Bill Analysis, SB 1732*, July 1, 2024 (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

social media, and in-person outreach programs for the purpose of connecting veterans and their families or survivors with earned services, benefits, and support beyond existing efforts.

The bill requires that the department must use the appropriated funds to annually host at least two public events to disseminate information on benefits and services to in-person and virtual attendees. Information disseminated must include, but is not limited to, educational, medical, insurance, and disability benefits.

The bill requires the department to annually submit a report to the Governor, President of the Senate, and the Speaker of the House of Representatives. The report must include the number of public events hosted by the department, the number of attendees at each event, and other information the FDVA deems necessary.

The bill takes effect on July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. **Government Sector Impact:**

Although the bill provides an expanded role for the Florida Department of Veterans' Affairs, the role is conditioned on an annual \$500,000 appropriation by the Legislature.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill creates section 295.235 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 Wright

8-00982-24

20241732__

1 A bill to be entitled
 2 An act relating to veterans' assistance; creating s.
 3 295.235, F.S.; requiring the Department of Veterans'
 4 Affairs, subject to appropriation, to expand outreach
 5 programs connecting veterans, families, and their
 6 survivors to certain services, benefits, and support;
 7 requiring the department to host public events for
 8 such purpose; requiring the department to submit an
 9 annual report to the Governor and the Legislature
 10 which contains specified information; providing an
 11 effective date.

12
 13 WHEREAS, the State of Florida offers the nearly 1.5 million
 14 veterans residing in this state unique benefits, such as in-
 15 state tuition rates for veterans and their families using the
 16 Post-9/11 GI Bill, several layers of property tax exemptions,
 17 and expanded veterans' preference, including extensive benefits
 18 and licensure and fee waivers, for many activities and
 19 occupations, and

20 WHEREAS, veterans' benefits and services provided by the
 21 State of Florida are meant to complement and augment available
 22 federal programs to avoid duplication of effort and unnecessary
 23 state expense for a federally funded service or benefit, and

24 WHEREAS, with only 749,000 Florida veterans enrolled in
 25 earned health care services from the United States Department of
 26 Veterans Affairs, hundreds of thousands of the state's veterans
 27 and their families are not taking advantage of earned federal,
 28 state, and local services, benefits, and support, and

29 WHEREAS, while Department of Veterans' Affairs veterans'

Page 1 of 3

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8-00982-24

20241732__

30 claims examiners assisted more than 272,000 veterans in
 31 providing information and counsel on earned services, benefits,
 32 and support by the end of fiscal year 2022, additional available
 33 federal dollars for Florida veterans remain untouched due to a
 34 lack of awareness of their availability, and

35 WHEREAS, a corresponding increase in the quality and
 36 quantity of outreach opportunities linking veterans to earned
 37 benefits through the Department of Veterans' Affairs will not
 38 only increase the quality of life of Florida veterans and their
 39 families, but provide additional federal dollars to bolster
 40 local economies, NOW, THEREFORE,

41
 42 Be It Enacted by the Legislature of the State of Florida:

43
 44 Section 1. Section 295.235, Florida Statutes, is created to
 45 read:

46 295.235 Funds for promoting veteran assistance.-

47 (1) Subject to the annual appropriation of \$500,000 by the
 48 Legislature, the Department of Veterans' Affairs shall enhance
 49 and expand its Internet-based, mobile application, print, social
 50 media, and in-person outreach programs through various means for
 51 the purpose of connecting veterans and their families or
 52 survivors with earned services, benefits, and support beyond
 53 existing underfunded efforts.

54 (2) The department shall use such funds to host at least
 55 two public events each year to disseminate information to in-
 56 person and virtual attendees regarding benefits and services
 57 available to veterans, including, but not limited to,
 58 educational, medical, insurance, and disability benefits.

Page 2 of 3

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8-00982-24

20241732__

59 (3) The department shall submit an annual report to the
60 Governor, the President of the Senate, and the Speaker of the
61 House of Representatives which includes the number of public
62 events hosted by the department under this section, the number
63 of attendees at each such event, and any other information
64 deemed necessary by the department.

65 Section 2. 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 30, 2024

I respectfully request that **Senate Bill 1732**, relating to Veterans' Assistance, be placed on the:

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

Thank you for your consideration.

A handwritten signature in cursive script that reads "Tom A. Wright".

Senator Tom A. Wright
Florida Senate, District 8

The Florida Senate

APPEARANCE RECORD

1732

Meeting Date

Bill Number or Topic

HHS

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

Committee

Amendment Barcode (if applicable)

Name Dennis Baker, CHAIRMAN, FLORIDA VETERANS FOUNDATION Phone 850-782-4302

Address 2601 S. Blairstone Rd C-300 Email dennis.baker@fdva.fl.gov

Street

Tallahassee FL 32399

City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[x] 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:

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

S-001 (08/10/2021)

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Appropriations Committee on Health and Human Services

Judge:

Started: 2/8/2024 10:46:58 AM

Ends: 2/8/2024 11:52:39 AM

Length: 01:05:42

10:47:00 AM Sen. Garcia (Chair)
10:47:51 AM S 168
10:47:58 AM Sen. Polsky
10:50:00 AM Sen. Garcia
10:50:07 AM Nancy Lawther PhD, Florida PTA (waive in support)
10:50:13 AM Vaughn Acevedo, Neuro-Diverse Kids (waive in support)
10:50:26 AM Frances Millard (waive in support)
10:50:34 AM Daisy Acevedo, Kids Who Are Deaf (waive in support)
10:50:36 AM Larry Millard (waive in support)
10:50:40 AM Amanda Millard, Deaf Kids Can Volunteer
10:51:54 AM Sen. Garcia
10:51:55 AM Theresa Bulger, Lobbyist, Florida Academy of Audiologists and Sertoma Speech & Hearing Foundation
(waive in support)
10:52:01 AM Olive Acevedo, Kids with Exceptionalities (waive in support)
10:52:11 AM Sen. Polsky
10:52:57 AM S 516
10:53:24 AM Sen. Rodriguez
10:54:19 AM Sen. Garcia
10:54:26 AM E. Ivonne Fernandez, Lobbyist, American Association of Retired Persons (waive in support)
10:54:30 AM Amanda Fraser, Lobbyist, American Diabetes Association (waive in support)
10:54:35 AM Ron Watson, Lobbyist, Florida Renal Association (waive in support)
10:54:44 AM Bill Mincy, Palm Beach State College (waive in support)
10:54:51 AM Barney Bishop III, Lobbyist, Florida Smart Justice Alliance (waive in support)
10:54:57 AM Michael Jackson, Lobbyist, Florida Pharmacy Association (waive in support)
10:55:05 AM Sen. Rodriguez
10:55:09 AM Sen. Garcia
10:55:41 AM S 830
10:55:49 AM Sen. Collins
10:56:46 AM Sen. Garcia
10:56:49 AM Nancy Lawther PhD, Florida Parent Teacher Association (waive in support)
10:56:57 AM Natalie King, Lobbyist, Sunshine State Athletic Association (waive in support)
10:57:14 AM Tiffany McCaskill Henderson, Lobbyist, American Heart Association
10:58:45 AM Sen. Garcia
10:58:51 AM Sen. Baxley
11:01:13 AM Sen. Garcia
11:01:17 AM Sen. Collins
11:02:07 AM Sen. Garcia
11:02:36 AM S 896
11:02:41 AM Sen. Martin
11:03:27 AM Sen. Garcia
11:03:36 AM Katie Kelly, Lobbyist, Collier County Sheriff Office (waive in support)
11:03:41 AM Erin Collins, Junior Leagues of Florida (waive in support)
11:03:45 AM Erich Schuttauf, American Association for Nude Recreation (waive in support)
11:03:54 AM Maxwell H. Schuttauf, American Association for Nude Recreation (waive in support)
11:04:05 AM Ramon Maury, Lobbyist, American Association for Nude Recreation (waive in support)
11:04:14 AM Sen. Martin (waive close)
11:04:16 AM Sen. Garcia
11:04:41 AM S 1394
11:04:53 AM Sen. Book
11:06:10 AM Sen. Garcia
11:06:15 AM Barney Bishop III, Lobbyist, Florida Smart Justice Alliance (waive in support)
11:06:20 AM Nancy Lawther PhD, Florida Parent Teacher Association (waive in support)

11:06:24 AM Erin Collins, Junior Leagues of Florida (waive in support)
11:06:29 AM David Shepp, Lobbyist, Peace River Center
11:07:05 AM Sen. Garcia
11:07:10 AM Sen. Davis
11:07:28 AM D. Shepp
11:07:56 AM Sen. Davis
11:08:01 AM D. Shepp
11:08:23 AM Sen. Davis
11:08:34 AM D. Shepp
11:08:55 AM Sen. Davis
11:09:02 AM D. Shepp
11:09:19 AM Sen. Garcia
11:09:27 AM Sen. Book (waive close)
11:09:29 AM Sen. Garcia
11:10:12 AM Sen. Harrell (Chair)
11:10:25 AM S 1320
11:10:42 AM Sen. Calatayud
11:13:41 AM Sen. Harrell
11:13:48 AM Am. 355144
11:14:09 AM Sen. Calatayud
11:15:02 AM Sen. Harrell
11:15:20 AM S 1320 (cont.)
11:15:28 AM Sen. Davis
11:16:12 AM Sen. Calatayud
11:17:20 AM Sen. Davis
11:17:39 AM Sen. Calatayud
11:18:27 AM Sen. Harrell
11:18:55 AM Sen. Davis
11:19:24 AM Sen. Calatayud
11:19:50 AM Sen. Harrell
11:19:58 AM Dustie Kurzawa (waive in support)
11:20:05 AM Parker Keaton (waive in support)
11:20:13 AM Paul Arons M.D. (waive in support)
11:20:21 AM Cheyenne Drews (waive in support)
11:20:27 AM Carys Mullins (waive in support)
11:20:33 AM Jules Rayne (waive in support)
11:20:40 AM Quinn Diaz, Lobbyist, Equality Florida (waive in support)
11:20:55 AM Barney Bishop III, Lobbyist, Florida Smart Justice Alliance (waive in support)
11:21:03 AM Angela Bonds, Lobbyist, Florida Retail Federation (waive in support)
11:21:21 AM Ryan Ford, Clinical Pharmacist, Maxor National Pharmacy Services
11:22:41 AM Sen. Harrell
11:22:48 AM Letitia Harmon, Lobbyist, Florida Rising
11:25:11 AM Sen. Harrell
11:25:31 AM Sen. Calatayud
11:26:04 AM Sen. Harrell
11:26:41 AM S 1732
11:26:54 AM Sen. Wright
11:28:06 AM Sen. Harrell
11:28:14 AM Dennis Baker, Chairman, Florida Veterans' Foundation (waive in support)
11:28:31 AM Sen. Wright (waive close)
11:28:35 AM Sen. Harrell
11:29:10 AM S 1432
11:29:36 AM Sen. Book
11:31:12 AM Sen. Harrell
11:31:22 AM Barney Bishop III, Lobbyist, Florida Smart Justice Alliance (waive in support)
11:31:32 AM Nancy Lawther PhD, Florida Parent Teacher Association (waive in support)
11:31:46 AM Lynda Bell, Florida Right to Life (waive in support)
11:32:00 AM Sen. Book (waive close)
11:32:02 AM Sen. Harrell
11:32:39 AM S 436
11:32:51 AM Sen. Grall
11:33:27 AM Sen. Harrell

11:33:33 AM Sen. Davis
11:34:06 AM Sen. Grall
11:34:27 AM Sen. Davis
11:34:48 AM Sen. Grall
11:35:40 AM Sen. Davis
11:36:38 AM Sen. Grall
11:37:11 AM Sen. Book
11:37:35 AM Sen. Grall
11:38:30 AM Sen. Harrell
11:38:39 AM Trish Neely, Volunteer, League of Women Voters
11:39:57 AM Cheyenne Drews, Progress Florida
11:43:00 AM Aaron DiPietro, Lobbyist, Florida Family Policy Council (waive in support)
11:43:16 AM Trenece Robertson (waive against)
11:43:21 AM Jon Harris Maurer, Lobbyist, Equality Florida (waive against)
11:43:31 AM Michelle Shindano, Lobbyist, The Southern Group (waive against)
11:43:42 AM Parker Keaten (waive against)
11:43:50 AM Letitia Harmon, Lobbyist, Florida Rising (waive against)
11:43:58 AM Lynda Bell, Florida Right to Life (waive in support)
11:44:03 AM Carys Mullins (waive against)
11:44:06 AM Barbara DeVane, Lobbyist, Florida NOW (waive against)
11:44:11 AM Jules Rayne (waive against)
11:44:16 AM Quinn Diaz, Lobbyist, Equality Florida (waive against)
11:44:23 AM Barney Bishop III, Lobbyist, Florida Smart Justice Alliance (waive in support)
11:44:31 AM Sen. Book
11:45:19 AM Sen. Grall
11:46:52 AM Sen. Harrell
11:47:23 AM S 644
11:47:29 AM Sen. Simon
11:48:00 AM Sen. Harrell
11:48:05 AM Am. 454828
11:48:13 AM Sen. Simon
11:48:36 AM Sen. Harrell
11:48:51 AM S 644 (cont.)
11:49:02 AM Trish Neely, League of Women Voters (waive in support)
11:49:09 AM Clay Meenan, Lobbyist, Florida Hospital Association (waive in support)
11:49:15 AM Bryan Cherry, Lobbyist, North Walton Doctors Hospital (waive in support)
11:49:23 AM Sarah Massey, Lobbyist, Florida Chamber of Commerce (waive in support)
11:49:33 AM Sen. Simon (waive close)
11:49:40 AM Sen. Harrell
11:50:22 AM Sen. Brodeur
11:50:29 AM Sen. Harrell
11:50:35 AM Sen. Avila
11:50:46 AM Sen. Harrell
11:50:53 AM Sen. Burton
11:51:03 AM Sen. Harrell