

**SB 634** by **Stargel**; (Similar to H 0161) Responsibilities of Health Care Facilities

**CS/SB 7006** by **CA, ED (CO-INTRODUCERS) Legg**; (Compare to CS/H 7017) Early Learning

389596	A	S	RCS	AHS, Grimsley	Delete L.1868 - 1894.	04/16 04:12 PM
219806	A	S	RCS	AHS, Grimsley	Delete L.1908 - 1915.	04/16 04:12 PM

**CS/SB 478** by **HP, Bean, Joyner**; (Similar to CS/H 0545) Telehealth

620994	A	S	RS	AHS, Bean	Delete L.63 - 75:	04/16 04:12 PM
596394	SA	S	L RCS	AHS, Bean	Delete L.63 - 75:	04/16 04:12 PM
707614	A	S	L RCS	AHS, Bean	Delete L.39:	04/16 04:12 PM

**CS/SB 790** by **HP, Sobel**; (Similar to H 0807) Hair Restoration or Transplant

**SB 438** by **Sobel (CO-INTRODUCERS) Garcia, Flores, Bullard, Smith**; (Similar to H 0511) Palliative Care

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

**MEETING DATE:** Tuesday, April 14, 2015  
**TIME:** 1:30 —3:30 p.m.  
**PLACE:** James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

**MEMBERS:** Senator Garcia, Chair; Senator Smith, Vice Chair; Senators Abruzzo, Bean, Benacquisto, Grimsley, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>SB 634</b> Stargel (Similar H 161, Compare CS/CS/S 614)	Responsibilities of Health Care Facilities; Repealing provisions relating to practice parameters for physicians performing Caesarean section deliveries in provider hospitals; requiring a hospital to notify certain obstetrical physicians within a specified timeframe before the hospital closes its obstetrical department or ceases to provide obstetrical services, etc.  HP 03/17/2015 Favorable AHS 04/14/2015 Favorable FP	Favorable Yeas 7 Nays 0
2	<b>CS/SB 7006</b> Community Affairs / Education Pre-K - 12 (Compare CS/H 7017)	Early Learning; Including large family child care homes in local zoning regulation requirements; revising certain minimum standards for child care facilities; providing for the inspection of programs regulated by the department; providing exemptions from child care facility licensing standards; revising restrictions on residential property insurance coverage to include coverage for large family child care homes; authorizing a district school board or charter school governing board to adopt a policy to allow a child to be admitted to a public kindergarten if the child meets certain requirements, etc.  CA 02/17/2015 Fav/CS AHS 04/14/2015 Fav/CS AP	Fav/CS Yeas 7 Nays 0
3	<b>CS/SB 478</b> Health Policy / Bean / Joyner (Similar CS/H 545)	Telehealth; Providing certain practice standards for telehealth providers; authorizing telehealth providers to use telehealth to prescribe controlled substances, with an exception; prohibiting the use of telehealth or specified computer-controlled devices to prescribe optical devices, etc.  HP 02/17/2015 Fav/CS AHS 04/14/2015 Fav/CS AP	Fav/CS Yeas 7 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Appropriations Subcommittee on Health and Human Services  
Tuesday, April 14, 2015, 1:30 —3:30 p.m.

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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	<b>CS/SB 790</b> Health Policy / Sobel (Similar H 807)	Hair Restoration or Transplant; Authorizing the Board of Medicine, the Board of Osteopathic Medicine, and the Department of Health to deny a license to or to discipline a physician for improperly delegating certain tasks; authorizing a physician to delegate to a physician assistant and an advanced registered nurse practitioner certain tasks; requiring a physician to document the licensure, education, training, and experience of an individual when the physician delegates certain tasks, etc.  HP 04/07/2015 Fav/CS AHS 04/14/2015 Favorable FP	Favorable Yeas 7 Nays 0
5	<b>SB 438</b> Sobel (Similar H 511)	Palliative Care; Requiring the Department of Health to establish a palliative care consumer and professional information and education program; requiring the department to publish certain educational information and referral materials about palliative care on the department website; requiring the department to consult with the Palliative Care and Quality of Life Interdisciplinary Task Force; creating the Palliative Care and Quality of Life Interdisciplinary Task Force within the Department of Health; specifying the purpose of the task force; requiring the task force to meet at least twice each year, etc.  HP 04/07/2015 Favorable AHS 04/14/2015 Favorable FP	Favorable Yeas 7 Nays 0

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Other Related Meeting Documents

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## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Higher Education, *Chair*  
Appropriations Subcommittee on Education  
Fiscal Policy  
Judiciary  
Military and Veterans Affairs, Space, and Domestic  
Security  
Regulated Industries

### JOINT COMMITTEE:

Joint Committee on Public Counsel Oversight

### SENATOR KELLI STARGEL

15th District

March 18, 2015

The Honorable Rene Garcia  
Senate Appropriations Subcommittee on  
Health and Human Services, Chair  
310 Senate Office Building  
404 S. Monroe Street  
Tallahassee, FL 32399

Dear Chair Garcia:

I am respectfully requesting that SB 634, related to *Responsibilities of Health Care Facilities*, be placed on the committee agenda at your earliest convenience.

Thank you for your consideration and please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kelli Stargel".

Kelli Stargel  
State Senator, District 15

Cc: Scarlet Pigott/ Staff Director  
Robin Auber/ AA

#### REPLY TO:

- 2033 East Edgewood Drive, Suite 1, Lakeland, Florida 33803
- 324 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5015

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4-14-2015

Meeting Date

SB634

Bill Number (if applicable)

Topic RESPONSIBILITIES OF HEALTH CARE FACILITIES

Amendment Barcode (if applicable)

Name STEPHEN R. LOVINO

Job Title EXECUTIVE DIRECTOR

Address 2544 BLAIRSTONE AVENUE DR

Phone 878-7364

Street

TALLAHASSEE

FL

32301

Email

City

State

Zip

Speaking:  For  Against  Information

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

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15

Meeting Date

SB 634

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Jeff Scott

Job Title \_\_\_\_\_

Address 1430 Piedmont Dr, E

Phone 850 227 6492

Street

Jacksonville

City

FL

State

32308

Zip

Email jscott@medone.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against

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

Representing Florida Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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

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BILL: SB 634

INTRODUCER: Senator Stargel

SUBJECT: Responsibilities of Health Care Facilities

DATE: April 13, 2015

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Stovall</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>Brown</u>	<u>Pigott</u>	<u>AHS</u>	<b>Favorable</b>
3.	_____	_____	<u>FP</u>	_____

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**I. Summary:**

SB 634 requires a hospital to notify obstetrical physicians at least 120 days before closing its obstetrical department or ceasing to provide obstetrical services.

The bill also repeals s. 383.336, F.S., which designates certain hospitals as “provider hospitals” and requires physicians in those hospitals to follow additional practice parameters when providing cesarean sections paid for by the state. Provider hospitals must also establish a peer review board to review all cesarean sections performed by the hospital and paid for by the state.

The bill has no fiscal impact on state government.

The effective date of the bill is July 1, 2015.

**II. Present Situation:**

**Obstetrical Departments in Hospitals**

Hospitals are required to report the services which will be provided by the hospital as a requirement of licensure, and these services are listed on the hospital’s license. A hospital must notify the Agency for Health Care Administration (AHCA) of any change of service that affects information on the hospital’s license by submitting a revised licensure application between 60 and 120 days in advance of the change.<sup>1</sup> The list of services is also used for the AHCA’s inventory of hospital emergency services. According to the AHCA’s website, there are currently 141 hospitals in Florida that offer emergency obstetrical services.<sup>2</sup>

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<sup>1</sup> AHCA, *Senate Bill 380 Analysis* (December 20, 2013) (on file with Senate Committee on Health Policy). See also ss. 408.806(2)(c) and 395.1041(2), F.S.

<sup>2</sup> Report generated by floridahealthfinder.gov on March 12, 2015 (on file with the Senate Committee on Health Policy).

## Provider Hospitals

Currently, s. 383.336, F.S., defines the term “provider hospital” and creates certain requirements for such hospitals. A provider hospital is a hospital in which 30 or more births occur annually that are paid for partly or fully by state funds or federal funds administered by the state.<sup>3</sup> Physicians in such hospitals are required to comply with additional practice parameters<sup>4</sup> designed to reduce the number of unnecessary cesarean sections performed within the hospital. These parameters must be followed by physicians when performing cesarean sections partially or fully paid for by the state. The section also requires provider hospitals to establish a peer review board consisting of obstetric physicians and other persons with credentials to perform cesarean sections within the hospital. The board is required to review, on a monthly basis, all cesarean sections performed within the hospital that were partially or fully funded by the state.

These provisions are not currently implemented and Department of Health rules regarding provider hospitals were repealed by ch. 2012-31, ss. 9 and 10, L.O.F.

## Closure of an Obstetrical Department in Bartow, Florida

In June 2007, Bartow Regional Medical Center in Polk County announced to patients and physicians that it would close its obstetrics department at the end of July of the same year.<sup>5</sup> Although many obstetrical physicians could continue to see patients in their offices, they would no longer be able to deliver babies at the hospital.<sup>6</sup> Physicians and the local community protested the short timeframe for ceasing to offer obstetrical services. According to the Florida Medical Association and several physicians who worked at the hospital, the short notice “endangered pregnant women who [were] too close to delivery for obstetricians at other hospitals to want them as patients.”<sup>7</sup>

### III. Effect of Proposed Changes:

**Section 1** repeals s. 383.336, F.S., relating to provider hospitals.

**Section 2** amends s. 395.1051, F.S., to require a hospital to give advance notice of at least 120 days to each obstetrical physician with clinical privileges at the hospital if the hospital intends to close its obstetrical department or cease providing obstetrical services.

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<sup>3</sup> Section 383.336 (1), F.S.

<sup>4</sup> These parameters are established by the Office of the State Surgeon General in consultation with the Board of Medicine and the Florida Obstetric and Gynecologic Society and are required to address, at a minimum, the feasibility of attempting a vaginal delivery, dystocia, fetal distress, and fetal malposition.

<sup>5</sup> Jennifer Starling, *Community Unites Against OB Closure*, THE POLK DEMOCRAT, July 12, 2007, available at <http://ufdc.ufl.edu/UF00028292/00258/1x?vo=12>, (last visited Mar. 12, 2015).

<sup>6</sup> Robin W. Adams, *Bartow Hospital Plan Criticized*, THE LEDGER, July 11, 2007, available at <http://www.theledger.com/article/20070711/NEWS/707110433?p=1&tc=pg&tc=ar>. (last visited Mar. 12, 2015).

<sup>7</sup> Id.



Although specific penalties are not listed for violating the notification provisions, the AHCA has authority to fine a health care facility up to \$500 for a non-designated violation,<sup>8</sup> including the violation of any provision of that health care facility's authorizing statute.<sup>9</sup>

**Section 3** provides an effective date of July 1, 2015.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 634 may have a positive fiscal impact for obstetrical physicians who receive the notice to allow them adequate time to ensure that they obtain privileges at another hospital. Advance notice will also allow the patient to adequately plan for delivery at another location. The bill may have a negative fiscal impact on hospitals that fail to comply due to potential administrative fines.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

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<sup>8</sup> A non-designated violation is any violation that is not designated as class I-IV. See s. 408.813(3), F.S.

<sup>9</sup> Section 408.813(3)(b), F.S.

**VIII. Statutes Affected:**

This bill substantially amends section 395.1051 of the Florida Statutes.

This bill repeals section 383.336 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

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

None.

**B. Amendments:**

None.

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

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By Senator Stargel

15-00530-15

2015634\_\_

1 A bill to be entitled  
 2 An act relating to responsibilities of health care  
 3 facilities; repealing s. 383.336, F.S., relating to  
 4 practice parameters for physicians performing  
 5 Caesarean section deliveries in provider hospitals;  
 6 amending s. 395.1051, F.S.; requiring a hospital to  
 7 notify certain obstetrical physicians within a  
 8 specified timeframe before the hospital closes its  
 9 obstetrical department or ceases to provide  
 10 obstetrical services; providing an effective date.

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

14 Section 1. Section 383.336, Florida Statutes, is repealed.

15 Section 2. Section 395.1051, Florida Statutes, is amended  
 16 to read:

17 395.1051 Duty to notify patients and physicians.—

18 (1) An appropriately trained person designated by each  
 19 licensed facility shall inform each patient, or an individual  
 20 identified pursuant to s. 765.401(1), in person about adverse  
 21 incidents that result in serious harm to the patient.  
 22 Notification of outcomes of care that result in harm to the  
 23 patient under this section ~~does shall~~ not constitute an  
 24 acknowledgment or admission of liability and may not, ~~nor can it~~  
 25 be introduced as evidence.

26 (2) A hospital shall notify each obstetrical physician who  
 27 has privileges at the hospital at least 120 days before the  
 28 hospital closes its obstetrical department or ceases to provide  
 29 obstetrical services.

Page 1 of 2

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

15-00530-15

2015634\_\_

30 Section 3. This act shall take effect July 1, 2015.

Page 2 of 2

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



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**  
Education Pre-K - 12, Chair  
Ethics and Elections, Vice Chair  
Appropriations Subcommittee on Education  
Fiscal Policy  
Government Oversight and Accountability  
Higher Education

**SENATOR JOHN LEGG**

17th District

Legg.John.web@FL.Senate.gov

March 5, 2015

The Honorable Rene Garcia  
Appropriations Subcommittee on Health and Human Services Chair  
201 The Capitol  
404 South Monroe Street  
Tallahassee, FL 32399

**RE: CS/SB 7006 - Early Learning**

Dear Chair Garcia:

CS/SB 7006 - Early Learning has been referred to your committee. I respectfully request that it be placed on the Appropriations Subcommittee on Health and Human Services Agenda, at your convenience. Your leadership and consideration are appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "John Legg".

John Legg  
State Senator, District 17

cc: Scarlet Pigott, Staff Director

JL/jb

**REPLY TO:**

- 262 Crystal Grove Boulevard, Lutz, Florida 33548 (813) 909-9919
- 316 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15

Meeting Date

7006

Bill Number (if applicable)

Topic Health & Safety

Amendment Barcode (if applicable)

Name Heather Mooney

Job Title Success By U & Community Engagement Coordinator

Address ELDURAL 301 Cypress Plaza Dr

Phone 208-2044 X285

Jacksonville FL 32254

Email hmooney@eldural.org

Speaking: [ ] For [ ] Against [ ] Information

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

Representing

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

Lobbyist registered with Legislature: [ ] Yes [ ] No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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

3-14-17

Meeting Date

7006  
Bill Number (if applicable)

Topic Health + Safety, Early Learning

Amendment Barcode (if applicable)

Name Mary Adams

Job Title Director / Child Care Center

Address 1361 Catalina Rd E

Phone 904-891-2852

Street

Jax  
City

FL  
State

32216  
Zip

Email happyacresrand@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

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4-14-15  
Meeting Date

7006  
Bill Number (if applicable)

Topic Health & Safety

Amendment Barcode (if applicable)

Name Angela Rolle

Job Title VPK-Teacher

Address 7117 Crane Ave

Phone \_\_\_\_\_

Street

Jacksonville

Fl.

State

32216

Zip

Email angela.mari.rolle@gmail.com

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

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

3/14/15  
Meeting Date

7006  
Bill Number (if applicable)

Topic Early Hearing

Amendment Barcode (if applicable)

Name ELLYN Bogdanoff

Job Title Exec Director

Address 908 S. Andrews Ave

Phone

Street  
City Ft LAUD State FL Zip 33314

Email

Speaking:  For  Against  Information

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

Representing FLORIDA ASSN for Child Care Mgt

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

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

3/14/15

Meeting Date

7006

Bill Number (if applicable)

Topic Early Learning

Amendment Barcode (if applicable)

Name Dr. Brittany Birken

Job Title CEO, Florida Children's Council

Address 111 W Gadsden St

Phone

Street

Tall

City

FL

State

52301

Zip

Email

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

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

Representing Early Learning Consortium

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

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15  
Meeting Date

7006  
Bill Number (if applicable)

Topic Early Learning Bill

Amendment Barcode (if applicable)

Name Gordon Tremaine

Job Title CEO ELC Alachua

Address 4424 NW 13 St.  
Street

Phone 352 871 5194

Gainesville FL 32609  
City State Zip

Email gtremaine@elcalachua.org

Speaking:  For  Against  Information

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

Representing Association of Early Learning Coalitions

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/2015  
Meeting Date

SB 7006  
Bill Number (if applicable)

Topic Education

Amendment Barcode (if applicable)

Name Jaleesa Howie Fears

Job Title Communications Coordinator

Address 11819 Alexandra Drive

Phone \_\_\_\_\_

Street

slax  
City

FL  
State

32218  
Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing Duval Early Learning Director Network

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/14/15

Meeting Date

7006

Bill Number (if applicable)

Topic Education

Amendment Barcode (if applicable)

Name Lonna Hale

Job Title Director Childcare Center

Address 14800 Easerton rd  
Street

Phone (904) 710-5983

Jacksonville  
City

Fla  
State

32218  
Zip

Email TLC-Director@Comcast.net

Speaking:  For  Against  Information

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

Representing Dural Early Learning Directors Network

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

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

4.14.15

Meeting Date

7006

Bill Number (if applicable)

Topic Education

Amendment Barcode (if applicable)

Name Theresa Little

Job Title Director

Address 720 Arlington Rd

Phone 904.613.7995

Street

Jax Fla 32211

Email tlittle@ctkcatholic.com

City

State

Zip

Speaking:  For  Against  Information

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

Representing DVAH Early Learning Directors

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4-14-15

Meeting Date

7006  
Bill Number (if applicable)

Topic Education

Amendment Barcode (if applicable)

Name Hope Henry

Job Title Director

Address 211 Autumn Springs Dr.  
Street

Phone (904) 728-3032

Jacksonville FL 32225  
City State Zip

Email hnhhenry@bbmcast.net

Speaking:  For  Against  Information

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

Representing DUAL EARLY LEARNING DIRECTOR

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15

Meeting Date

7006

Bill Number (if applicable)

Topic Health + Safety

Amendment Barcode (if applicable)

Name Cathy Parker

Job Title Director Provider Services, ELC of Duval

Address 2801 Cypress Plaza Dr.

Phone 904-208-2040 Ext 206

Street

Jacksonville

FL

32256

City

State

Zip

Email cparker@elcduval.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against

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

Representing early learning Community of Duval

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15

Meeting Date

7006

Bill Number (if applicable)

Topic Health & Safety Early Learning

Amendment Barcode (if applicable)

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Speaking:  For  Against  Information

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

Representing Duval Early Learning Directors Network

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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 Subcommittee on Health and Human Services

**BILL:** PCS/SB 7006 (462756)

**INTRODUCER:** Appropriations Subcommittee on Health and Human Services; Community Affairs Committee; and Education Pre-K - 12 Committee

**SUBJECT:** Early Learning

**DATE:** April 16, 2015      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Scott	Klebacha		<b>ED Submitted as Committee Bill</b>
1.	Stearns	Yeatman	CA	<b>Fav/CS</b>
2.	Brown	Pigott	AHS	<b>Recommend: Fav/CS</b>
3.			AP	

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

COMMITTEE SUBSTITUTE - Substantial Changes

**I. Summary:**

PCS/SB 7006 increases the health and safety standards and personnel requirements for Voluntary Prekindergarten Programs Education (VPK) programs and School Readiness programs. The bill:

- Requires licensure or, if the provider is a license-exempt faith-based provider or nonpublic school, a certificate of substantial compliance with specified child care licensing standards and submission to inspections by the Department of Children and Families (DCF);
- Requires providers of child care and VPK instructional services to notify parents of disciplinary action and conspicuously post Class I violation citations and inspection reports that result in disciplinary action, on the premises;
- Denies initial eligibility for programs to certain providers that had a Class I violation within the preceding 12 months prior to seeking eligibility and, if cited for a Class I violation, prevents an existing provider from renewing its eligibility for 12 months;
- Requires certain personnel to be at least 18 years of age and hold a high school diploma by January 1, 2017;
- Provides requirements for certain employees to be trained in first aid and cardiopulmonary resuscitation;
- Requires personnel to be trained in developmentally appropriate practices aligned to the age and needs of children served by the personnel;
- Requires the Office of Early Learning (OEL) to develop online training regarding School Readiness performance standards and requires provider personnel to complete the training;

- Requires OEL to conduct a pilot project assessing the early literacy skills of VPK participants who are English language learners;
- Provides that failure to report child abuse is a disqualifying offense for child care employment;
- Prohibits an operator of a program, who has been disciplined for serious licensing violations, from transferring ownership of a program to relatives;
- Authorizes Early Learning Coalitions (ELCs) to allow private providers to accept applications and determine child eligibility for the VPK program;
- Expands the DCF's authority to conduct abbreviated inspections to include family day care homes and large family child care homes; and
- Requires the Division of Law Revision and Information to change the terms "family day care" to "family child care" and "family day care home" to "family child care home."

The bill has a significant negative fiscal impact on the DCF. According to the DCF, the bill creates the need in Fiscal Year 2015-2016 for \$1,252,441 and 18 full-time equivalent positions in order for the DCF to perform its required duties.

The effective date of the bill is July 1, 2015.

## II. Present Situation:

### **The Office of Early Learning**

The Office of Early Learning (OEL), which is within the Office of Independent Education and Parental Choice, and which is accountable to the Commissioner of Education, administers the Voluntary Prekindergarten Education Program (VPK) and the School Readiness program at the state level.<sup>1</sup> The Florida Department of Children and Families (DCF) regulates child care providers who offer early learning because the DCF is the agency responsible for the state's child care provider licensing.<sup>2</sup>

### ***Voluntary Prekindergarten Education Program***

The VPK program is available to each child residing in the state who is four years old on or before September 1 of the school year, and VPK remains available to the child until the child is eligible for admission to public school kindergarten or is admitted to kindergarten, whichever occurs sooner.<sup>3</sup> Parents may choose either a school-year or summer VPK program offered by a public school or private prekindergarten provider, or a specialized instructional services program for a child with disabilities who is eligible for such a program.<sup>4</sup> A parent enrolling a child in

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<sup>1</sup> Section 1001.213, F.S.

<sup>2</sup> See ss. 402.301-402.319, F.S.; Parts V and VI, ch. 1002, F.S.

<sup>3</sup> Section 1002.53, F.S.

<sup>4</sup> Section 1002.53(3), F.S. To be eligible for a specialized instructional services program, a child must be evaluated and determined to be eligible, have a current individual educational plan developed by the local school board, and be eligible under s. 1002.66, F.S., for the program. Section 1002.53(3)(d), F.S.

VPK must complete and submit an application to the early learning coalition (ELC),<sup>5</sup> not the individual program provider, which oversees the program.<sup>6</sup>

VPK may be offered by either a private prekindergarten provider or a public school. Local oversight of individual VPK providers is split with ELCs, which provide administration over programs delivered by private prekindergarten providers, and school districts, which administer public school VPK.<sup>7</sup> Each district school board determines which district schools will offer the school-year and summer VPK programs, and such schools must register with the ELC.<sup>8</sup>

A private prekindergarten VPK provider must register with the ELC and be a:

- Licensed child care facility;
- Licensed family day care home (FDCH);
- Licensed large family child care home (LFCCH);
- Nonpublic school; or
- License-exempt faith-based child care provider.<sup>9</sup>

In addition, a private prekindergarten provider must:

- Be accredited by an accrediting association that is a member of either the National Council for Private School Accreditation or the Florida Association of Academic Nonpublic Schools, or be accredited by the Southern Association of Colleges and Schools, the Western Association of Colleges and Schools, the North Central Association of Colleges and Schools, the Middle States Association of Colleges and Schools, or the New England Association of Colleges and Schools; and have written accreditation standards that meet the state's licensing requirements and require at least one on-site visit before accreditation is granted;<sup>10</sup>
- Hold a current Gold Seal Quality Care designation;<sup>11</sup> or
- Be licensed and demonstrate that the ELC has verified that the provider meets the VPK program's statutory requirements.<sup>12</sup>

<sup>5</sup> An "early learning coalition" or "coalition" is described in s. 1002.83, F.S. Section 1002.51(4), F.S. Throughout the 67 counties, there are to be 31 or fewer early learning coalitions to provide access to enhancement services at the local level. Each coalition must consist of 15-30 members and have members who meet specific requirements described in statute. *See* s. 1002.83, F.S.

<sup>6</sup> Section 1002.53(4), F.S.

<sup>7</sup> *See* ss. 1002.53(6), 1002.55(1), 1002.61(1), and 1002.63(1), F.S.

<sup>8</sup> Sections 1002.61(3)(a) and (8); 1002.63(3) and (8), F.S. Each school district is able to limit the number of students enrolled in the school-year program at a public school, however, the school district must admit every eligible child, enrolled by a parent, within the district for the summer prekindergarten program. Section 1002.53(6)(b).

<sup>9</sup> Section 1002.55(3)(a) and (h), F.S.; *see also* s. 402.305, F.S. (regarding licensing standards for child care facilities); s. 402.3025, F.S. (regarding public and nonpublic schools); s. 402.313, F.S. (providing for family day care home licensing and requirements); s. 402.3131, F.S. (regarding licensure of large family child care homes); s. 402.316, F.S. (providing a licensure exemption for faith-based providers).

<sup>10</sup> Section 1002.55(3)(b)1., F.S.

<sup>11</sup> Section 1005(3)(b)2., F.S.; *see* s. 402.281, F.S.; rule 65C-22.009, F.A.C.; *see also* Florida Department of Children and Family Services, *Gold Seal Accreditation Process for Child Care Providers*, <http://myflfamilies.com/service-programs/child-care/goldseal-acredprocess> (last visited Jan. 15, 2015). DCF issues the Gold Seal Quality Care designation to child care facilities, LFCCHs, and FDCHs that are accredited by a nationally recognized accrediting association with standards that meet or exceed DCF-adopted standards. DCF's standards are based upon those of the National Association for the Education of Young Children, National Association of Family Child Care, and National Early Childhood Program Accreditation Commission. Section 402.281(1)-(3), F.S.

<sup>12</sup> Section 1002.55(3)(b)3., F.S.

## School Readiness Program

The School Readiness program provides subsidized child care services and early childhood education for children of low-income families, children in protective services who are at risk of abuse, neglect, or abandonment, and children with disabilities.<sup>13</sup> The School Readiness program is a state/federal partnership between the OEL and the Office of Child Care of the United States Department of Health and Human Services.<sup>14</sup> The School Readiness program receives funding from various state and federal sources, including the federal Child Care and Development Fund (CCDF) block grant, the federal Temporary Assistance for Needy Families block grant, and general revenue and other state funds.<sup>15</sup> The program is administered by ELCs.<sup>16</sup>

To deliver the School Readiness program, a provider must be:

- A licensed child care facility;
- A licensed or registered family day care home (FDCH);
- A licensed large family child care home (LFCCH);
- A public school or nonpublic school;
- A license-exempt, faith-based child care provider;
- A before-school or after-school program; or
- An informal child care provider authorized in the state's CCDF plan.<sup>17</sup>

The present situation for the relevant provisions of the bill is discussed in the “Effect of Proposed Changes” section of this bill analysis.

### III. Effect of Proposed Changes:

The bill increases the health and safety standards and personnel requirements for Voluntary Prekindergarten Programs Education (VPK) programs and School Readiness programs.

#### Requirements of the Office of Early Learning

##### *Powers and Duties of the Office of Early Learning*

Present Situation: The Office of Early Learning (OEL) is required to: independently exercise powers, duties, and functions prescribed by law; adopt rules for the establishment and operation of VPK and School Readiness programs; administer the VPK and School Readiness programs,

<sup>13</sup> Section 1002.87, F.S.; see s. 1002.81(1), F.S. (defining what it means to be an “at-risk child”).

<sup>14</sup> 42 U.S.C ss. 618, 9858-9858q; 45 C.F.R. ss. 98, 99; Part VI, ch. 1002, F.S.; U.S. Department of Health and Human Services, *Office of Child Care Fact Sheet*, available at [http://www.acf.hhs.gov/sites/default/files/assets/FS\\_OCC\\_0.pdf](http://www.acf.hhs.gov/sites/default/files/assets/FS_OCC_0.pdf).

<sup>15</sup> Specific Appropriations 78A and 79, s. 2, ch. 2013-40, L.O.F.; see also U.S. Department of Health and Human Services, *Office of Child Care Fact Sheet*, available at [http://www.acf.hhs.gov/sites/default/files/assets/FS\\_OCC\\_0.pdf](http://www.acf.hhs.gov/sites/default/files/assets/FS_OCC_0.pdf).

<sup>16</sup> Sections 1002.83-1002.85, F.S. There are currently 31 ELCs, which is the maximum permitted by law. Section 1002.83(1), F.S.; see Florida's Office of Early Learning, *Early Learning Coalition Directory* (Jan. 7, 2015), available at <http://www.floridaearlylearning.com/sites/www/Uploads/files/Parents/CoalitionDirectory.pdf>.

<sup>17</sup> Section 1002.88(1)(a), F.S. Generally speaking, informal child care is care provided by a relative. See Florida's Office of Early Learning, *Child Care and Development Fund (CCDF) Plan for Florida FFY 2014-15*, at 71 (Oct. 1, 2013), available at [http://www.floridaearlylearning.com/sites/www/Uploads/files/Oel%20Resources/2014-2015\\_CCDF\\_Plan\\_%20Optimized.pdf](http://www.floridaearlylearning.com/sites/www/Uploads/files/Oel%20Resources/2014-2015_CCDF_Plan_%20Optimized.pdf).

and the operational requirements of the child care resource and referral network, at the state level; and minimize administrative staff to those needed to administer the duties of the office.<sup>18</sup>

Effect of the Bill: The bill adds additional requirements to the duties of the OEL. The additional duties are to: hire a general counsel who reports directly to the executive director of the office; hire an inspector general who reports directly to the executive director of the office and to the Chief Inspector General; and by July 1, 2017, develop and implement best practices for providing parental notification in the parent's native language to a parent whose native language is not English. The bill also requires the OEL to conduct a two-year pilot project studying the impact of assessing the early literacy skills of VPK participants who are English language learners, in both English and Spanish, and report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by July 1, 2016, and July 1, 2017.

### ***The Standardized Voluntary Prekindergarten Contract***

Present Situation: Through adopted rules, the OEL is required to have a standard, statewide provider contract for VPK that includes provisions on: provider probation, termination for cause and emergency termination; due-process procedures; and provide that during the pendency of an appeal, a provider may not continue to offer services.<sup>19</sup>

Effect of the Bill: The bill, in addition to current-law requirements, requires the standard statewide contract to:

- Mandate that each private VPK provider and each School Readiness provider must conspicuously post each citation for a Class I violation in an area visible to parents. The posting must use simple language to describe each violation with specificity and include a copy of the citation, as well as contact information for the Department of Children and Families (DCF) or the local licensing agency. Such posting must occur within 24 hours of receipt of the Class I violation citation. Additionally, the provider must post each inspection report on the premises until the next report is available; and
- Specify that child care personnel employed by the provider who are responsible for supervising children in care must be trained in appropriate practices, through DCF courses, aligned to the age and needs of children the employee oversees within 30 days of being assigned to children for which the personnel has not previously completed the training.

Additionally, the bill creates a new requirement for the OEL to develop and implement an on-line training course on the performance standards for School Readiness program provider personnel, and the bill requires personnel to complete the on-line training course.

### **Provider, Instructor, and Child Care Personnel Qualifications**

#### ***Background Screening***

Present Situation: Personnel at child care facilities must meet a minimum standard of having good moral character as determined by the requirement of level 2 employment screening under ch. 435, F.S.<sup>20</sup>

<sup>18</sup> Section 1001.213, F.S.

<sup>19</sup> Section 1002.75, F.S. (regarding VPK programs); s. 1002.82(2)(m), F.S. (regarding School Readiness Programs).

<sup>20</sup> Section 402.305(2), F.S.

Effect of the Bill: The bill adds that in addition to the list of offenses in s. 435.04, F.S., pertaining to level 2 screening, child care personnel undergoing background screening may not have an arrest awaiting final disposition and may not have been found guilty of, or entered a plea of nolo contendere or guilty to, and may not have been adjudicated delinquent and have a record that has been sealed or expunged, for an offense specified in s. 39.205, F.S., which relates to penalties associated with the absence of reporting of child abuse, abandonment, or neglect.

The bill applies the background screening requirement and language of s. 402.305(2)(a), F.S., as amended by the bill and described above, to each VPK instructor employed by a private VPK provider delivering a summer VPK program. As noted above, the bill amends the statute to add more prohibited offenses that are not included in current law, and current law does not address those offenses because the statute specifically refers to s. 435.04, F.S., without referencing s. 39.205, F.S.<sup>21</sup>

The bill also adds the requirement that before employing child care personnel, an employer must conduct employment history checks and document the findings.

### ***Instructor Credentials***

Present Situation: A private VPK instructor must hold a child development associate credential issued by the National Credentialing Program of the Council for Professional Recognition or a credential deemed equivalent by the DCF.<sup>22</sup> Currently, s. 1002.55, F.S., does not explicitly delineate requirements for VPK instructors relating to first aid and infant and child cardiopulmonary resuscitation, nor does the statute address a minimum age or high school diploma requirement for employment.

Effect of the Bill: The bill retains the current-law options that satisfy the minimum credential requirement and provides new credentials that would also satisfy the requirement. The additional credentials added to the list include associate and baccalaureate degrees in child-oriented focus areas and associate and baccalaureate degrees in unrelated areas with additional hours of experience in teaching or child care services.

The bill requires at least 50 percent of a private VPK provider's instructors at each location and at least 50 percent of child care personnel at each School Readiness provider location to be trained in first aid and child cardiopulmonary resuscitation, demonstrated by documentation of course completion, unless the instructor or personnel are not responsible for supervising children in care, by January 1, 2016. Additionally, instructors and personnel hired on or after January 1, 2016, must complete the training within 60 days of employment.

The bill also adds that, as of January 1, 2017, private VPK providers must employ child care personnel who have a high school diploma or its equivalent and are at least 18 years old, unless the personnel are not responsible for supervising children in care or are under direct supervision.

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<sup>21</sup> See s. 1002.61(5), F.S.

<sup>22</sup> Section 1002.55(3)(c), F.S.

### ***Transfer of Ownership***

Present Situation: One week before the transfer of ownership of a child care facility, the transferor must notify the parent or caretaker of each child of the transfer. The DCF must establish rules relating to the methods by which such notice will occur and the minimum standards for implementing the notification and transfer.<sup>23</sup>

Effect of the Bill: The bill prohibits the transfer of a child care facility *or a large family child care home* to a relative of the operator if the license of the operator has been suspended or revoked by the DCF, the operator received notice from the DCF that reasonable cause existed to suspend or revoke the operator's license, or the operator has been placed on the United States Department of Agriculture National Disqualified List. The bill provides a definition of "relative," which includes immediate family members, grandparents, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, step-parents, step-siblings, and half-siblings.

### ***Course Requirements for Operators and Substitute Operators of Family Day Care Homes and Large Family Child Care Homes***

Present Situation: Operators of family day care homes must complete an approved 30-clock-hour introductory course in child care and demonstrate successful completion through passage of a competency examination before caring for children.<sup>24</sup>

Operators of large family child care homes must complete an approved 40-clock-hour introductory course in group child care and demonstrate successful completion through passage of a competency examination.<sup>25</sup>

Effect of the Bill: The bill adds that *substitute* operators must also meet the 30-clock-hour requirement that is currently in law for operators. Additionally, the bill states specific topics that must be included in the course, which are:

- State and local rules and regulations governing child care;
- Health, safety, and nutrition;
- Identifying and reporting child abuse and neglect;
- Child development;
- Observation of developmental behaviors; and
- Specialized areas including numeracy, early literacy, and language development of children from birth to five years of age.

The bill adds requirements to the 40-clock-hour introductory course that an operator of a large family child care home must complete. In addition to the existing requirement that the course focus on group child care, the course must include numeracy, early literacy, and language development of children from birth to five years of age.

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<sup>23</sup> Section 402.305(18), F.S.

<sup>24</sup> Section 402.313(4), F.S.

<sup>25</sup> Section 402.3131(3), F.S.

## Health and Safety

### *Inspection and Substantial Compliance with Licensing Standards*

Present Situation: Licensing requirements, except for the requirements regarding screening of child care personnel, do not currently apply to a faith-based facility or educational programs accredited by (or by a member of) an organization that publishes and requires compliance with its standards for health, safety, and sanitation.<sup>26</sup> Nonpublic schools which are not licensed under ss. 402.301-402.319, F.S., are required to substantially comply with the minimum child care standards adopted pursuant to ss. 402.305-402.3057, F.S.<sup>27</sup>

Effect of the Bill: The bill requires child care facilities that are exempt from licensure requirements pursuant to s. 402.316, F.S., and which operate or apply to operate as a VPK or School Readiness provider, to substantially comply with the adopted minimum standards for child care facilities pursuant to ss. 402.305-402.3057, F.S., and obtain a certificate of substantial compliance from the DCF. Nonpublic schools which are not licensed are also required to obtain a certificate of substantial compliance. Such facilities must allow the DCF or the local licensing agency to monitor and enforce compliance. The bill adds that the DCF must establish a fee for inspection and compliance activities in an amount sufficient to cover costs, but the amount may not exceed the fee established for child care licensure under s. 402.315, F.S. The bill also provides penalties for the misrepresentation and misuse of certain information. The effect of this provision is that all providers will either be licensed or must be substantially compliant with existing licensing standards.

Present Situation: A licensed child care facility must allow the DCF to inspect facilities and personnel at reasonable times during regular business hours to ensure statutory compliance. An application for a license or the advertisement to the public for the provision of child care allows the DCF to enter or inspect a facility seeking licensure or renewal of licensure.<sup>28</sup>

DCF and local governmental agencies that license child care facilities must develop a plan to eliminate duplicative and unnecessary inspections of child care facilities and conduct abbreviated inspections for child care facilities that have no Class I or Class II deficiencies.

Effect of the Bill: The bill provides that the DCF's authority to inspect a licensed child care facility is expanded to include inspection of a "program regulated by" the DCF. This includes a child care facility which is exempted from licensure under s. 402.316, F.S., and which is a VPK or School Readiness provider or which seeks to become a VPK or School Readiness provider. Additionally, the bill provides that an application for authorization to operate a child care program that must substantially comply with child care standards under ch. 402, F.S., or renewal of such a license or authorization, also constitutes permission for the DCF to enter and inspect the premises.

The bill adds licensed family day care homes and licensed large family child care homes without a Class I or Class II violation to the facilities eligible for abbreviated inspections by the DCF and

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<sup>26</sup> Section 402.316(1), F.S.

<sup>27</sup> Section 402.3025(2)(d)1., F.S.

<sup>28</sup> Section 402.311, F.S.



the local licensing agency. The bill also requires the DCF to adopt rules establishing criteria and procedures for abbreviated inspections and inspection schedules for announced and unannounced inspections.

***Eligibility of a Private Provider to Deliver the Voluntary Prekindergarten Program***

Present Situation: A private VPK provider must meet one of the following: be accredited by a particular accrediting body,<sup>29</sup> hold a Gold Seal Quality Care designation, or be licensed under particular statutes.<sup>30</sup> School Readiness facilities are also required to provide basic health and safety of its premises.<sup>31</sup>

Effect of the Bill: The bill adds an additional option for a private VPK provider's required status and states that the private VPK provider may be a child development center located on a military installation that is certified by the United States Department of Defense.

The bill also adds that each private VPK provider must provide basic health and safety on its premises and in its facilities. The bill provides standards that satisfy the requirement for specific VPK and School Readiness programs as follows:

- For a public school, compliance with s. 1003.22, F.S., (school-entry health examinations and immunizations) and s. 1013.12, F.S., (casualty, safety, sanitation, fire safety standards and inspection of property), is sufficient;
- For a nonpublic school, compliance with s. 402.3025(2)(d), F.S., (substantial compliance with statutory licensing standards) is sufficient;
- For a child care facility, a licensed family day care home, or a large family child care home, compliance with s. 402.305, F.S., (licensing standards), s. 402.313, F.S., (licensing of family day care homes requirements), or s. 402.3131, F.S., (licensing of large family child care homes requirements), is sufficient; and
- For a facility exempt from licensure, compliance with s. 402.316(4), F.S., (which is created by this bill) is sufficient.

In effect, this provision ensures that all providers are licensed or substantially compliant with existing statutory licensing standards.

***Display of License or Registration by Family Day Care Homes***

Present Situation: A licensed or registered family day care home is not required to display its license or registration.<sup>32</sup>

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<sup>29</sup> Section 1002.55(3)(b)1., F.S. A private VPK provider must be accredited by: “an accrediting association that is a member of the National Council for Private School Accreditation, or the Florida Association of Academic Nonpublic Schools, or be accredited by the Southern Association of Colleges and Schools, or Western Association of Colleges and Schools, or North Central Association of Colleges and Schools, or Middle States Association of Colleges and Schools, or New England Association of Colleges and Schools; and have written accreditation standards that meet or exceed the state’s licensing requirements under ss. 402.305, 402.313, or 402.3131, F.S., and require at least one onsite visit to the provider or school before accreditation is granted.” *Id.*

<sup>30</sup> Section 1002.55, F.S.

<sup>31</sup> Section 1002.88(1)(c), F.S.

<sup>32</sup> See s. 402.313, F.S.

Effect of the Bill: The bill requires each licensed or registered family day care home to conspicuously display its license or registration in the common area of the home.

The bill also creates specific requirements for the DCF to verify certain information upon receipt of registration from a family day care home. The DCF must verify that the home is in compliance with the background screening requirements and that the operator and the designated substitute have completed 30-clock-hour training courses (demonstrated through passage of a competency examination and required continuing education units or clock-hours).

### ***Rulemaking Authority***

Present Situation: Rulemaking authority is not provided to the DCF with regard to defining and enforcing substantial compliance with minimum standards for child care facilities for programs operating under s. 1002.55, F.S., (private school-year VPK programs), s. 1002.61, F.S., (public school and private VPK summer programs), and s. 1002.88, F.S., (School Readiness programs).<sup>33</sup>

Effect of the Bill: The bill provides the DCF with rulemaking authority to define and enforce substantial compliance with the minimum standards for child care facilities operating programs under the aforementioned statutes.

### ***Eligibility to Deliver the Voluntary Prekindergarten Program***

Present Situation: Denial of initial eligibility based upon a Class I violation within 12 months of seeking eligibility to deliver a VPK program and preventing renewal of such eligibility for a Class I violation, are not currently in law.

Effect of the Bill: The bill denies initial eligibility to a private provider seeking eligibility to deliver the VPK program if the provider has been cited for a Class I violation in the 12 months prior to seeking such eligibility. The bill also prevents an existing provider from renewing its eligibility for 12 months if cited for a Class I violation. This provision inhibits the growth of a provider's program if the provider has received a citation for the most severe grouping of violations within the past year.

## **Participant-Related Provisions**

### ***Voluntary Prekindergarten Eligibility and Enrollment***

Present Situation: Each parent enrolling a child in the VPK program must complete and submit an application to the early learning coalition (ELC).<sup>34</sup>

Effect of the Bill: The bill allows application submission to a private VPK provider if the provider is authorized by the ELC to determine student eligibility for VPK enrollment, which is a new authority for private VPK providers. The bill also provides the actions a provider must take upon receipt of an application, requires retention of the original application and certified birth certificate of the child for five years, and provides that the ELC may audit applications in its

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<sup>33</sup> See s. 402.305, F.S.

<sup>34</sup> Section 1002.53(4)(a), F.S.

service area to determine whether children enrolled and reported for funding by the provider have met the eligibility criteria. The bill provides a check on the newly authorized ability of some private VPK providers to accept applications and determine eligibility and enrollment.

### ***School Readiness Eligibility***

Present Situation: For the purposes of establishing eligibility for the School Readiness program, the terms “at-risk child,” “family income,” and “working family” are defined in statute.<sup>35</sup>

Effect of the Bill: The bill amends the definition of an “at-risk child” to provide that a designated lead agency on the homeless assistance continuum of care established under ss. 420.622-420.624, F.S., must determine whether a child is in the custody of a parent who is considered homeless, as opposed to current law which requires the DCF to make the determination.

The bill adds to the list of types of income that are not included in the definition of “family income.” The new language provides that the following types are not considered family income:

- Income earned by a teen parent residing in the same residence as a separate family unit; and
- Selected items from the state’s Child Care and Development Fund Plan, including documented child support and alimony payments paid out of the home.

The bill expands the definition of a “working family” to include a single-parent family in which the parent with whom the child resides is exempt from work requirements due to age or disability and a two-parent family with whom the child resides in which both parents are exempt from work requirements due to age or disability.

### **Provider-Related Provisions**

#### ***Reviser’s Bill for the 2016 Regular Session***

Present Situation: The terms “family day care” and “family day care home” are currently used in statute.

Effect of the Bill: The bill directs the Division of Law Revision and Information to prepare a reviser’s bill for the 2016 regular session that will change the term “family day care” to “family child care,” and the term “family day care home” to “family child care home” throughout the Florida Statutes.

#### ***Zoning, Utility Rates, and Residential Property Insurance Coverage***

Present Situation: The operation of a residence as a family day care home is a valid residential use for local zoning regulation purposes.<sup>36</sup> Large family child care homes are not included in this provision.

Effect of the Bill: The bill provides that the operation of a residence as a family day care home *or as a large family child care home* is a valid residential use for local zoning regulation purposes.

<sup>35</sup> Section 1002.81, F.S.

<sup>36</sup> Sections 125.0109 and 166.0445, F.S.

Additionally, the bill provides that, despite any other state or local law or ordinance, any licensed large family child care home may not be charged commercial utility rates and must be charged the rates accorded to a residential home.

Present Situation: Family day care homes may not have residential property insurance canceled, denied, or non-renewed solely because child care services are provided on the premises.<sup>37</sup>

Effect of the Bill: The bill adds large family child care homes to this provision, which currently only includes family day care homes.

### ***Applicability of Requirements to Nonpublic Schools***

Present Situation: Requirements under s. 402.3025, F.S., apply to nonpublic programs for children at least three years of age, but under five years of age, that are not licensed under ss. 402.301-402.319, F.S.<sup>38</sup>

Effect of the Bill: The bill removes the specific age range in current law of three to five years of age and states that the provision is applicable to nonpublic schools delivering school-year and summer VPK programs and School Readiness programs.

### ***Voluntary Prekindergarten and School Readiness Funding and Attendance Reporting***

Present Situation: Each parent enrolling a child in VPK must comply with the attendance policy of the private VPK provider or public school board. Each provider must supply a child's parent with a copy of the attendance policy.<sup>39</sup> For a School Readiness program, if a child is absent for five consecutive days without notification from the parent of such an absence, the provider is required to report the absence to the ELC.<sup>40</sup>

Effect of the Bill: The bill, in addition to the requirements that a parent comply with the VPK provider's attendance policy and that the provider give the policy to each child's parent, adds that each private VPK provider, public school, and School Readiness provider must supply each child's parent with information regarding child development, parent engagement expectations, a daily schedule, and procedures for contacting a parent if a child has been absent for two consecutive days without a known reason.

The bill amends the requirements of the attendance reporting requirement for the School Readiness program to add an additional responsibility of the provider to contact the parent of a child who has been absent for two consecutive days to determine the reason for the absence. This requirement is in addition to the provider being required to contact the ELC if a child is absent for five consecutive days.

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<sup>37</sup> Section 627.70161, F.S.

<sup>38</sup> Section 402.3025(2)(c), F.S.

<sup>39</sup> Section 1002.71(6)(a), F.S.

<sup>40</sup> Section 1002.87(8), F.S.

***School Readiness Program Eligibility Requirements***

Present Situation: The eligibility of each child for the School Readiness program must be determined annually, and a child who is no longer eligible may not continue to receive services.<sup>41</sup>

Effect of the Bill: The bill adds additional language stating that if a child is no longer eligible for the program, the ELC must immediately notify the child's parent and the provider that funding will end two weeks after the date on which the child's ineligibility was determined or when the current School Readiness authorization expires, whichever is sooner.

***School Readiness Investigations of Fraud or Overpayment***

Present Situation: The ELC may not contract with a School Readiness or VPK provider who is on the United States Department of Agriculture National Disqualified List.<sup>42</sup>

Effect of the Bill: The bill adds that an ELC may not contract with an individual on the United States Department of Agriculture National Disqualified List.

**Effective Date**

The bill takes effect on July 1, 2015.

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

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

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

Section 12 of PCS/SB 7006 requires the Department of Children and Families (DCF) to establish a fee for inspection and compliance activities.

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<sup>41</sup> Section 1002.87(6), F.S.

<sup>42</sup> Section 1002.91(7), F.S.

**B. Private Sector Impact:**

Some of the bill's provisions may have an indeterminate negative fiscal impact on the private sector. Those provisions relate to the following: certification requirements, training requirements, notification requirements, and a fee for inspection and compliance.

**C. Government Sector Impact:**

According to the Department of Children and Families (DCF), the bill would require the department to monitor over 768 additional child care facilities to ensure substantial compliance with health and safety standards. For Fiscal Year 2015-2016, the DCF's Office of Child Care Regulation and Background Screening and the Office of the General Counsel would require \$1,252,441 and 18 full-time equivalent positions to perform these functions, according to the DCF.

The DCF expects to receive approximately \$52,093 in additional revenue for the Operations and Maintenance Trust Fund in Fiscal Year 2015-2016 under the bill, due to fees collected from approximately 244 currently exempt child care facilities and 336 non-public schools that would need to be inspected under the bill, in addition to licensure fees collected from 188 currently registered child care facilities that would need to become licensed under the bill.

**VI. Technical Deficiencies:**

Under current law, s. 402.316(1), F.S., provides that certain child care facilities are exempt from the licensure and regulatory provisions of ss. 402.301-402.319, F.S., except for requirements regarding screening of child care personnel. However, the bill creates s. 402.316(4), F.S., to require that such an exempt facility that also operates as a VPK or School Readiness provider must substantially comply with minimum standards for child care facilities adopted pursuant to ss. 402.305-402.3057, F.S., while leaving in force the provision under s. 402.316(1), F.S., that such facilities are exempt from those same standards, except for the standards regarding screening of child care personnel.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 125.0109, 166.0445, 402.302, 402.3025, 402.305, 402.311, 402.3115, 402.313, 402.3131, 402.316, 627.70161, 1001.213, 1002.53, 1002.55, 1002.59, 1002.61, 1002.63, 1002.71, 1002.75, 1002.77, 1002.81, 1002.82, 1002.84, 1002.87, 1002.88, 1002.89, 1002.91, 1002.94, and 1003.21.

This bill creates section 402.3085 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.)

**Recommended CS by Appropriations Subcommittee on Health and Human Services on April 14, 2015:**

The proposed committee substitute:

- Removes provisions allowing a district school board or charter school governing board to permit certain four-year-old children to attend public kindergarten under specified conditions; and
- Removes provisions for appropriations to be made to the Department of Children and Families for the purpose of implementing the bill.

**CS by Community Affairs on February 17, 2015:**

Amends s. 1003.21(1)(a)2., F.S., to allow a district school board or charter school governing board to permit certain four-year-old children to attend public kindergarten.

The board must adopt a policy that requires the child to pass:

- The kindergarten readiness assessment pursuant to s. 1002.69, F.S.; and
- A social assessment developed or selected by the school district or charter school.

**B. Amendments:**

None.



389596

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/16/2015	.	
	.	
	.	
	.	

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Appropriations Subcommittee on Health and Human Services  
(Grimsley) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 1868 - 1894.

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

And the title is amended as follows:

Delete lines 90 - 94

and insert:

an early learning coalition; requiring the Office





219806

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/16/2015	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services  
(Grimsley) recommended the following:

1           **Senate Amendment (with title amendment)**

2

3           Delete lines 1908 - 1915.

4

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

6           And the title is amended as follows:

7           Delete line 99

8           and insert:

9           by specified dates;

By the Committees on Community Affairs; and Education Pre-K -  
12; and Senator Legg

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1 A bill to be entitled  
2 An act relating to early learning; providing a  
3 directive to the Division of Law Revision and  
4 Information to change the term "family day care home"  
5 to "family child care home," and the term "family day  
6 care" to "family child care"; amending ss. 125.0109  
7 and 166.0445, F.S.; including large family child care  
8 homes in local zoning regulation requirements;  
9 amending s. 402.302, F.S.; redefining the term  
10 "substantial compliance"; requiring the Department of  
11 Children and Families to adopt rules for compliance by  
12 certain programs regulated, but not licensed, by the  
13 department; amending s. 402.3025, F.S.; revising  
14 requirements for nonpublic schools delivering certain  
15 voluntary prekindergarten education programs and  
16 school readiness programs; amending s. 402.305, F.S.;  
17 revising certain minimum standards for child care  
18 facilities; prohibiting the transfer of ownership of  
19 such facilities to specified individuals; creating s.  
20 402.3085, F.S.; requiring nonpublic schools or  
21 providers seeking to operate certain programs to  
22 annually obtain a certificate from the department or a  
23 local licensing agency; providing for issuance of the  
24 certificate upon examination of the applicant's  
25 premises and records; prohibiting a provider from  
26 participating in the programs without a certificate;  
27 authorizing local licensing agencies to apply their  
28 own minimum child care standards under certain  
29 circumstances; amending s. 402.311, F.S.; providing

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30 for the inspection of programs regulated by the  
31 department; amending s. 402.3115, F.S.; providing for  
32 abbreviated inspections of specified child care homes;  
33 requiring rulemaking; amending s. 402.313, F.S.;  
34 revising provisions for licensure, registration, and  
35 operation of family child care homes; amending s.  
36 402.3131, F.S.; revising requirements for large family  
37 child care homes; amending s. 402.316, F.S.; providing  
38 exemptions from child care facility licensing  
39 standards; requiring a child care facility operating  
40 as a provider of certain voluntary prekindergarten  
41 education programs or child care programs to comply  
42 with minimum standards; providing penalties for  
43 failure to disclose or for use of certain information;  
44 requiring the department to establish a fee for  
45 inspection and compliance activities; amending s.  
46 627.70161, F.S.; revising restrictions on residential  
47 property insurance coverage to include coverage for  
48 large family child care homes; amending s. 1001.213,  
49 F.S.; providing additional duties of the Office of  
50 Early Learning; amending s. 1002.53, F.S.; revising  
51 requirements for application and determination of  
52 eligibility to enroll in the Voluntary Prekindergarten  
53 (VPK) Education Program; amending s. 1002.55, F.S.;  
54 revising requirements for a school-year  
55 prekindergarten program delivered by a private  
56 prekindergarten provider, including requirements for  
57 providers, instructors, and child care personnel;  
58 providing requirements in the case of provider

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59 violations; amending s. 1002.59, F.S.; conforming a  
 60 cross-reference to changes made by the act; amending  
 61 ss. 1002.61 and 1002.63, F.S.; revising employment  
 62 requirements and educational credentials of certain  
 63 instructional personnel; amending s. 1002.71, F.S.;  
 64 revising information that must be provided to parents;  
 65 amending s. 1002.75, F.S.; revising provisions  
 66 included in the standard statewide VPK program  
 67 provider contract; amending s. 1002.77, F.S.; revising  
 68 the purpose and meetings of the Florida Early Learning  
 69 Advisory Council; amending s. 1002.81, F.S.; revising  
 70 certain program definitions; amending s. 1002.82,  
 71 F.S.; revising the powers and duties of the Office of  
 72 Early Learning; revising provisions included in the  
 73 standard statewide school readiness provider contract;  
 74 amending s. 1002.84, F.S.; revising the powers and  
 75 duties of early learning coalitions; conforming  
 76 provisions to changes made by the act; amending s.  
 77 1002.87, F.S.; revising student eligibility and  
 78 enrollment requirements for the school readiness  
 79 program; amending s. 1002.88, F.S.; revising  
 80 eligibility requirements for program providers that  
 81 want to deliver the school readiness program;  
 82 providing conditions for denial of initial  
 83 eligibility; providing child care personnel  
 84 requirements; amending s. 1002.89, F.S.; revising the  
 85 use of funds for the school readiness program;  
 86 amending s. 1002.91, F.S.; prohibiting an early  
 87 learning coalition from contracting with specified

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88 persons; amending s. 1002.94, F.S.; revising  
 89 establishment of a community child care task force by  
 90 an early learning coalition; amending s. 1003.21,  
 91 F.S.; authorizing a district school board or charter  
 92 school governing board to adopt a policy to allow a  
 93 child to be admitted to a public kindergarten if the  
 94 child meets certain requirements; requiring the Office  
 95 of Early Learning to conduct a pilot project to study  
 96 the impact of assessing the early literacy skills of  
 97 certain VPK program participants; requiring the office  
 98 to report its findings to the Governor and Legislature  
 99 by specified dates; providing an appropriation;  
 100 providing an effective date.

101  
 102 Be It Enacted by the Legislature of the State of Florida:

103  
 104 Section 1. The Division of Law Revision and Information is  
 105 directed to prepare a reviser's bill for the 2016 Regular  
 106 Session of the Legislature to change the term "family day care  
 107 home" to "family child care home" and the term "family day care"  
 108 to "family child care" wherever the terms appear in the Florida  
 109 Statutes.

110 Section 2. Section 125.0109, Florida Statutes, is amended  
 111 to read:

112 125.0109 Family child day care homes and large family child  
 113 care homes; local zoning regulation.—The operation of a  
 114 residence as a family child day care home or large family child  
 115 care home, as defined in s. 402.302, licensed or registered  
 116 pursuant to s. 402.313 or s. 402.3131, as applicable,

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117 ~~constitutes, as defined by law, registered or licensed with the~~  
 118 ~~Department of Children and Families shall constitute a valid~~  
 119 residential use for purposes of any local zoning regulations,  
 120 and ~~ne~~ such regulation may ~~not shall~~ require the owner or  
 121 operator of such family ~~child day~~ care home or large family  
 122 child care home to obtain any special exemption or use permit or  
 123 waiver, or to pay any special fee in excess of \$50, to operate  
 124 in an area zoned for residential use.

125 Section 3. Section 166.0445, Florida Statutes, is amended  
 126 to read:

127 166.0445 Family ~~child day~~ care homes and large family child  
 128 care homes; local zoning regulation.—The operation of a  
 129 residence as a family ~~child day~~ care home or large family child  
 130 care home, as defined in s. 402.302, licensed or registered  
 131 pursuant to s. 402.313 or s. 402.3131, as applicable,  
 132 ~~constitutes, as defined by law, registered or licensed with the~~  
 133 ~~Department of Children and Families shall constitute a valid~~  
 134 residential use for purposes of any local zoning regulations,  
 135 and ~~ne~~ such regulations may not regulation shall require the  
 136 owner or operator of such family ~~child day~~ care home or large  
 137 family child care home to obtain any special exemption or use  
 138 permit or waiver, or to pay any special fee in excess of \$50, to  
 139 operate in an area zoned for residential use.

140 Section 4. Subsection (17) of section 402.302, Florida  
 141 Statutes, is amended to read:

142 402.302 Definitions.—As used in this chapter, the term:

143 (17) "Substantial compliance" means, for purposes of  
 144 programs operating under s. 1002.55, s. 1002.61, or s. 1002.88,  
 145 ~~that level of adherence to adopted standards~~ which is sufficient

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146 to safeguard the health, safety, and well-being of all children  
 147 under care. The standards must address the requirements of s.  
 148 402.305 and must be limited to supervision, transportation,  
 149 access, health-related requirements, food and nutrition,  
 150 personnel screening, records, and enforcement of these  
 151 standards. The standards must not limit or exclude the  
 152 curriculum provided by a faith-based provider or nonpublic  
 153 school. The department, in consultation with the Office of Early  
 154 Learning, must adopt rules to define and enforce substantial  
 155 compliance with minimum standards for child care facilities for  
 156 programs operating under s. 1002.55, s. 1002.61, or s. 1002.88  
 157 which are regulated, but not licensed, by the department  
 158 Substantial compliance is greater than minimal adherence but not  
 159 to the level of absolute adherence. Where a violation or  
 160 variation is identified as the type which impacts, or can be  
 161 reasonably expected within 90 days to impact, the health,  
 162 safety, or well-being of a child, there is no substantial  
 163 compliance.

164 Section 5. Paragraphs (d) and (e) of subsection (2) of  
 165 section 402.3025, Florida Statutes, are amended to read:

166 402.3025 Public and nonpublic schools.—For the purposes of  
 167 ss. 402.301-402.319, the following shall apply:

168 (2) NONPUBLIC SCHOOLS.—

169 (d)1. Nonpublic schools delivering programs under s.  
 170 1002.55, s. 1002.61, or s. 1002.88 ~~Programs for children who are~~  
 171 ~~at least 3 years of age, but under 5 years of age,~~ which are not  
 172 licensed under ss. 402.301-402.319 shall substantially comply  
 173 with the minimum child care standards adopted promulgated  
 174 pursuant to ss. 402.305-402.3057.

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175 2. The department or local licensing agency shall enforce  
 176 compliance with such standards, where possible, to eliminate or  
 177 minimize duplicative inspections or visits by staff enforcing  
 178 the minimum child care standards and staff enforcing other  
 179 standards under the jurisdiction of the department.

180 3. The department or local licensing agency may inspect  
 181 programs operating under this paragraph and pursue  
 182 administrative or judicial action under ss. 402.310-402.312  
 183 against nonpublic schools operating under this paragraph  
 184 ~~commence and maintain all proper and necessary actions and~~  
 185 ~~proceedings for any or all of the following purposes:~~

186 a. to protect the health, sanitation, safety, and well-  
 187 being of all children under care.

188 b. ~~To enforce its rules and regulations.~~

189 c. ~~To use corrective action plans, whenever possible, to~~  
 190 ~~attain compliance prior to the use of more restrictive~~  
 191 ~~enforcement measures.~~

192 d. ~~To make application for injunction to the proper circuit~~  
 193 ~~court, and the judge of that court shall have jurisdiction upon~~  
 194 ~~hearing and for cause shown to grant a temporary or permanent~~  
 195 ~~injunction, or both, restraining any person from violating or~~  
 196 ~~continuing to violate any of the provisions of ss. 402.301-~~  
 197 ~~402.319. Any violation of this section or of the standards~~  
 198 ~~applied under ss. 402.305-402.3057 which threatens harm to any~~  
 199 ~~child in the school's programs for children who are at least 3~~  
 200 ~~years of age, but are under 5 years of age, or repeated~~  
 201 ~~violations of this section or the standards under ss. 402.305-~~  
 202 ~~402.3057, shall be grounds to seek an injunction to close a~~  
 203 ~~program in a school.~~

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204 e. ~~To impose an administrative fine, not to exceed \$100,~~  
 205 ~~for each violation of the minimum child care standards~~  
 206 ~~promulgated pursuant to ss. 402.305-402.3057.~~

207 4. It is a misdemeanor of the first degree, punishable as  
 208 provided in s. 775.082 or s. 775.083, for any person willfully,  
 209 knowingly, or intentionally to:

210 a. Fail, by false statement, misrepresentation,  
 211 impersonation, or other fraudulent means, to disclose in any  
 212 required written documentation for exclusion from licensure  
 213 pursuant to this section a material fact used in making a  
 214 determination as to such exclusion; or

215 b. Use information from the criminal records obtained under  
 216 s. 402.305 or s. 402.3055 for any purpose other than screening  
 217 that person for employment as specified in those sections or  
 218 release such information to any other person for any purpose  
 219 other than screening for employment as specified in those  
 220 sections.

221 5. It is a felony of the third degree, punishable as  
 222 provided in s. 775.082, s. 775.083, or s. 775.084, for any  
 223 person willfully, knowingly, or intentionally to use information  
 224 from the juvenile records of any person obtained under s.  
 225 402.305 or s. 402.3055 for any purpose other than screening for  
 226 employment as specified in those sections or to release  
 227 information from such records to any other person for any  
 228 purpose other than screening for employment as specified in  
 229 those sections.

230 6. The inclusion of nonpublic schools within options  
 231 available under ss. 1002.55, 1002.61, and 1002.88 does not  
 232 expand the regulatory authority of the state, its officers, any

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233 local licensing agency, or any early learning coalition to  
 234 impose any additional regulation of nonpublic schools beyond  
 235 those reasonably necessary to enforce requirements expressly  
 236 specified in this paragraph.

237 ~~(c) The department and the nonpublic school accrediting~~  
 238 ~~agencies are encouraged to develop agreements to facilitate the~~  
 239 ~~enforcement of the minimum child care standards as they relate~~  
 240 ~~to the schools which the agencies accredit.~~

241 Section 6. Paragraphs (a) and (d) of subsection (2),  
 242 paragraph (b) of subsection (9), and subsections (10) and (18)  
 243 of section 402.305, Florida Statutes, are amended to read:

244 402.305 Licensing standards; child care facilities.—

245 (2) PERSONNEL.—Minimum standards for child care personnel  
 246 shall include minimum requirements as to:

247 (a) Good moral character based upon screening, according to  
 248 the level 2 screening requirements of. ~~This screening shall be~~  
 249 ~~conducted as provided in chapter 435, using the level 2~~  
 250 ~~standards for screening set forth in that chapter. In addition~~  
 251 to the offenses specified in s. 435.04, all child care personnel  
 252 required to undergo background screening pursuant to this  
 253 section may not have an arrest awaiting final disposition for,  
 254 may not have been found guilty of, regardless of adjudication,  
 255 or entered a plea of nolo contendere or guilty to, and may not  
 256 have been adjudicated delinquent and have a record that has been  
 257 sealed or expunged for an offense specified in s. 39.205. Before  
 258 employing child care personnel subject to this section, the  
 259 employer must conduct employment history checks of each of the  
 260 personnel's previous employers and document the findings. If  
 261 unable to contact a previous employer, the employer must

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262 document efforts to contact the previous employer.

263 (d) Minimum training requirements for child care personnel.

264 1. Such minimum standards for training shall ensure that  
 265 all child care personnel take an approved 40-clock-hour  
 266 introductory course in child care, which course covers at least  
 267 the following topic areas:

268 a. State and local rules and regulations which govern child  
 269 care.

270 b. Health, safety, and nutrition.

271 c. Identifying and reporting child abuse and neglect.

272 d. Child development, including typical and atypical  
 273 language, cognitive, motor, social, and self-help skills  
 274 development.

275 e. Observation of developmental behaviors, including using  
 276 a checklist or other similar observation tools and techniques to  
 277 determine the child's developmental age level.

278 f. Specialized areas, including computer technology for  
 279 professional and classroom use and numeracy, early literacy, and  
 280 language development of children from birth to 5 years of age,  
 281 as determined by the department, for owner-operators and child  
 282 care personnel of a child care facility.

283 g. Developmental disabilities, including autism spectrum  
 284 disorder and Down syndrome, and early identification, use of  
 285 available state and local resources, classroom integration, and  
 286 positive behavioral supports for children with developmental  
 287 disabilities.

288  
 289 Within 90 days after employment, child care personnel shall  
 290 begin training to meet the training requirements pursuant to

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291 this paragraph. Child care personnel shall successfully complete  
 292 such training within 1 year after the date on which the training  
 293 began, as evidenced by passage of a competency examination.  
 294 Successful completion of the 40-clock-hour introductory course  
 295 shall articulate into community college credit in early  
 296 childhood education, pursuant to ss. 1007.24 and 1007.25.  
 297 Exemption from all or a portion of the required training shall  
 298 be granted to child care personnel based upon educational  
 299 credentials or passage of competency examinations. Child care  
 300 personnel possessing a 2-year degree or higher that includes 6  
 301 college credit hours in early childhood development or child  
 302 growth and development, or a child development associate  
 303 credential or an equivalent state-approved child development  
 304 associate credential, or a child development associate waiver  
 305 certificate shall be automatically exempted from the training  
 306 requirements in sub-subparagraphs b., d., and e.

307 2. The introductory course in child care shall stress, to  
 308 the extent possible, an interdisciplinary approach to the study  
 309 of children.

310 3. The introductory course shall cover recognition and  
 311 prevention of shaken baby syndrome; prevention of sudden infant  
 312 death syndrome; recognition and care of infants and toddlers  
 313 with developmental disabilities, including autism spectrum  
 314 disorder and Down syndrome; and early childhood brain  
 315 development within the topic areas identified in this paragraph.

316 4. On an annual basis in order to further their child care  
 317 skills and, if appropriate, administrative skills, child care  
 318 personnel who have fulfilled the requirements for the child care  
 319 training shall be required to take an additional 1 continuing

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320 education unit of approved inservice training, or 10 clock hours  
 321 of equivalent training, as determined by the department.

322 5. Child care personnel shall be required to complete 0.5  
 323 continuing education unit of approved training or 5 clock hours  
 324 of equivalent training, as determined by the department, in  
 325 numeracy, early literacy, and language development of children  
 326 from birth to 5 years of age one time. The year that this  
 327 training is completed, it shall fulfill the 0.5 continuing  
 328 education unit or 5 clock hours of the annual training required  
 329 in subparagraph 4.

330 6. Procedures for ensuring the training of qualified child  
 331 care professionals to provide training of child care personnel,  
 332 including onsite training, shall be included in the minimum  
 333 standards. It is recommended that the state community child care  
 334 coordination agencies (central agencies) be contracted by the  
 335 department to coordinate such training when possible. Other  
 336 district educational resources, such as community colleges and  
 337 career programs, can be designated in such areas where central  
 338 agencies may not exist or are determined not to have the  
 339 capability to meet the coordination requirements set forth by  
 340 the department.

341 7. Training requirements ~~do shall~~ not apply to certain  
 342 occasional or part-time support staff, including, but not  
 343 limited to, swimming instructors, piano teachers, dance  
 344 instructors, and gymnastics instructors.

345 8. The department shall evaluate or contract for an  
 346 evaluation for the general purpose of determining the status of  
 347 and means to improve staff training requirements and testing  
 348 procedures. The evaluation shall be conducted every 2 years. The

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349 evaluation ~~must shall~~ include, but not be limited to,  
 350 determining the availability, quality, scope, and sources of  
 351 current staff training; determining the need for specialty  
 352 training; and determining ways to increase inservice training  
 353 and ways to increase the accessibility, quality, and cost-  
 354 effectiveness of current and proposed staff training. The  
 355 evaluation methodology ~~must shall~~ include a reliable and valid  
 356 survey of child care personnel.

357 9. The child care operator shall be required to take basic  
 358 training in serving children with disabilities within 5 years  
 359 after employment, either as a part of the introductory training  
 360 or the annual 8 hours of inservice training.

361 (9) ADMISSIONS AND RECORDKEEPING.—

362 (b) ~~During the months of August and September of each year,~~  
 363 Each child care facility shall provide parents of children  
 364 enrolling enrolled in the facility detailed information  
 365 regarding the causes, symptoms, and transmission of the  
 366 influenza virus in an effort to educate those parents regarding  
 367 the importance of immunizing their children against influenza as  
 368 recommended by the Advisory Committee on Immunization Practices  
 369 of the Centers for Disease Control and Prevention.

370 (10) TRANSPORTATION SAFETY.—Minimum standards ~~must shall~~  
 371 include requirements for child restraints or seat belts in  
 372 vehicles used by child care facilities, ~~and~~ large family child  
 373 care homes, and licensed family child care homes to transport  
 374 children, requirements for annual inspections of the vehicles,  
 375 limitations on the number of children in the vehicles, and  
 376 accountability for children being transported.

377 (18) TRANSFER OF OWNERSHIP.—

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378 (a) One week before ~~prior to~~ the transfer of ownership of a  
 379 child care facility, ~~or~~ family child day care home, or large  
 380 family child care home, the transferor shall notify the parent  
 381 or caretaker of each child of the impending transfer.

382 (b) The owner of a child care facility, family child care  
 383 home, or large family child care home may not transfer ownership  
 384 to a relative of the operator if the operator has had his or her  
 385 license suspended or revoked by the department pursuant to s.  
 386 402.310, has received notice from the department that reasonable  
 387 cause exists to suspend or revoke his or her license, or has  
 388 been placed on the United States Department of Agriculture  
 389 National Disqualified List. For purposes of this paragraph, the  
 390 term "relative" means father, mother, son, daughter,  
 391 grandfather, grandmother, brother, sister, uncle, aunt, cousin,  
 392 nephew, niece, husband, wife, father-in-law, mother-in-law, son-  
 393 in-law, daughter-in-law, brother-in-law, sister-in-law,  
 394 stepfather, stepmother, stepson, stepdaughter, stepbrother,  
 395 stepsister, half brother, or half sister.

396 (c) ~~(b)~~ The department shall, by rule, establish methods by  
 397 which notice will be achieved and minimum standards by which to  
 398 implement this subsection.

399 Section 7. Section 402.3085, Florida Statutes, is created  
 400 to read:

401 402.3085 Certificate of substantial compliance with minimum  
 402 child care standards.—Each nonpublic school or provider seeking  
 403 to operate a program pursuant to s. 402.3025(2)(d) or s.  
 404 402.316(4), respectively, shall annually obtain a certificate  
 405 from the department or local licensing agency in the manner and  
 406 on the forms prescribed by the department or local licensing

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407 agency. An annual certificate or a renewal of an annual  
 408 certificate shall be issued upon an examination of the  
 409 applicant's premises and records to determine that the applicant  
 410 is in substantial compliance with the minimum child care  
 411 standards. A provider may not participate in these programs  
 412 without this certification. Local licensing agencies may apply  
 413 their own minimum child care standards if the department  
 414 determines that such standards meet or exceed department  
 415 standards as provided in s. 402.307.

416 Section 8. Section 402.311, Florida Statutes, is amended to  
 417 read:

418 402.311 Inspection.—A licensed child care facility or  
 419 program regulated by the department shall accord to the  
 420 department or the local licensing agency, whichever is  
 421 applicable, the privilege of inspection, including access to  
 422 facilities and personnel and to those records required in s.  
 423 402.305, at reasonable times during regular business hours, to  
 424 ensure compliance with ~~the provisions of ss. 402.301-402.319.~~  
 425 The right of entry and inspection shall also extend to any  
 426 premises which the department or local licensing agency has  
 427 reason to believe are being operated or maintained as a child  
 428 care facility or program without a license, but no such entry or  
 429 inspection of any premises shall be made without the permission  
 430 of the person in charge thereof unless a warrant is first  
 431 obtained from the circuit court authorizing same. Any  
 432 application for a license, application for authorization to  
 433 operate a child care program which must maintain substantial  
 434 compliance with child care standards adopted under this chapter,  
 435 or renewal of such license or authorization, made pursuant to

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436 ~~this act~~ or the advertisement to the public for the provision of  
 437 child care as defined in s. 402.302 ~~constitutes~~ shall constitute  
 438 permission for any entry to or inspection of the subject  
 439 ~~premises for which the license is sought in order~~ to facilitate  
 440 verification of the information submitted on or in connection  
 441 with the application. In the event a ~~licensed~~ facility or  
 442 program refuses permission for entry or inspection to the  
 443 department or local licensing agency, a warrant shall be  
 444 obtained from the circuit court authorizing same before ~~prior to~~  
 445 such entry or inspection. The department or local licensing  
 446 agency may institute disciplinary proceedings pursuant to s.  
 447 402.310~~7~~, for such refusal.

448 Section 9. Section 402.3115, Florida Statutes, is amended  
 449 to read:

450 402.3115 ~~Elimination of duplicative and unnecessary~~  
 451 ~~inspections;~~ Abbreviated inspections. ~~The Department of Children~~  
 452 ~~and Families and local governmental agencies that license child~~  
 453 ~~care facilities shall develop and implement a plan to eliminate~~  
 454 ~~duplicative and unnecessary inspections of child care~~  
 455 ~~facilities. In addition,~~ The department and the local licensing  
 456 ~~governmental~~ agencies shall conduct ~~develop and implement an~~  
 457 abbreviated inspections of inspection plan for child care  
 458 facilities licensed under s. 402.305, family child care homes  
 459 licensed under s. 402.313, and large family child care homes  
 460 licensed under s. 402.3131 that have had no Class I ~~4~~ or Class  
 461 II violations ~~2 deficiencies~~, as defined by rule, for at least 2  
 462 consecutive years. The abbreviated inspection must include those  
 463 elements identified by the department and the local licensing  
 464 ~~governmental~~ agencies as being key indicators of whether the

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465 child care facility continues to provide quality care and  
 466 programming. The department shall adopt rules establishing  
 467 criteria and procedures for abbreviated inspections and  
 468 inspection schedules that provide for both announced and  
 469 unannounced inspections.

470 Section 10. Section 402.313, Florida Statutes, is amended  
 471 to read:

472 402.313 Family child day care homes.-

473 (1) A family child day care home must ~~homes shall~~ be  
 474 licensed under this section ~~act~~ if it is they are presently  
 475 being licensed under an existing county licensing ordinance, ~~or~~  
 476 if the board of county commissioners passes a resolution that  
 477 requires licensure of family child day care homes, or the family  
 478 child care home is operating a program under s. 1002.55, s.  
 479 1002.61, or s. 1002.88 ~~be licensed.~~ Each licensed or registered  
 480 family child care home must conspicuously display its license or  
 481 registration in the common area of the home.

482 (a) If not subject to license, a family child day care home  
 483 must comply with this section and ~~homes shall~~ register annually  
 484 with the department, providing the following information:

- 485 1. The name and address of the home.
- 486 2. The name of the operator.
- 487 3. The number of children served.
- 488 4. Proof of a written plan to identify a ~~provide at least~~  
 489 ~~one other~~ competent adult who has met the screening and training  
 490 requirements of the department to serve as a designated ~~to be~~  
 491 ~~available to~~ substitute for the operator ~~in an emergency.~~ This  
 492 plan must ~~shall~~ include the name, address, and telephone number  
 493 of the designated substitute who will serve in the absence of

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494 the operator.

495 ~~5. Proof of screening and background checks.~~

496 ~~6. Proof of successful completion of the 30-hour training~~  
 497 ~~course, as evidenced by passage of a competency examination,~~  
 498 ~~which shall include:~~

499 ~~a. State and local rules and regulations that govern child~~  
 500 ~~care.~~

501 ~~b. Health, safety, and nutrition.~~

502 ~~c. Identifying and reporting child abuse and neglect.~~

503 ~~d. Child development, including typical and atypical~~  
 504 ~~language development; and cognitive, motor, social, and self-~~  
 505 ~~help skills development.~~

506 ~~e. Observation of developmental behaviors, including using~~  
 507 ~~a checklist or other similar observation tools and techniques to~~  
 508 ~~determine a child's developmental level.~~

509 ~~f. Specialized areas, including early literacy and language~~  
 510 ~~development of children from birth to 5 years of age, as~~  
 511 ~~determined by the department, for owner operators of family day~~  
 512 ~~care homes.~~

513 ~~5.7.~~ Proof that immunization records are kept current.

514 ~~8. Proof of completion of the required continuing education~~  
 515 ~~units or clock hours.~~

516  
 517 Upon receipt of registration information submitted by a family  
 518 child care home pursuant to this paragraph, the department shall  
 519 verify that the home is in compliance with the background  
 520 screening requirements in subsection (3) and that the operator  
 521 and the designated substitute are in compliance with the  
 522 applicable training requirements of subsection (4).

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523 (b) A family child day care home may volunteer to be  
 524 licensed ~~under this act.~~

525 (c) The department may provide technical assistance to  
 526 counties and operators of family child day care ~~homes home~~  
 527 ~~providers~~ to enable counties and operators family day care  
 528 ~~providers~~ to achieve compliance with family child day care home  
 529 ~~homes~~ standards.

530 (2) This information shall be included in a directory to be  
 531 published annually by the department to inform the public of  
 532 available child care facilities.

533 (3) Child care personnel in family child day care homes are  
 534 ~~shall be~~ subject to the applicable screening provisions  
 535 contained in ss. 402.305(2) and 402.3055. For purposes of  
 536 screening in family child day care homes, the term "child care  
 537 personnel" includes the operator, the designated substitute, any  
 538 member over the age of 12 years of a family child day care home  
 539 operator's family, or persons over the age of 12 years residing  
 540 with the operator in the family child day care home. Members of  
 541 the operator's family, or persons residing with the operator,  
 542 who are between the ages of 12 years and 18 years may shall not  
 543 be required to be fingerprinted, but shall be screened for  
 544 delinquency records.

545 (4) (a) Before licensure and before caring for children,  
 546 operators of family child day care homes and an individual  
 547 serving as a designated substitute for the operator who works 40  
 548 hours or more per month on average must:

549 1. Successfully complete an approved 30-clock-hour  
 550 introductory course in child care, as evidenced by passage of a  
 551 competency examination, before caring for children. The course

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552 must include:

553 a. State and local rules and regulations that govern child  
 554 care.

555 b. Health, safety, and nutrition.

556 c. Identifying and reporting child abuse and neglect.

557 d. Child development, including typical and atypical  
 558 language development, and cognitive, motor, social, and  
 559 executive functioning skills development.

560 e. Observation of developmental behaviors, including using  
 561 checklists or other similar observation tools and techniques to  
 562 determine a child's developmental level.

563 f. Specialized areas, including numeracy, early literacy,  
 564 and language development of children from birth to 5 years of  
 565 age, as determined by the department, for operators of family  
 566 child care homes.

567 ~~(5) In order to further develop their child care skills~~  
 568 ~~and, if appropriate, their administrative skills, operators of~~  
 569 ~~family day care homes shall be required to complete an~~  
 570 ~~additional 1 continuing education unit of approved training or~~  
 571 ~~10 clock hours of equivalent training, as determined by the~~  
 572 ~~department, annually.~~

573 ~~2.(6) Operators of family day care homes shall be required~~  
 574 ~~to complete a 0.5 continuing education unit of approved training~~  
 575 ~~in numeracy, early literacy, and language development of~~  
 576 ~~children from birth to 5 years of age one time. For an operator,~~  
 577 ~~the year that this training is completed, it shall fulfill the~~  
 578 ~~0.5 continuing education unit or 5 clock hours of the annual~~  
 579 ~~training required in paragraph (c) subsection (5).~~

580 3. Complete training in first aid and infant and child

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581 cardiopulmonary resuscitation as evidenced by current  
 582 documentation of course completion.

583 (b) Before licensure and before caring for children, family  
 584 child care home designated substitutes who work less than 40  
 585 hours per month on average must complete the department's 6-  
 586 clock-hour Family Child Care Home Rules and Regulations  
 587 training, as evidenced by successful completion of a competency  
 588 examination and first aid and infant and child cardiopulmonary  
 589 resuscitation training required under subparagraph (a)3. A  
 590 designated substitute who has successfully completed the 3-  
 591 clock-hour Fundamentals of Child Care training established by  
 592 rules of the department or the 30-clock-hour training under  
 593 subparagraph (a)1. is not required to complete the 6-clock-hour  
 594 Family Child Care Home Rules and Regulations training.

595 (c) Operators of family child care homes must annually  
 596 complete an additional 1 continuing education unit of approved  
 597 training regarding child care and administrative skills or 10  
 598 clock hours of equivalent training, as determined by the  
 599 department.

600 (5)(7) Operators of family child day care homes must ~~shall~~  
 601 ~~be required~~ annually to complete a health and safety home  
 602 inspection self-evaluation checklist developed by the department  
 603 in conjunction with the statewide resource and referral program.  
 604 The completed checklist shall be signed by the operator of the  
 605 family child day care home and provided to parents as  
 606 certification that basic health and safety standards are being  
 607 met.

608 (6)(8) Operators of family child day care homes ~~home~~  
 609 ~~operators~~ may avail themselves of supportive services offered by

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610 the department.

611 ~~(7)(9)~~ The department shall prepare a brochure on family  
 612 child day care for distribution by the department and by local  
 613 licensing agencies, if appropriate, to family child day care  
 614 homes for distribution to parents ~~using~~ utilizing such child  
 615 care, and to all interested persons, including physicians and  
 616 other health professionals; mental health professionals; school  
 617 teachers or other school personnel; social workers or other  
 618 professional child care, foster care, residential, or  
 619 institutional workers; and law enforcement officers. The  
 620 brochure shall, at a minimum, contain the following information:

621 (a) A brief description of the requirements for family  
 622 child day care registration, training, and background  
 623 fingerprinting and screening.

624 (b) A listing of those counties that require licensure of  
 625 family child day care homes. Such counties shall provide an  
 626 addendum to the brochure that provides a brief description of  
 627 the licensure requirements or may provide a brochure in lieu of  
 628 the one described in this subsection, provided it contains all  
 629 the required information on licensure and the required  
 630 information in the subsequent paragraphs.

631 (c) A statement indicating that information about the  
 632 family child day care home's compliance with applicable state or  
 633 local requirements can be obtained from by telephoning the  
 634 department ~~office~~ or ~~the office of~~ the local licensing agency,  
 635 including the, if appropriate, at a telephone number or numbers  
 636 and website address for the department or local licensing  
 637 agency, as applicable which shall be affixed to the brochure.

638 (d) The statewide toll-free telephone number of the central

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639 abuse hotline, together with a notice that reports of suspected  
640 and actual child physical abuse, sexual abuse, and neglect are  
641 received and referred for investigation by the hotline.

642 (e) Any other information relating to competent child care  
643 that the department or local licensing agency, if preparing a  
644 separate brochure, considers ~~deems~~ would be helpful to parents  
645 and other caretakers in their selection of a family child day  
646 care home.

647 ~~(8)-(10)~~ On an annual basis, the department shall evaluate  
648 the registration and licensure system for family child day care  
649 homes. Such evaluation shall, at a minimum, address the  
650 following:

651 (a) The number of family child day care homes registered  
652 and licensed and the dates of such registration and licensure.

653 (b) The number of children being served in both registered  
654 and licensed family child day care homes and any available slots  
655 in such homes.

656 (c) The number of complaints received concerning family  
657 child day care, the nature of the complaints, and the resolution  
658 of such complaints.

659 (d) The training activities used ~~utilized~~ by child care  
660 personnel in family child day care homes for meeting the state  
661 or local training requirements.

662  
663 The evaluation, pursuant to this subsection, shall be used  
664 ~~utilized~~ by the department in any administrative modifications  
665 or adjustments to be made in the registration of family child  
666 ~~day~~ care homes or in any legislative requests for modifications  
667 to the system of registration or to other requirements for

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668 family child day care homes.

669 ~~(11)~~ In order to inform the public of the state requirement  
670 for registration of family day care homes as well as the other  
671 requirements for such homes to legally operate in the state, the  
672 department shall institute a media campaign to accomplish this  
673 end. Such a campaign shall include, at a minimum, flyers,  
674 newspaper advertisements, radio advertisements, and television  
675 advertisements.

676 ~~(9)-(12)~~ Notwithstanding any other state or local law or  
677 ordinance, any family child day care home licensed pursuant to  
678 this chapter or pursuant to a county ordinance shall be charged  
679 the utility rates accorded to a residential home. A licensed  
680 family child day care home may not be charged commercial utility  
681 rates.

682 ~~(10)-(13)~~ The department shall, by rule, establish minimum  
683 standards for family child day care homes that are required to  
684 be licensed by county licensing ordinance or county licensing  
685 resolution or that voluntarily choose to be licensed. The  
686 standards should include requirements for staffing, training,  
687 maintenance of immunization records, minimum health and safety  
688 standards, reduced standards for the regulation of child care  
689 during evening hours by municipalities and counties, and  
690 enforcement of standards. Additionally, the department shall, by  
691 rule, adopt procedures for verifying a registered family child  
692 care home's compliance with background screening and training  
693 requirements.

694 ~~(11)-(14)~~ During the months of August and September of each  
695 year, Each family child day care home shall provide parents of  
696 children enrolling ~~enrolled~~ in the home detailed information

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697 regarding the causes, symptoms, and transmission of the  
698 influenza virus in an effort to educate those parents regarding  
699 the importance of immunizing their children against influenza as  
700 recommended by the Advisory Committee on Immunization Practices  
701 of the Centers for Disease Control and Prevention.

702 Section 11. Subsections (1), (3), (5), and (9) of section  
703 402.3131, Florida Statutes, are amended, and subsection (10) is  
704 added to that section, to read:

705 402.3131 Large family child care homes.—

706 (1) A large family child care home must ~~homes shall be~~  
707 licensed under this section and conspicuously display its  
708 license in the common area of the home.

709 (3) Operators of large family child care homes must  
710 successfully complete an approved 40-clock-hour introductory  
711 course in group child care, including numeracy, early literacy,  
712 and language development of children from birth to 5 years of  
713 age, as evidenced by passage of a competency examination.  
714 Successful completion of the 40-clock-hour introductory course  
715 shall articulate into community college credit in early  
716 childhood education, pursuant to ss. 1007.24 and 1007.25.

717 (5) Operators of large family child care homes shall be  
718 required to complete 0.5 continuing education unit of approved  
719 training or 5 clock hours of equivalent training, as determined  
720 by the department, in numeracy, early literacy, and language  
721 development of children from birth to 5 years of age one time.  
722 The year that this training is completed, it shall fulfill the  
723 0.5 continuing education unit or 5 clock hours of the annual  
724 training required in subsection (4).

725 (9) ~~During the months of August and September of each year,~~

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726 Each large family child care home shall provide parents of  
727 children enrolling ~~enrolled~~ in the home detailed information  
728 regarding the causes, symptoms, and transmission of the  
729 influenza virus in an effort to educate those parents regarding  
730 the importance of immunizing their children against influenza as  
731 recommended by the Advisory Committee on Immunization Practices  
732 of the Centers for Disease Control and Prevention.

733 (10) Notwithstanding any other state or local law or  
734 ordinance, a large family child care home licensed pursuant to  
735 this chapter or pursuant to a county ordinance shall be charged  
736 the utility rates accorded to a residential home. Such a home  
737 may not be charged commercial utility rates.

738 Section 12. Subsections (4), (5), and (6) are added to  
739 section 402.316, Florida Statutes, to read:

740 402.316 Exemptions.—

741 (4) A child care facility operating under subsection (1)  
742 which is applying to operate or is operating as a provider of a  
743 program described in s. 1002.55, s. 1002.61, or s. 1002.88 must  
744 substantially comply with the minimum standards for child care  
745 facilities adopted pursuant to ss. 402.305-402.3057 and must  
746 allow the department or local licensing agency access to monitor  
747 and enforce compliance with such standards.

748 (a) The department or local licensing agency may pursue  
749 administrative or judicial action under ss. 402.310-402.312 and  
750 the rules adopted under those sections against any child care  
751 facility operating under this subsection to enforce substantial  
752 compliance with child care facility minimum standards or to  
753 protect the health, safety, and well-being of any child in the  
754 facility's care. A child care facility operating under this

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755 subsection is subject to ss. 402.310-402.312 and the rules  
 756 adopted under those sections to the same extent as a child care  
 757 facility licensed under ss. 402.301-402.319.

758 (b) It is a misdemeanor of the first degree, punishable as  
 759 provided in s. 775.082 or s. 775.083, for a person willfully,  
 760 knowingly, or intentionally to:

761 1. Fail, by false statement, misrepresentation,  
 762 impersonation, or other fraudulent means, to disclose in any  
 763 required written documentation for exclusion from licensure  
 764 pursuant to this section a material fact used in making a  
 765 determination as to such exclusion; or

766 2. Use information from the criminal records obtained under  
 767 s. 402.305 or s. 402.3055 for a purpose other than screening the  
 768 subject of those records for employment as specified in those  
 769 sections or to release such information to any other person for  
 770 a purpose other than screening for employment as specified in  
 771 those sections.

772 (c) It is a felony of the third degree, punishable as  
 773 provided in s. 775.082, s. 775.083, or s. 775.084, for a person  
 774 willfully, knowingly, or intentionally to use information from  
 775 the juvenile records of a person obtained under s. 402.305 or s.  
 776 402.3055 for a purpose other than screening for employment as  
 777 specified in those sections or to release information from such  
 778 records to any other person for a purpose other than screening  
 779 for employment as specified in those sections.

780 (5) The department shall establish a fee for inspection and  
 781 compliance activities performed pursuant to this section in an  
 782 amount sufficient to cover costs. However, the amount of such  
 783 fee for the inspection of a program may not exceed the fee

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784 imposed for child care licensure pursuant to s. 402.315.

785 (6) The inclusion of a child care facility operating under  
 786 subsection (1) as a provider of a program described in s.  
 787 1002.55, s. 1002.61, or s. 1002.88 does not expand the  
 788 regulatory authority of the state, its officers, any local  
 789 licensing agency, or any early learning coalition to impose any  
 790 additional regulation of child care facilities beyond those  
 791 reasonably necessary to enforce requirements expressly included  
 792 in this section.

793 Section 13. Section 627.70161, Florida Statutes, is amended  
 794 to read:

795 627.70161 Residential property insurance coverage; family  
 796 child ~~day~~ care homes and large family child care homes  
 797 insurance.-

798 (1) PURPOSE AND INTENT.—The Legislature recognizes that  
 799 family child ~~day~~ care homes and large family child care homes  
 800 fulfill a vital role in providing child care in Florida. It is  
 801 the intent of the Legislature that residential property  
 802 insurance coverage should not be canceled, denied, or nonrenewed  
 803 solely because child ~~on the basis of the family day~~ care  
 804 services ~~are provided~~ at the residence. The Legislature also  
 805 recognizes that the potential liability of residential property  
 806 insurers is substantially increased by the rendition of child  
 807 care services on the premises. The Legislature therefore finds  
 808 that there is a public need to specify that contractual  
 809 liabilities ~~associated that arise in connection~~ with the  
 810 operation of ~~a the~~ family child day care home or large family  
 811 child care home are excluded from residential property insurance  
 812 policies unless they are specifically included in such coverage.

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

814 (a) "Child care" means the care, protection, and

815 supervision of a child, for a period of up to less than 24 hours

816 a day on a regular basis, which supplements parental care,

817 enrichment, and health supervision for the child, in accordance

818 with his or her individual needs, and for which a payment, fee,

819 or grant is made for care.

820 (b) "Family child day care home" has the same meaning as

821 provided in s. 402.302 ~~means an occupied residence in which~~

822 ~~child care is regularly provided for children from at least two~~

823 ~~unrelated families and which receives a payment, fee, or grant~~

824 ~~for any of the children receiving care, whether or not operated~~

825 ~~for a profit.~~

826 (c) "Large family child care home" has the same meaning as

827 provided in s. 402.302.

828 (3) FAMILY CHILD DAY CARE; COVERAGE.—A residential property

829 insurance policy may ~~shall~~ not provide coverage for liability

830 for claims arising out of, or in connection with, the operation

831 of a family child day care home or large family child care home,

832 and the insurer shall be under no obligation to defend against

833 lawsuits covering such claims, unless:

834 (a) Specifically covered in a policy; or

835 (b) Covered by a rider or endorsement for business coverage

836 attached to a policy.

837 (4) DENIAL, CANCELLATION, REFUSAL TO RENEW PROHIBITED.—An

838 insurer may not deny, cancel, or refuse to renew a policy for

839 residential property insurance solely on the basis that the

840 policyholder or applicant operates a family child day care home

841 or a large family child care home. In addition to other lawful

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842 reasons for refusing to insure, an insurer may deny, cancel, or

843 refuse to renew a policy of a family child day care home or

844 large family child care home provider if one or more of the

845 following conditions occur:

846 (a) The policyholder or applicant provides care for more

847 children than authorized for family child day care homes or

848 large family child care homes by s. 402.302;

849 (b) The policyholder or applicant fails to maintain a

850 separate commercial liability policy or an endorsement providing

851 liability coverage for the family child day care home or large

852 family child care home operations;

853 (c) The policyholder or applicant fails to comply with the

854 family child day care home licensure and registration

855 requirements specified in s. 402.313 or the large family child

856 care home licensure requirements specified in s. 402.3131; or

857 (d) Discovery of willful or grossly negligent acts or

858 omissions or any violations of state laws or regulations

859 establishing safety standards for family child day care homes

860 and large family child care homes by the named insured or his or

861 her representative which materially increase any of the risks

862 insured.

863 Section 14. Subsections (7), (8), and (9) are added to

864 section 1001.213, Florida Statutes, to read:

865 1001.213 Office of Early Learning.—There is created within

866 the Office of Independent Education and Parental Choice the

867 Office of Early Learning, as required under s. 20.15, which

868 shall be administered by an executive director. The office shall

869 be fully accountable to the Commissioner of Education but shall:

870 (7) Hire a general counsel who reports directly to the

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871 executive director of the office.

872 (8) Hire an inspector general who reports directly to the  
 873 executive director of the office and to the Chief Inspector  
 874 General pursuant to s. 14.32.

875 (9) By July 1, 2017, develop and implement, in consultation  
 876 with early learning coalitions and providers of the Voluntary  
 877 Prekindergarten Education Program and the school readiness  
 878 program, best practices for providing parental notifications in  
 879 the parent's native language to a parent whose native language  
 880 is a language other than English.

881 Section 15. Subsection (4) of section 1002.53, Florida  
 882 Statutes, is amended to read:

883 1002.53 Voluntary Prekindergarten Education Program;  
 884 eligibility and enrollment.—

885 (4) (a) Each parent enrolling a child in the Voluntary  
 886 Prekindergarten Education Program must complete and submit an  
 887 application to the early learning coalition through the single  
 888 point of entry established under s. 1002.82 or to a private  
 889 prekindergarten provider if the provider is authorized by the  
 890 early learning coalition to determine student eligibility for  
 891 enrollment in the program.

892 (b) The application must be submitted on forms prescribed  
 893 by the Office of Early Learning and must be accompanied by a  
 894 certified copy of the child's birth certificate. The forms must  
 895 include a certification, in substantially the form provided in  
 896 s. 1002.71(6) (b)2., that the parent chooses the private  
 897 prekindergarten provider or public school in accordance with  
 898 this section and directs that payments for the program be made  
 899 to the provider or school. The Office of Early Learning may

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900 authorize alternative methods for submitting proof of the  
 901 child's age in lieu of a certified copy of the child's birth  
 902 certificate.

903 (c) If a private prekindergarten provider has been  
 904 authorized to determine child eligibility and enrollment, upon  
 905 receipt of an application, the provider must:

906 1. Determine the child's eligibility for the program and be  
 907 responsible for any errors in such determination.

908 2. Retain the original application and certified copy of  
 909 the child's birth certificate or authorized alternative proof of  
 910 age on file for at least 5 years.

911 Pursuant to this paragraph, the early learning coalition may  
 912 audit applications held by a private prekindergarten provider in  
 913 the coalition's service area to determine whether children  
 914 enrolled and reported for funding by the provider have met the  
 915 eligibility criteria in subsection (2).

916 (d) ~~(e)~~ Each early learning coalition shall coordinate with  
 917 each of the school districts within the coalition's county or  
 918 multicounty region in the development of procedures for  
 919 enrolling children in prekindergarten programs delivered by  
 920 public schools, including procedures for making child  
 921 eligibility determinations and auditing enrollment records to  
 922 confirm that enrolled children have met eligibility  
 923 requirements.

924 Section 16. Section 1002.55, Florida Statutes, is amended  
 925 to read:

926 1002.55 School-year prekindergarten program delivered by  
 927 private prekindergarten providers.—  
 928

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929 (1) Each early learning coalition shall administer the  
 930 Voluntary Prekindergarten Education Program at the county or  
 931 regional level for students enrolled under s. 1002.53(3)(a) in a  
 932 school-year prekindergarten program delivered by a private  
 933 prekindergarten provider. Each early learning coalition shall  
 934 cooperate with the Office of Early Learning and the Child Care  
 935 Services Program Office of the Department of Children and  
 936 Families to reduce paperwork and to avoid duplicating  
 937 interagency activities, health and safety monitoring, and  
 938 acquiring and composing data pertaining to child care training  
 939 and credentialing.

940 (2) Each school-year prekindergarten program delivered by a  
 941 private prekindergarten provider must comprise at least 540  
 942 instructional hours.

943 (3) To be eligible to deliver the prekindergarten program,  
 944 a private prekindergarten provider must meet each of the  
 945 following requirements:

946 ~~(a) The private prekindergarten provider must be a child~~  
 947 ~~care facility licensed under s. 402.305, family day care home~~  
 948 ~~licensed under s. 402.313, large family child care home licensed~~  
 949 ~~under s. 402.3131, nonpublic school exempt from licensure under~~  
 950 ~~s. 402.3025(2), or faith-based child care provider exempt from~~  
 951 ~~licensure under s. 402.316.~~

952 ~~(a)(b)~~ The private prekindergarten provider must:

953 1. Be accredited by an accrediting association that is a  
 954 member of the National Council for Private School Accreditation,  
 955 or the Florida Association of Academic Nonpublic Schools, or be  
 956 accredited by the Southern Association of Colleges and Schools,  
 957 or Western Association of Colleges and Schools, or North Central

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958 Association of Colleges and Schools, or Middle States  
 959 Association of Colleges and Schools, or New England Association  
 960 of Colleges and Schools; and have written accreditation  
 961 standards that meet or exceed the state's licensing requirements  
 962 under s. 402.305, s. 402.313, or s. 402.3131 and require at  
 963 least one onsite visit to the provider or school before  
 964 accreditation is granted;

965 2. Hold a current Gold Seal Quality Care designation under  
 966 s. 402.281; ~~or~~

967 3. Be licensed under s. 402.305, s. 402.313, or s.  
 968 402.3131; or

969 4. Be a child development center located on a military  
 970 installation that is certified by the United States Department  
 971 of Defense.

972 (b) The private prekindergarten provider must provide basic  
 973 health and safety on its premises and in its facilities. For a  
 974 public school, compliance with ss. 1003.22 and 1013.12 satisfies  
 975 this requirement. For a nonpublic school, compliance with s.  
 976 402.3025(2)(d) satisfies this requirement. For a child care  
 977 facility, a licensed family child care home, or a large family  
 978 child care home, compliance with s. 402.305, s. 402.313, or s.  
 979 402.3131, respectively, satisfies this requirement. For a  
 980 facility exempt from licensure, compliance with s. 402.316(4)  
 981 satisfies this requirement and demonstrate, before delivering  
 982 the Voluntary Prekindergarten Education Program, as verified by  
 983 the early learning coalition, that the provider meets each of  
 984 the requirements of the program under this part, including, but  
 985 not limited to, the requirements for credentials and background  
 986 screenings of prekindergarten instructors under paragraphs (c)

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987 ~~and (d), minimum and maximum class sizes under paragraph (f),~~  
 988 ~~prekindergarten director credentials under paragraph (g), and a~~  
 989 ~~developmentally appropriate curriculum under s. 1002.67(2)(b).~~

990 (c) The private prekindergarten provider must have, for  
 991 each prekindergarten class of 11 children or fewer, at least one  
 992 prekindergarten instructor who meets each of the following  
 993 requirements:

994 1. The prekindergarten instructor must hold, at a minimum,  
 995 one of the following credentials:

996 a. A child development associate credential issued by the  
 997 National Credentialing Program of the Council for Professional  
 998 Recognition; ~~or~~

999 b. A credential approved by the Department of Children and  
 1000 Families, pursuant to s. 402.305(3)(c), as being equivalent to  
 1001 or greater than the credential described in sub-subparagraph a.;

1002 c. An associate or higher degree in child development;  
 1003 d. An associate or higher degree in an unrelated field, at  
 1004 least 6 credit hours in early childhood education or child  
 1005 development, and at least 480 hours of experience in teaching or  
 1006 providing child care services for children of any age from birth  
 1007 through 8 years of age;

1008 e. A baccalaureate or higher degree in early childhood  
 1009 education, prekindergarten or primary education, preschool  
 1010 education, or family and consumer science;

1011 f. A baccalaureate or higher degree in family and child  
 1012 science and at least 480 hours of experience in teaching or  
 1013 providing child care services for children of any age from birth  
 1014 through 8 years of age;

1015 g. A baccalaureate or higher degree in elementary education

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1016 if the prekindergarten instructor has been certified to teach  
 1017 children of any age from birth through grade 6, regardless of  
 1018 whether the instructor's educator certificate is current, and if  
 1019 the instructor is not ineligible to teach in a public school  
 1020 because his or her educator certificate is suspended or revoked;  
 1021 or

1022 h. A credential approved by the department as being  
 1023 equivalent to or greater than a credential described in sub-  
 1024 paragraphs a.-f. The department may adopt criteria and  
 1025 procedures for approving such equivalent credentials.

1026  
 1027 ~~The Department of Children and Families may adopt rules under~~  
 1028 ~~ss. 120.536(1) and 120.54 which provide criteria and procedures~~  
 1029 ~~for approving equivalent credentials under sub-subparagraph b.~~

1030 2. The prekindergarten instructor must successfully  
 1031 complete an emergent literacy training course and a student  
 1032 performance standards training course approved by the office as  
 1033 meeting or exceeding the minimum standards adopted under s.  
 1034 1002.59. The requirement for completion of the standards  
 1035 training course shall take effect July 1, 2016 ~~2014~~, and the  
 1036 course shall be available online.

1037 (d) Each prekindergarten instructor employed by the private  
 1038 prekindergarten provider must be of good moral character, must  
 1039 undergo background screening pursuant to s. 402.305(2)(a) be  
 1040 ~~screened using the level 2 screening standards in s. 435.04~~  
 1041 before employment, must be ~~and~~ rescreened at least once every 5  
 1042 years, must be denied employment or terminated if required under  
 1043 s. 435.06, and must not be ineligible to teach in a public  
 1044 school because his or her educator certificate is suspended or

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1045 revoked.

1046 (e) A private prekindergarten provider may assign a  
 1047 substitute instructor to temporarily replace a credentialed  
 1048 instructor if the credentialed instructor assigned to a  
 1049 prekindergarten class is absent, as long as the substitute  
 1050 instructor meets the requirements of paragraph (d) ~~is of good~~  
 1051 ~~moral character and has been screened before employment in~~  
 1052 ~~accordance with level 2 background screening requirements in~~  
 1053 ~~chapter 435~~. The Office of Early Learning shall adopt rules to  
 1054 implement this paragraph which shall include required  
 1055 qualifications of substitute instructors and the circumstances  
 1056 and time limits for which a private prekindergarten provider may  
 1057 assign a substitute instructor.

1058 (f) Each of the private prekindergarten provider's  
 1059 prekindergarten classes must be composed of at least 4 students  
 1060 but may not exceed 20 students. In order to protect the health  
 1061 and safety of students, each private prekindergarten provider  
 1062 must also provide appropriate adult supervision for students at  
 1063 all times and, for each prekindergarten class composed of 12 or  
 1064 more students, must have, in addition to a prekindergarten  
 1065 instructor who meets the requirements of paragraph (c), at least  
 1066 one adult prekindergarten instructor who is not required to meet  
 1067 those requirements but who must meet each requirement of s.  
 1068 402.305(2) paragraph (d). This paragraph does not supersede any  
 1069 requirement imposed on a provider under ss. 402.301-402.319.

1070 (g) The private prekindergarten provider must have a  
 1071 prekindergarten director who has a prekindergarten director  
 1072 credential that is approved by the office as meeting or  
 1073 exceeding the minimum standards adopted under s. 1002.57.

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1074 Successful completion of a child care facility director  
 1075 credential under s. 402.305(2)(f) before the establishment of  
 1076 the prekindergarten director credential under s. 1002.57 or July  
 1077 1, 2006, whichever occurs later, satisfies the requirement for a  
 1078 prekindergarten director credential under this paragraph.

1079 (h) The private prekindergarten provider must register with  
 1080 the early learning coalition on forms prescribed by the Office  
 1081 of Early Learning.

1082 (i) The private prekindergarten provider must execute the  
 1083 statewide provider contract prescribed under s. 1002.75, except  
 1084 that an individual who owns or operates multiple private  
 1085 prekindergarten providers within a coalition's service area may  
 1086 execute a single agreement with the coalition on behalf of each  
 1087 provider.

1088 (j) The private prekindergarten provider must maintain  
 1089 general liability insurance and provide the coalition with  
 1090 written evidence of general liability insurance coverage,  
 1091 including coverage for transportation of children if  
 1092 prekindergarten students are transported by the provider. A  
 1093 provider must obtain and retain an insurance policy that  
 1094 provides a minimum of \$100,000 of coverage per occurrence and a  
 1095 minimum of \$300,000 general aggregate coverage. The office may  
 1096 authorize lower limits upon request, as appropriate. A provider  
 1097 must add the coalition as a named certificateholder ~~and as an~~  
 1098 ~~additional insured~~. A provider must provide the coalition with a  
 1099 minimum of 10 calendar days' advance written notice of  
 1100 cancellation of or changes to coverage. The general liability  
 1101 insurance required by this paragraph must remain in full force  
 1102 and effect for the entire period of the provider contract with

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1103 the coalition.

1104 (k) The private prekindergarten provider must obtain and  
 1105 maintain any required workers' compensation insurance under  
 1106 chapter 440 and any required reemployment assistance or  
 1107 unemployment compensation coverage under chapter 443, unless  
 1108 exempt under state or federal law.

1109 (l) Notwithstanding paragraph (j), for a private  
 1110 prekindergarten provider that is a state agency or a subdivision  
 1111 thereof, as defined in s. 768.28(2), the provider must agree to  
 1112 notify the coalition of any additional liability coverage  
 1113 maintained by the provider in addition to that otherwise  
 1114 established under s. 768.28. The provider shall indemnify the  
 1115 coalition to the extent permitted by s. 768.28.

1116 (m) The private prekindergarten provider shall be denied  
 1117 initial eligibility to offer the program if the provider has  
 1118 been cited for a Class I violation in the 12 months before  
 1119 seeking eligibility. An existing provider that is cited for a  
 1120 Class I violation may not have its eligibility renewed for 12  
 1121 months. This paragraph does not apply if the Department of  
 1122 Children and Families or local licensing agency upon final  
 1123 disposition of a Class I violation has rescinded its initial  
 1124 citation in accordance with the criteria for consideration  
 1125 outlined in s. 1002.75(1)(b).

1126 (n) ~~(m)~~ The private prekindergarten provider must deliver  
 1127 the Voluntary Prekindergarten Education Program in accordance  
 1128 with this part and have child disciplinary policies that  
 1129 prohibit children from being subjected to discipline that is  
 1130 severe, humiliating, frightening, or associated with food, rest,  
 1131 toileting, spanking, or any other form of physical punishment as

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1132 provided in s. 402.305(12).

1133 (o) Beginning January 1, 2016, at least 50 percent of the  
 1134 instructors employed by a prekindergarten provider at each  
 1135 location, who are responsible for supervising children in care,  
 1136 must be trained in first aid and infant and child  
 1137 cardiopulmonary resuscitation, as evidenced by current  
 1138 documentation of course completion. As a condition of  
 1139 employment, instructors hired on or after January 1, 2016, must  
 1140 complete this training within 60 days after employment.

1141 (p) Beginning January 1, 2017, the private prekindergarten  
 1142 provider must employ child care personnel who hold a high school  
 1143 diploma or its equivalent and are at least 18 years of age,  
 1144 unless the personnel are not responsible for supervising  
 1145 children in care or are under direct supervision.

1146 ~~(4) A prekindergarten instructor, in lieu of the minimum~~  
 1147 ~~credentials and courses required under paragraph (3)(c), may~~  
 1148 ~~hold one of the following educational credentials:~~

1149 ~~(a) A bachelor's or higher degree in early childhood~~  
 1150 ~~education, prekindergarten or primary education, preschool~~  
 1151 ~~education, or family and consumer science;~~

1152 ~~(b) A bachelor's or higher degree in elementary education,~~  
 1153 ~~if the prekindergarten instructor has been certified to teach~~  
 1154 ~~children any age from birth through 6th grade, regardless of~~  
 1155 ~~whether the instructor's educator certificate is current, and if~~  
 1156 ~~the instructor is not ineligible to teach in a public school~~  
 1157 ~~because his or her educator certificate is suspended or revoked;~~

1158 ~~(c) An associate's or higher degree in child development;~~

1159 ~~(d) An associate's or higher degree in an unrelated field,~~  
 1160 ~~at least 6 credit hours in early childhood education or child~~

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1161 development, and at least 480 hours of experience in teaching or  
 1162 providing child care services for children any age from birth  
 1163 through 8 years of age; or

1164 ~~(e) An educational credential approved by the department as~~  
 1165 ~~being equivalent to or greater than an educational credential~~  
 1166 ~~described in this subsection. The department may adopt criteria~~  
 1167 ~~and procedures for approving equivalent educational credentials~~  
 1168 ~~under this paragraph.~~

1169 ~~(5) Notwithstanding paragraph (3)(b), a private~~  
 1170 ~~prekindergarten provider may not participate in the Voluntary~~  
 1171 ~~Prekindergarten Education Program if the provider has child~~  
 1172 ~~disciplinary policies that do not prohibit children from being~~  
 1173 ~~subjected to discipline that is severe, humiliating,~~  
 1174 ~~frightening, or associated with food, rest, toileting, spanking,~~  
 1175 ~~or any other form of physical punishment as provided in s.~~  
 1176 ~~402.305(12).~~

1177 Section 17. Subsection (1) of section 1002.59, Florida  
 1178 Statutes, is amended to read:

1179 1002.59 Emergent literacy and performance standards  
 1180 training courses.—

1181 (1) The office shall adopt minimum standards for one or  
 1182 more training courses in emergent literacy for prekindergarten  
 1183 instructors. Each course must comprise 5 clock hours and provide  
 1184 instruction in strategies and techniques to address the age-  
 1185 appropriate progress of prekindergarten students in developing  
 1186 emergent literacy skills, including oral communication,  
 1187 knowledge of print and letters, phonemic and phonological  
 1188 awareness, and vocabulary and comprehension development. Each  
 1189 course must also provide resources containing strategies that

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1190 allow students with disabilities and other special needs to  
 1191 derive maximum benefit from the Voluntary Prekindergarten  
 1192 Education Program. Successful completion of an emergent literacy  
 1193 training course approved under this section satisfies  
 1194 requirements for approved training in early literacy and  
 1195 language development under ss. 402.305(2)(d)5., 402.313(4)(a)2.  
 1196 402.313(6), and 402.3131(5).

1197 Section 18. Subsections (4) through (7) of section 1002.61,  
 1198 Florida Statutes, are amended to read:

1199 1002.61 Summer prekindergarten program delivered by public  
 1200 schools and private prekindergarten providers.—

1201 (4) ~~Notwithstanding ss. 1002.55(3)(c)1. and 1002.63(4),~~  
 1202 Each public school and private prekindergarten provider that  
 1203 delivers the summer prekindergarten program must have, for each  
 1204 prekindergarten class, at least one prekindergarten instructor  
 1205 who is a certified teacher or holds one of the educational  
 1206 credentials specified in s. 1002.55(3)(c)1.e.-h. ~~s.~~  
 1207 ~~1002.55(4)(a) or (b).~~ As used in this subsection, the term  
 1208 "certified teacher" means a teacher holding a valid Florida  
 1209 educator certificate under s. 1012.56 who has the qualifications  
 1210 required by the district school board to instruct students in  
 1211 the summer prekindergarten program. In selecting instructional  
 1212 staff for the summer prekindergarten program, each school  
 1213 district shall give priority to teachers who have experience or  
 1214 coursework in early childhood education.

1215 (5) Each prekindergarten instructor employed by a ~~public~~  
 1216 ~~school or~~ private prekindergarten provider delivering the summer  
 1217 prekindergarten program must be of good moral character, must  
 1218 undergo background screening pursuant to s. 402.305(2)(a) be

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 1219 ~~screened using the level 2 screening standards in s. 435.04~~  
 1220 ~~before employment, must be and~~ rescreened at least once every 5  
 1221 years, ~~and~~ must be denied employment or terminated if required  
 1222 under s. 435.06. Each prekindergarten instructor employed by a  
 1223 public school delivering the summer prekindergarten program, and  
 1224 must satisfy the ~~not be ineligible to teach in a public school~~  
 1225 ~~because his or her educator certificate is suspended or revoked.~~  
 1226 ~~This subsection does not supersede~~ employment requirements for  
 1227 instructional personnel in public schools as provided in s.  
 1228 1012.32 ~~which are more stringent than the requirements of this~~  
 1229 ~~subsection.~~

(6) A public school or private prekindergarten provider may  
 1230 assign a substitute instructor to temporarily replace a  
 1231 credentialed instructor if the credentialed instructor assigned  
 1232 to a prekindergarten class is absent, as long as the substitute  
 1233 instructor meets the requirements of subsection (5) ~~is of good~~  
 1234 ~~moral character and has been screened before employment in~~  
 1235 ~~accordance with level 2 background screening requirements in~~  
 1236 ~~chapter 435. This subsection does not supersede employment~~  
 1237 ~~requirements for instructional personnel in public schools which~~  
 1238 ~~are more stringent than the requirements of this subsection.~~ The  
 1239 Office of Early Learning shall adopt rules to implement this  
 1240 subsection which must ~~shall~~ include required qualifications of  
 1241 substitute instructors and the circumstances and time limits for  
 1242 which a public school or private prekindergarten provider may  
 1243 assign a substitute instructor.

(7) Notwithstanding ss. 1002.55(3)(e) ~~ss. 1002.55(3)(f)~~ and  
 1245 1002.63(7), each prekindergarten class in the summer  
 1246 prekindergarten program, regardless of whether the class is a  
 1247

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 1248 public school's or private prekindergarten provider's class,  
 1249 must be composed of at least 4 students but may not exceed 12  
 1250 students ~~beginning with the 2009 summer session.~~ In order to  
 1251 protect the health and safety of students, each public school or  
 1252 private prekindergarten provider must also provide appropriate  
 1253 adult supervision for students at all times. This subsection  
 1254 does not supersede any requirement imposed on a provider under  
 1255 ss. 402.301-402.319.

Section 19. Subsections (5) and (6) of section 1002.63,  
 1257 Florida Statutes, are amended to read:

1002.63 School-year prekindergarten program delivered by  
 1258 public schools.-

(5) Each prekindergarten instructor employed by a public  
 1260 school delivering the school-year prekindergarten program must  
 1261 satisfy the ~~be of good moral character, must be screened using~~  
 1262 ~~the level 2 screening standards in s. 435.04 before employment~~  
 1263 ~~and rescreened at least once every 5 years, must be denied~~  
 1264 ~~employment or terminated if required under s. 435.06, and must~~  
 1265 ~~not be ineligible to teach in a public school because his or her~~  
 1266 ~~educator certificate is suspended or revoked. This subsection~~  
 1267 ~~does not supersede~~ employment requirements for instructional  
 1268 personnel in public schools as provided in s. 1012.32 ~~which are~~  
 1269 ~~more stringent than the requirements of this subsection.~~

(6) A public school prekindergarten provider may assign a  
 1271 substitute instructor to temporarily replace a credentialed  
 1272 instructor if the credentialed instructor assigned to a  
 1273 prekindergarten class is absent, as long as the substitute  
 1274 instructor meets the requirements of subsection (5) ~~is of good~~  
 1275 ~~moral character and has been screened before employment in~~  
 1276

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1277 accordance with level 2 background screening requirements in  
 1278 chapter 435. This subsection does not supersede employment  
 1279 requirements for instructional personnel in public schools which  
 1280 are more stringent than the requirements of this subsection. The  
 1281 Office of Early Learning shall adopt rules to implement this  
 1282 subsection which must ~~shall~~ include required qualifications of  
 1283 substitute instructors and the circumstances and time limits for  
 1284 which a public school prekindergarten provider may assign a  
 1285 substitute instructor.

1286 Section 20. Paragraph (a) of subsection (6) of section  
 1287 1002.71, Florida Statutes, is amended to read:

1288 1002.71 Funding; financial and attendance reporting.—

1289 (6) (a) Each parent enrolling his or her child in the  
 1290 Voluntary Prekindergarten Education Program must agree to comply  
 1291 with the attendance policy of the private prekindergarten  
 1292 provider or district school board, as applicable. Upon  
 1293 enrollment of the child, the private prekindergarten provider or  
 1294 public school, as applicable, must provide the child's parent  
 1295 with program information, including, but not limited to, child  
 1296 development, expectations for parent engagement, the daily  
 1297 schedule, and the a copy of the provider's or school district's  
 1298 attendance policy, which must include procedures for contacting  
 1299 a parent on the second consecutive day a child is absent for  
 1300 which the reason is unknown as applicable.

1301 Section 21. Subsection (1) of section 1002.75, Florida  
 1302 Statutes, is amended to read:

1303 1002.75 Office of Early Learning; powers and duties.—

1304 (1) The Office of Early Learning shall adopt by rule a  
 1305 standard statewide provider contract to be used with each

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1306 Voluntary Prekindergarten Education Program provider, with  
 1307 standardized attachments by provider type. The office shall  
 1308 publish a copy of the standard statewide provider contract on  
 1309 its website. The standard statewide contract must ~~shall~~ include,  
 1310 at a minimum, provisions that:

1311 (a) Govern ~~for~~ provider probation, termination for cause,  
 1312 and emergency termination for those actions or inactions of a  
 1313 provider that pose an immediate and serious danger to the  
 1314 health, safety, or welfare of children. The standard statewide  
 1315 contract must ~~shall~~ also include appropriate due process  
 1316 procedures. During the pendency of an appeal of a termination,  
 1317 the provider may not continue to offer its services.

1318 (b) Require each private prekindergarten provider to notify  
 1319 the parent of each child in care if it is cited for a Class I  
 1320 violation as defined by rule of the Department of Children and  
 1321 Families. Notice shall be initiated only upon final disposition  
 1322 of a Class I violation. The provider shall notify the department  
 1323 within 24 hours of its intent to appeal the Class I violation  
 1324 issued, and final disposition shall occur within 15 calendar  
 1325 days. In determining the final disposition, the department shall  
 1326 consider the entire licensing history of the provider, whether  
 1327 the provider promptly reported the incident upon actual notice,  
 1328 and whether the employee responsible for the violation was  
 1329 terminated or the violation was corrected by the provider. If a  
 1330 provider does not file its intent to appeal the Class I  
 1331 violation, the provider must provide notice of a Class I  
 1332 violation electronically or in writing to the parent within 48  
 1333 hours after receipt of the Class I violation. Such notice shall  
 1334 describe each violation with specificity in simple language and



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1335 include a copy of the citation and the contact information of  
 1336 the Department of Children and Families or local licensing  
 1337 agency where the parent may obtain additional information  
 1338 regarding the citation. Notice of a Class I violation by the  
 1339 provider must be provided electronically or in writing to the  
 1340 parent within 24 hours after receipt of the final disposition of  
 1341 the Class I violation. A private prekindergarten provider must  
 1342 conspicuously post each citation for a violation that results in  
 1343 disciplinary action on the premises in an area visible to  
 1344 parents pursuant to s. 402.3125(1)(b). Additionally, such a  
 1345 provider must post each inspection report on the premises in an  
 1346 area visible to parents, and such report must remain posted  
 1347 until the next inspection report is available.

1348 (c) Specify that child care personnel employed by the  
 1349 provider who are responsible for supervising children in care  
 1350 must be trained in developmentally appropriate practices aligned  
 1351 to the age and needs of children over which the personnel are  
 1352 assigned supervision duties. This requirement is met by the  
 1353 completion of developmentally appropriate practice courses  
 1354 administered by the Department of Children and Families under s.  
 1355 402.305(2)(d)1. within 30 days after being assigned such  
 1356 children if the child care personnel has not previously  
 1357 completed the training.

1358  
 1359 Any provision imposed upon a provider that is inconsistent with,  
 1360 or prohibited by, law is void and unenforceable.

1361 Section 22. Subsections (1), (3), and (5) of section  
 1362 1002.77, Florida Statutes, are amended to read:

1363 1002.77 Florida Early Learning Advisory Council.—

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1364 (1) There is created the Florida Early Learning Advisory  
 1365 Council within the Office of Early Learning. The purpose of the  
 1366 advisory council is to provide written input ~~submit~~  
 1367 ~~recommendations~~ to the executive director ~~office~~ on early  
 1368 learning best practices, including ~~recommendations relating to~~  
 1369 ~~the most effective program administration; of the Voluntary~~  
 1370 ~~Prekindergarten Education Program under this part and the school~~  
 1371 ~~readiness program under part VI of this chapter. The advisory~~  
 1372 ~~council shall periodically analyze and provide recommendations~~  
 1373 ~~to the office on the effective and efficient use of local,~~  
 1374 ~~state, and federal funds; the content of professional~~  
 1375 ~~development training programs; and best practices for the~~  
 1376 ~~development and implementation of coalition plans pursuant to s.~~  
 1377 1002.85.

1378 (3) The advisory council shall meet at least quarterly upon  
 1379 the call of the executive director ~~but may meet as often as~~  
 1380 ~~necessary to carry out its duties and responsibilities. The~~  
 1381 ~~executive director is encouraged to~~ advisory council may use  
 1382 communications media technology ~~any method of telecommunications~~  
 1383 ~~to conduct meetings in accordance with s. 120.54(5)(b)7~~  
 1384 ~~including establishing a quorum through telecommunications, only~~  
 1385 ~~if the public is given proper notice of a telecommunications~~  
 1386 ~~meeting and reasonable access to observe and, when appropriate,~~  
 1387 ~~participate.~~

1388 (5) The Office of Early Learning shall provide staff and  
 1389 administrative support for the advisory council as determined by  
 1390 the executive director.

1391 Section 23. Paragraph (f) of subsection (1) and subsections  
 1392 (8) and (16) of section 1002.81, Florida Statutes, are amended

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1393 to read:

1394 1002.81 Definitions.—Consistent with the requirements of 45  
1395 C.F.R. parts 98 and 99 and as used in this part, the term:

1396 (1) "At-risk child" means:

1397 (f) A child in the custody of a parent who is considered  
1398 homeless as verified by a designated lead agency on the homeless  
1399 assistance continuum of care established under ss. 420.622-  
1400 420.624 Department of Children and Families certified homeless  
1401 shelter.

1402 (8) "Family income" means the combined gross income,  
1403 whether earned or unearned, that is derived from any source by  
1404 all family or household members who are 18 years of age or older  
1405 who are currently residing together in the same dwelling unit.  
1406 The term does not include:

1407 (a) Income earned by a currently enrolled high school  
1408 student who, since attaining the age of 18 years, or a student  
1409 with a disability who, since attaining the age of 22 years, has  
1410 not terminated school enrollment or received a high school  
1411 diploma, high school equivalency diploma, special diploma, or  
1412 certificate of high school completion.

1413 (b) Income earned by a teen parent residing in the same  
1414 residence as a separate family unit.

1415 (c) Selected items from the state's Child Care and  
1416 Development Fund Plan, such as ~~The term also does not include~~  
1417 food stamp benefits, documented child support and alimony  
1418 payments paid out of the home, or federal housing assistance  
1419 payments issued directly to a landlord or the associated  
1420 utilities expenses.

1421 (16) "Working family" means:

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1422 (a) A single-parent family in which the parent with whom  
1423 the child resides is employed or engaged in eligible work or  
1424 education activities for at least 20 hours per week or is exempt  
1425 from work requirements due to age or disability, as determined  
1426 and documented by a physician licensed under chapter 458 or  
1427 chapter 459;

1428 (b) A two-parent family in which both parents with whom the  
1429 child resides are employed or engaged in eligible work or  
1430 education activities for a combined total of at least 40 hours  
1431 per week; ~~or~~

1432 (c) A two-parent family in which one of the parents with  
1433 whom the child resides is exempt from work requirements due to  
1434 age or disability, as determined and documented by a physician  
1435 licensed under chapter 458 or chapter 459, and one parent is  
1436 employed or engaged in eligible work or education activities at  
1437 least 20 hours per week; or

1438 (d) A two-parent family in which both of the parents with  
1439 whom the child resides are exempt from work requirements due to  
1440 age or disability, as determined and documented by a physician  
1441 licensed under chapter 458 or chapter 459.

1442 Section 24. Paragraphs (b), (j), (m), and (p) of subsection  
1443 (2) of section 1002.82, Florida Statutes, are amended to read:

1444 1002.82 Office of Early Learning; powers and duties.—

1445 (2) The office shall:

1446 (b) Preserve parental choice by permitting parents to  
1447 choose from a variety of child care categories authorized in s.  
1448 1002.88(1)(a), including center based care, family child care,  
1449 and informal child care to the extent authorized in the state's  
1450 Child Care and Development Fund Plan as approved by the United

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1451 States Department of Health and Human Services pursuant to 45  
1452 C.F.R. s. 98.18. Care and curriculum by a faith-based provider  
1453 may not be limited or excluded in any of these categories.

1454 (j) Develop and adopt standards and benchmarks that address  
1455 the age-appropriate progress of children in the development of  
1456 school readiness skills. The standards for children from birth  
1457 to 5 years of age in the school readiness program must be  
1458 aligned with the performance standards adopted for children in  
1459 the Voluntary Prekindergarten Education Program and must address  
1460 the following domains:

- 1461 1. Approaches to learning.
- 1462 2. Cognitive development and general knowledge.
- 1463 3. Numeracy, language, and communication.
- 1464 4. Physical development.
- 1465 5. Self-regulation.

1466  
1467 By July 1, 2016, the office shall develop and implement an  
1468 online training course on the performance standards for school  
1469 readiness program provider personnel specified in this  
1470 paragraph.

1471 (m) Adopt by rule a standard statewide provider contract to  
1472 be used with each school readiness program provider, with  
1473 standardized attachments by provider type. The office shall  
1474 publish a copy of the standard statewide provider contract on  
1475 its website. The standard statewide contract must ~~shall~~ include,  
1476 at a minimum, provisions that:

- 1477 1. Govern ~~for~~ provider probation, termination for cause,  
1478 and emergency termination for those actions or inactions of a  
1479 provider that pose an immediate and serious danger to the

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1480 health, safety, or welfare of the children. The standard  
1481 statewide provider contract must ~~shall~~ also include appropriate  
1482 due process procedures. During the pendency of an appeal of a  
1483 termination, the provider may not continue to offer its  
1484 services.

1485 2. Require each provider that is eligible to provide the  
1486 program pursuant to s. 1002.88(1)(a) to notify the parent of  
1487 each child in care if it is cited for a Class I violation as  
1488 defined by rule of the Department of Children and Families.  
1489 Notice shall be initiated only upon final disposition of a Class  
1490 I violation. The provider shall notify the department within 24  
1491 hours of its intent to appeal the Class I violation issued, and  
1492 final disposition shall occur within 15 calendar days. In  
1493 determining the final disposition, the department shall consider  
1494 the entire licensing history of the provider, whether the  
1495 provider promptly reported the incident upon actual notice, and  
1496 whether the employee responsible for the violation was  
1497 terminated or the violation was corrected by the provider. If a  
1498 provider does not file its intent to appeal the Class I  
1499 violation, the provider must provide notice of a Class I  
1500 violation electronically or in writing to the parent within 48  
1501 hours after receipt of the Class I violation. Such notice shall  
1502 describe each violation with specificity in simple language and  
1503 include a copy of the citation and the contact information of  
1504 the Department of Children and Families or local licensing  
1505 agency where the parent may obtain additional information  
1506 regarding the citation. Notice of a Class I violation by the  
1507 provider must be provided electronically or in writing to the  
1508 parent within 24 hours after receipt of the final disposition of

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1509 the Class I violation. A provider must conspicuously post each  
 1510 citation for a violation that results in disciplinary action on  
 1511 the premises in an area visible to parents pursuant to s.  
 1512 402.3125(1)(b). Additionally, such a provider must post each  
 1513 inspection report on the premises in an area visible to parents,  
 1514 and such report must remain posted until the next inspection  
 1515 report is available.

1516 3. Specify that child care personnel employed by the  
 1517 provider who are responsible for supervising children in care  
 1518 must be trained in developmentally appropriate practices aligned  
 1519 to the age and needs of children over which the personnel are  
 1520 assigned supervision duties. This requirement is met by  
 1521 completion of developmentally appropriate practice courses  
 1522 administered by the Department of Children and Families under s.  
 1523 402.305(2)(d)1. within 30 days after being assigned such  
 1524 children if the child care personnel has not previously  
 1525 completed the training.

1526 4. Require child care personnel who are employed by the  
 1527 provider to complete an online training course on the  
 1528 performance standards adopted pursuant to paragraph (j).

1529  
 1530 Any provision imposed upon a provider that is inconsistent with,  
 1531 or prohibited by, law is void and unenforceable.

1532 (p) Monitor and evaluate the performance of each early  
 1533 learning coalition in administering the school readiness program  
 1534 and the Voluntary Prekindergarten Education Program, ensuring  
 1535 proper payments for school readiness program and Voluntary  
 1536 Prekindergarten Education Program services, and implementing the  
 1537 coalition's school readiness program plan, ~~and administering the~~

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1538 ~~Voluntary Prekindergarten Education Program~~. These monitoring  
 1539 and performance evaluations must include, at a minimum, onsite  
 1540 monitoring of each coalition's finances, management, operations,  
 1541 and programs.

1542 Section 25. Subsections (8) and (20) of section 1002.84,  
 1543 Florida Statutes, are amended to read:

1544 1002.84 Early learning coalitions; school readiness powers  
 1545 and duties.—Each early learning coalition shall:

1546 (8) Establish a parent sliding fee scale that requires a  
 1547 parent copayment to participate in the school readiness program.  
 1548 Providers are required to collect the parent's copayment. A  
 1549 coalition may, on a case-by-case basis, waive the copayment for  
 1550 an at-risk child or temporarily waive the copayment for a child  
 1551 whose family's income is at or below the federal poverty level  
 1552 and family experiences a natural disaster or an event that  
 1553 limits the parent's ability to pay, such as incarceration,  
 1554 placement in residential treatment, ~~or becoming homeless,~~ or an  
 1555 emergency situation such as a household fire or burglary, or  
 1556 while the parent is participating in parenting classes. A parent  
 1557 may not transfer school readiness program services to another  
 1558 school readiness program provider until the parent has submitted  
 1559 documentation from the current school readiness program provider  
 1560 to the early learning coalition stating that the parent has  
 1561 satisfactorily fulfilled the copayment obligation.

1562 (20) To increase transparency and accountability, comply  
 1563 with ~~the requirements of~~ this section before contracting with a  
 1564 member of the coalition, an employee of the coalition, or a  
 1565 relative, as defined in s. 112.3143(1) ~~(e)~~, of a coalition member  
 1566 or of an employee of the coalition. Such contracts may not be

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1567 executed without the approval of the office. Such contracts, as  
 1568 well as documentation demonstrating adherence to this section by  
 1569 the coalition, must be approved by a two-thirds vote of the  
 1570 coalition, a quorum having been established; all conflicts of  
 1571 interest must be disclosed before the vote; and any member who  
 1572 may benefit from the contract, or whose relative may benefit  
 1573 from the contract, must abstain from the vote. A contract under  
 1574 \$25,000 between an early learning coalition and a member of that  
 1575 coalition or between a relative, as defined in s.  
 1576 112.3143(1)(~~e~~), of a coalition member or of an employee of the  
 1577 coalition is not required to have the prior approval of the  
 1578 office but must be approved by a two-thirds vote of the  
 1579 coalition, a quorum having been established, and must be  
 1580 reported to the office within 30 days after approval. If a  
 1581 contract cannot be approved by the office, a review of the  
 1582 decision to disapprove the contract may be requested by the  
 1583 early learning coalition or other parties to the disapproved  
 1584 contract.

1585 Section 26. Paragraphs (c) and (h) of subsection (1) and  
 1586 subsections (6) through (8) of section 1002.87, Florida  
 1587 Statutes, are amended to read:

1588 1002.87 School readiness program; eligibility and  
 1589 enrollment.—

1590 (1) Effective August 1, 2013, or upon reevaluation of  
 1591 eligibility for children currently served, whichever is later,  
 1592 each early learning coalition shall give priority for  
 1593 participation in the school readiness program as follows:

1594 (c) Priority shall be given next to a child from birth to  
 1595 the beginning of the school year for which the child is eligible

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1596 for admission to kindergarten in a public school under s.  
 1597 1003.21(1)(a)2. who is from a working family that is  
 1598 economically disadvantaged, and may include such child's  
 1599 eligible siblings, beginning with the school year in which the  
 1600 sibling is eligible for admission to kindergarten in a public  
 1601 school under s. 1003.21(1)(a)2. until the beginning of the  
 1602 school year in which the sibling enters ~~is eligible to begin~~ 6th  
 1603 grade, provided that the first priority for funding an eligible  
 1604 sibling is local revenues available to the coalition for funding  
 1605 direct services. However, a child eligible under this paragraph  
 1606 ceases to be eligible if his or her family income exceeds 200  
 1607 percent of the federal poverty level.

1608 (h) Priority shall be given next to a child who ~~has special~~  
 1609 ~~needs~~, has been determined eligible as an infant or toddler from  
 1610 birth to 3 years of age with an individualized family support  
 1611 plan receiving early intervention services or to ~~as~~ a student  
 1612 with a disability with, ~~has~~ a current individual education plan  
 1613 with a Florida school district, ~~and is not younger than 3 years~~  
 1614 of age. A ~~special needs~~ child eligible under this paragraph  
 1615 remains eligible until the child is eligible for admission to  
 1616 kindergarten in a public school under s. 1003.21(1)(a)2.

1617 (6) Eligibility for each child must be reevaluated  
 1618 annually. Upon reevaluation, a child may not continue to receive  
 1619 school readiness program services if he or she has ceased to be  
 1620 eligible under this section. If a child no longer meets  
 1621 eligibility or program requirements, the coalition must  
 1622 immediately notify the child's parent and the provider that  
 1623 funding will end 2 weeks after the date on which the child was  
 1624 determined to be ineligible or when the current child care

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1625 authorization expires, whichever occurs first.

1626 (7) If a coalition disenrolls children from the school  
1627 readiness program due to lack of funding or a change in  
1628 eligibility priorities, the coalition must disenroll the  
1629 children in reverse order of the eligibility priorities listed  
1630 in subsection (1) beginning with children from families with the  
1631 highest family incomes. A notice of disenrollment must be sent  
1632 to the parent and school readiness program provider at least 2  
1633 weeks before disenrollment or the expiration of the current  
1634 child care authorization, whichever occurs first, to provide  
1635 adequate time for the parent to arrange alternative care for the  
1636 child. However, an at-risk child receiving services from the  
1637 Child Welfare Program Office of the Department of Children and  
1638 Families may not be disenrolled from the program without the  
1639 written approval of the Child Welfare Program Office of the  
1640 Department of Children and Families or the community-based lead  
1641 agency.

1642 (8) If a child is absent from the program for 2 consecutive  
1643 days without parental notification to the program of such  
1644 absence, the school readiness program provider shall contact the  
1645 parent and determine the cause for the absence and the expected  
1646 date of return. If a child is absent from the program for 5  
1647 consecutive days without parental notification to the program of  
1648 such absence, the school readiness program provider shall report  
1649 the absence to the early learning coalition for a determination  
1650 of the need for continued care.

1651 Section 27. Paragraphs (a) through (c) and (1) through (q)  
1652 of subsection (1) of section 1002.88, Florida Statutes, are  
1653 amended, present subsections (2) and (3) are redesignated as

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1654 subsections (4) and (5), respectively, present subsection (2) is  
1655 amended, and new subsections (2) and (3) are added to that  
1656 section, to read:

1657 1002.88 School readiness program provider standards;  
1658 eligibility to deliver the school readiness program.—

1659 (1) To be eligible to deliver the school readiness program,  
1660 a school readiness program provider must:

1661 (a) 1. Be a nonpublic school in substantial compliance with  
1662 s. 402.3025(2) (d), a child care facility licensed under s.  
1663 402.305, a family child day care home licensed ~~or registered~~  
1664 under s. 402.313, a large family child care home licensed under  
1665 s. 402.3131, or a child care facility exempt from licensure  
1666 operating under s. 402.316(4);

1667 2. Be an entity that is part of Florida's education system  
1668 identified in s. 1000.04(1); a public school or nonpublic school  
1669 exempt from licensure under s. 402.3025, a faith-based child  
1670 care provider exempt from licensure under s. 402.316, a before-  
1671 school or after-school program described in s. 402.305(1)(e), or

1672 3. Be an informal child care provider to the extent  
1673 authorized in the state's Child Care and Development Fund Plan  
1674 as approved by the United States Department of Health and Human  
1675 Services pursuant to 45 C.F.R. s. 98.18.

1676 (b) Provide instruction and activities to enhance the age-  
1677 appropriate progress of each child in attaining the child  
1678 development standards adopted by the office pursuant to s.  
1679 1002.82(2)(j). A provider should include activities to foster  
1680 brain development in infants and toddlers; provide an  
1681 environment that is rich in language and music and filled with  
1682 objects of various colors, shapes, textures, and sizes to

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1683 stimulate visual, tactile, auditory, and linguistic senses; and  
 1684 include 30 minutes of reading to children each day. A provider  
 1685 must provide parents information on child development,  
 1686 expectations for parent engagement, the daily schedule, and the  
 1687 attendance policy.

1688 (c) Provide basic health and safety of its premises and  
 1689 facilities in accordance with applicable licensing and  
 1690 inspection requirements and compliance with requirements for  
 1691 age-appropriate immunizations of children enrolled in the school  
 1692 readiness program. For a child care facility, a large family  
 1693 child care home, or a licensed family child day care home,  
 1694 compliance with s. 402.305, s. 402.3131, or s. 402.313 satisfies  
 1695 this requirement. For a public ~~or nonpublic~~ school, compliance  
 1696 with ~~ss. s. 402.3025 or s. 1003.22~~ and 1013.12 satisfies this  
 1697 requirement. For a nonpublic school, compliance with s.  
 1698 402.3025(2)(d) satisfies this requirement. For a facility exempt  
 1699 from licensure, compliance with s. 402.316(4) satisfies this  
 1700 requirement. For an informal provider, substantial compliance as  
 1701 defined in s. 402.302(17) satisfies this requirement. A provider  
 1702 shall be denied initial eligibility to offer the program if the  
 1703 provider has been cited for a Class I violation in the 12 months  
 1704 before seeking eligibility. An existing provider that is cited  
 1705 for a Class I violation may not have its eligibility renewed for  
 1706 12 months. A provider that is cited for a Class I violation may  
 1707 remain eligible to deliver the program if the Department of  
 1708 Children and Families or local licensing agency upon final  
 1709 disposition of a Class I violation has rescinded its initial  
 1710 citation in accordance with the criteria for consideration  
 1711 outlined in s. 1002.82(2)(m)2 ~~A faith-based child care provider,~~

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1712 ~~an informal child care provider, or a nonpublic school, exempt~~  
 1713 ~~from licensure under s. 402.316 or s. 402.3025, shall annually~~  
 1714 ~~complete the health and safety checklist adopted by the office,~~  
 1715 ~~post the checklist prominently on its premises in plain sight~~  
 1716 ~~for visitors and parents, and submit it annually to its local~~  
 1717 ~~early learning coalition.~~

1718 (l) ~~For a provider that is not an informal provider,~~  
 1719 Maintain general liability insurance and provide the coalition  
 1720 with written evidence of general liability insurance coverage,  
 1721 including coverage for transportation of children if school  
 1722 readiness program children are transported by the provider. A  
 1723 private provider must obtain and retain an insurance policy that  
 1724 provides a minimum of \$100,000 of coverage per occurrence and a  
 1725 minimum of \$300,000 general aggregate coverage. The office may  
 1726 authorize lower limits upon request, as appropriate. A provider  
 1727 must add the coalition as a named certificateholder ~~and as an~~  
 1728 ~~additional insured.~~ A private provider must provide the  
 1729 coalition with a minimum of 10 calendar days' advance written  
 1730 notice of cancellation of or changes to coverage. The general  
 1731 liability insurance required by this paragraph must remain in  
 1732 full force and effect for the entire period of the provider  
 1733 contract with the coalition.

1734 ~~(m) For a provider that is an informal provider, comply~~  
 1735 ~~with the provisions of paragraph (l) or maintain homeowner's~~  
 1736 ~~liability insurance and, if applicable, a business rider. If an~~  
 1737 ~~informal provider chooses to maintain a homeowner's policy, the~~  
 1738 ~~provider must obtain and retain a homeowner's insurance policy~~  
 1739 ~~that provides a minimum of \$100,000 of coverage per occurrence~~  
 1740 ~~and a minimum of \$300,000 general aggregate coverage. The office~~

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1741 ~~may authorize lower limits upon request, as appropriate. An~~  
 1742 ~~informal provider must add the coalition as a named~~  
 1743 ~~certificateholder and as an additional insured. An informal~~  
 1744 ~~provider must provide the coalition with a minimum of 10~~  
 1745 ~~calendar days' advance written notice of cancellation of or~~  
 1746 ~~changes to coverage. The general liability insurance required by~~  
 1747 ~~this paragraph must remain in full force and effect for the~~  
 1748 ~~entire period of the provider's contract with the coalition.~~

1749 ~~(m)(a)~~ Obtain and maintain any required workers'  
 1750 compensation insurance under chapter 440 and any required  
 1751 reemployment assistance or unemployment compensation coverage  
 1752 under chapter 443, unless exempt under state or federal law.

1753 ~~(n)(e)~~ Notwithstanding paragraph (1), for a provider that  
 1754 is a state agency or a subdivision thereof, as defined in s.  
 1755 768.28(2), agree to notify the coalition of any additional  
 1756 liability coverage maintained by the provider in addition to  
 1757 that otherwise established under s. 768.28. The provider shall  
 1758 indemnify the coalition to the extent permitted by s. 768.28.

1759 ~~(o)(p)~~ Execute the standard statewide provider contract  
 1760 adopted by the office.

1761 ~~(p)(q)~~ Operate on a full-time and part-time basis and  
 1762 provide extended-day and extended-year services to the maximum  
 1763 extent possible without compromising the quality of the program  
 1764 to meet the needs of parents who work.

1765 (2) Beginning January 1, 2016, at least 50 percent of the  
 1766 child care personnel employed by a school readiness provider at  
 1767 each location, who are responsible for supervising children in  
 1768 care, must be trained in first aid and infant and child  
 1769 cardiopulmonary resuscitation, as evidenced by current

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1770 documentation of course completion. As a condition of  
 1771 employment, personnel hired on or after January 1, 2016, must  
 1772 complete this training within 60 days after employment.

1773 (3) Beginning January 1, 2017, child care personnel  
 1774 employed by a school readiness program provider must hold a high  
 1775 school diploma or its equivalent and be at least 18 years of  
 1776 age, unless the personnel are not responsible for supervising  
 1777 children in care or are under direct supervision.

1778 ~~(4)(2)~~ If a school readiness program provider fails or  
 1779 refuses to comply with this part or any contractual obligation  
 1780 of the statewide provider contract under s. 1002.82(2)(m), the  
 1781 coalition may revoke the provider's eligibility to deliver the  
 1782 school readiness program or receive state or federal funds under  
 1783 this chapter for ~~a period of~~ 5 years.

1784 Section 28. Paragraph (b) of subsection (6) and subsection  
 1785 (7) of Section 1002.89, Florida Statutes, are amended to read:  
 1786 1002.89 School readiness program; funding.—

1787 (6) Costs shall be kept to the minimum necessary for the  
 1788 efficient and effective administration of the school readiness  
 1789 program with the highest priority of expenditure being direct  
 1790 services for eligible children. However, no more than 5 percent  
 1791 of the funds described in subsection (5) may be used for  
 1792 administrative costs and no more than 22 percent of the funds  
 1793 described in subsection (5) may be used in any fiscal year for  
 1794 any combination of administrative costs, quality activities, and  
 1795 nondirect services as follows:

1796 (b) Activities to improve the quality of child care as  
 1797 described in 45 C.F.R. s. 98.51, which must ~~shall~~ be limited to  
 1798 the following:

Page 62 of 67

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



578-01654-15

20157006c1

1799 1. Developing, establishing, expanding, operating, and  
 1800 coordinating resource and referral programs specifically related  
 1801 to the provision of comprehensive consumer education to parents  
 1802 and the public to promote informed child care choices specified  
 1803 in 45 C.F.R. s. 98.33 regarding participation in the school  
 1804 readiness program and parental choice.

1805 2. Awarding grants and providing financial support to  
 1806 school readiness program providers and their staffs to assist  
 1807 them in meeting applicable state requirements for child care  
 1808 performance standards, implementing developmentally appropriate  
 1809 curricula and related classroom resources that support  
 1810 curricula, providing literacy supports, obtaining a license or  
 1811 accreditation, and providing professional development, including  
 1812 scholarships and other incentives. Any grants awarded pursuant  
 1813 to this subparagraph shall comply with ~~the requirements of~~ ss.  
 1814 215.971 and 287.058.

1815 3. Providing training, ~~and~~ technical assistance, and  
 1816 financial support for school readiness program providers, staff,  
 1817 and parents on standards, child screenings, child assessments,  
 1818 developmentally appropriate curricula, character development,  
 1819 teacher-child interactions, age-appropriate discipline  
 1820 practices, health and safety, nutrition, first aid,  
 1821 cardiopulmonary resuscitation, the recognition of communicable  
 1822 diseases, and child abuse detection and prevention.

1823 4. Providing from among the funds provided for the  
 1824 activities described in subparagraphs 1.-3., adequate funding  
 1825 for infants and toddlers as necessary to meet federal  
 1826 requirements related to expenditures for quality activities for  
 1827 infant and toddler care.

Page 63 of 67

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

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20157006c1

1828 5. Improving the monitoring of compliance with, and  
 1829 enforcement of, applicable state and local requirements as  
 1830 described in and limited by 45 C.F.R. s. 98.40.

1831 6. Responding to Warm-Line requests by providers and  
 1832 parents ~~related to school readiness program children~~, including  
 1833 providing developmental and health screenings to school  
 1834 readiness program children.

1835 (7) Funds appropriated for the school readiness program may  
 1836 not be expended for the purchase or improvement of land; for the  
 1837 purchase, construction, or permanent improvement of any building  
 1838 or facility; or for the purchase of buses. However, funds may be  
 1839 expended for minor remodeling necessary for the administration  
 1840 of the program and upgrading of child care facilities to ensure  
 1841 that providers meet state and local child care standards,  
 1842 including applicable health and safety requirements.

1843 Section 29. Subsection (7) of section 1002.91, Florida  
 1844 Statutes, is amended to read:

1845 1002.91 Investigations of fraud or overpayment; penalties.-

1846 (7) The early learning coalition may not contract with a  
 1847 school readiness program provider, ~~or~~ a Voluntary  
 1848 Prekindergarten Education Program provider, or an individual who  
 1849 is on the United States Department of Agriculture National  
 1850 Disqualified List. In addition, the coalition may not contract  
 1851 with any provider that shares an officer or director with a  
 1852 provider that is on the United States Department of Agriculture  
 1853 National Disqualified List.

1854 Section 30. Paragraph (d) of subsection (3) of section  
 1855 1002.94, Florida Statutes, is amended to read:

1856 1002.94 Child Care Executive Partnership Program.-

Page 64 of 67

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

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1857 (3)  
 1858 (d) Each early learning coalition shall establish a  
 1859 community child care task force ~~for each child care purchasing~~  
 1860 ~~pool~~. The task force must be composed of employers, parents,  
 1861 private child care providers, and one representative from the  
 1862 local children's services council, if one exists in the area ~~of~~  
 1863 ~~the purchasing pool~~. The early learning coalition is expected to  
 1864 recruit the task force members from existing child care  
 1865 councils, commissions, or task forces already operating in the  
 1866 area ~~of a purchasing pool~~. A majority of the task force shall  
 1867 consist of employers.

1868 Section 31. Paragraph (a) of subsection (1) of section  
 1869 1003.21, Florida Statutes, is amended to read:

1870 1003.21 School attendance.—

1871 (1)(a)1. All children who have attained the age of 6 years  
 1872 or who will have attained the age of 6 years by February 1 of  
 1873 any school year or who are older than 6 years of age but who  
 1874 have not attained the age of 16 years, except as otherwise  
 1875 provided, are required to attend school regularly during the  
 1876 entire school term.

1877 2.a. Children who will have attained the age of 5 years on  
 1878 or before September 1 of the school year are eligible for  
 1879 admission to public kindergartens during that school year under  
 1880 rules adopted by the district school board.

1881 b. A district school board or charter school governing  
 1882 board may adopt a policy that allows a child who has attained  
 1883 the age of 4 years on or before September 1 of the school year  
 1884 to be eligible for admission to public kindergarten during that  
 1885 school year. The policy must include, but is not limited to, a

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1886 requirement that the child complete and pass the following  
 1887 assessments:

1888 (I) The kindergarten readiness assessment pursuant to s.  
 1889 1002.69. The child must meet the minimum readiness rate adopted  
 1890 pursuant to s. 1002.69(6); and

1891 (II) A social assessment developed or selected by the  
 1892 school district or charter school. The child must meet the  
 1893 minimum readiness score identified in the district school  
 1894 board's or charter school governing board's policy.

1895 Section 32. The Office of Early Learning shall conduct a 2-  
 1896 year pilot project to study the impact of assessing the early  
 1897 literacy skills of Voluntary Prekindergarten Education Program  
 1898 participants who are English Language Learners, in both English  
 1899 and Spanish. The assessments must include, at a minimum, the  
 1900 first administration of the Florida Assessments for Instruction  
 1901 in Reading in kindergarten and an appropriate alternative  
 1902 assessment in Spanish. The study must include a review of the  
 1903 kindergarten screening results for 2009-2010 and 2010-2011  
 1904 program participants and their subsequent Florida Comprehensive  
 1905 Assessment Test scores. The office shall report its findings to  
 1906 the Governor, the President of the Senate, and the Speaker of  
 1907 the House of Representatives by July 1, 2016, and July 1, 2017.

1908 Section 33. For the 2015-2016 fiscal year, the sums of  
 1909 \$1,034,965 in recurring funds and \$11,319 in nonrecurring funds  
 1910 from the General Revenue Fund, and \$70,800 in recurring funds  
 1911 from the Operations and Maintenance Trust Fund are appropriated  
 1912 to the Department of Children and Families, and 18 full-time  
 1913 equivalent positions with associated salary rate of 608,446 are  
 1914 authorized, for the purpose of implementing the regulatory

578-01654-15

20157006c1

1915 provisions of this act.

1916 Section 34. This act shall take effect July 1, 2015.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services

**Subject:** Committee Agenda Request

**Date:** March 2, 2015

---

I respectfully request that **Senate Bill # 478**, relating to Telehealth, be placed on the:

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

A handwritten signature in blue ink that reads "Aaron Bean".

---

Senator Aaron Bean  
Florida Senate, District 4



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations Subcommittee on Criminal and  
Civil Justice, *Vice Chair*  
Appropriations  
Health Policy  
Higher Education  
Judiciary  
Rules

### JOINT COMMITTEE:

Joint Legislative Budget Commission

### SENATOR ARTHENIA L. JOYNER

*Democratic Leader*  
19th District

April 6, 2015

Senator Rene Garcia, Chair  
Senate Appropriations Subcommittee on Health and Human Services  
201 Capitol  
404 S. Monroe Street  
Tallahassee, FL 32399-1100

Dear Chairman Garcia:

This is to request that CS/Senate Bill 478, Telemedicine Services, for which Senator Bean and I are co-prime sponsors, be placed on the agenda for the Appropriations Subcommittee on Health and Human Services. Your consideration of this request is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Arthenia L. Joyner".

Arthenia L. Joyner  
State Senator, District 19

#### REPLY TO:

- 508 W. Dr. Martin Luther King, Jr. Blvd., Suite C, Tampa, Florida 33603-3415 (813) 233-4277
- 200 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5019 FAX: (813) 233-4280

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/14/15

Meeting Date

SB 478

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Jeff Scott

Job Title \_\_\_\_\_

Address 1430 Piedmont Dr. E.

Phone 850 224-6496

Street

Jacksonville FL

32308

Email jscott@medone.org

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4-14-15

Meeting Date

478

Bill Number (if applicable)

596394

Amendment Barcode (if applicable)

Topic \_\_\_\_\_

Name Cecilia Milton

Job Title \_\_\_\_\_

Address 119 F Park Ave

Phone 850-222-2591

Street

Tallahassee

City

FL

State

32301

Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing Florida Mental Health Counselors

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/14/2015

478

Meeting Date

Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Layne Smith

Job Title Director, State Government Relations

Address 4500 San Pablo Road

Phone 904-953-7334

Street

Jacksonville

FL

32224

Email smith.layne@mayo.edu

City

State

Zip

Speaking:  For  Against  Information

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

Representing Mayo Clinic

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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S-001 (10/14/14)



THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

04/14/2015  
Meeting Date

478  
Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Darrick D. McGhee

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
Street

Phone (850) 321-6489

City

State

Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing FL Chamber of Commerce

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

11/14/15

Meeting Date

478

Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Anna Baznik

Job Title Pres / CEO

Address 3157 N Alafaya Trail

Phone 407 491 0965

Street

Orlando

FL

32824

City

State

Zip

Email abaznik@impowerfl.org

Speaking:  For  Against  Information

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

Representing IMPOWER

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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APPEARANCE RECORD

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

4/14/15  
Meeting Date

CS/SB 478  
Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Larry Gonzalez

Job Title General Counsel

Address 223 S. Gadsden St

Phone 570-6307

Street

Tallahassee FL 32301

City

State

Zip

Email lgonzalez@earthlink.net

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against

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

Representing Florida Society of Health-System Pharmacists  
Florida Occupational Therapy Assn

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

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

4/14/15

Meeting Date

478

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Chris Nuland

Job Title \_\_\_\_\_

Address 1000 Riverside Ave

Phone 904-233-3051

Street

Jacksonville FL 32204

Email nulandlaw@aol.com

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Chapter, American College of Physicians

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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# APPEARANCE RECORD

4.14.2015

Meeting Date

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

SB 478

Bill Number (if applicable)

Topic TELEHEALTH

Amendment Barcode (if applicable)

Name STEPHEN R. WINN

Job Title EXECUTIVE DIRECTOR

Address 2544 BLAIRSIDE PINES DR

Phone 878-7364

Street

TALLAHASSEE

FL

32301

City

State

Zip

Email

Speaking:  For  Against  Information

Waive Speaking  In Support  Against

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

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

April 14, 2015

*Meeting Date*

SB 478

*Bill Number (if applicable)*

Topic Telehealth

*Amendment Barcode (if applicable)*

Name Chris Snow

Job Title Contracted Lobbyist

Address 2568 Centerville Court

Phone 850-556-0203

*Street*

Tallahassee

Florida

32308

Email chris@snowstrategies.com

*City*

*State*

*Zip*

Speaking:  For  Against  Information

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

Representing Florida Association of Speech-Language Pathologists and Audiologists

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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S-001 (10/14/14)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/14/15  
Meeting Date

478  
Bill Number (if applicable)

Topic TELEHEALTH

Amendment Barcode (if applicable)

Name SAL NUZZO

Job Title VP OF POLICE

Address 100 N DUVAL ST  
Street

Phone 850-322-9941

TALL. FL 32301  
City State Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing THE JAMES MADISON INSTITUTE

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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# APPEARANCE RECORD

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4/14/15  
Meeting Date

478  
Bill Number (if applicable)

Topic TELENEALTH

Amendment Barcode (if applicable)

Name JACK MERRAY

Job Title \_\_\_\_\_

Address 200 W. COLLEGE ST. #304  
Street

Phone 850-577-5687

TLH FL 32301  
City State Zip

Email jmcraay@aarp.org

Speaking:  For  Against  Information

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

Representing AARP

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**

4-14-2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)  
Meeting Date

SB478  
Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Joy Ryan

Job Title \_\_\_\_\_

Address 325 W. College Ave.

Phone 425-4000

Tally 32312  
City State Zip

Email joy@meenanlawfirm.com

Speaking:  For  Against  Information

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

Representing Teladoc

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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4/14/2015

Meeting Date

478

Bill Number (if applicable)

Topic Telemedicine

Amendment Barcode (if applicable)

Name Melissa Fause

Job Title Policy Analyst

Address 200 W College Ave, Ste 113

Phone 850-408-1218

Street

Tallahassee FL 32301

City

State

Zip

Email mfause@alphq.org

Speaking:  For  Against  Information

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

Representing Americans for Prosperity

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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478

Meeting Date

Bill Number (if applicable)

Topic Telcheath

Amendment Barcode (if applicable)

Name Narendra Kini

Job Title CEO Miami Children's Health System

Address 3100 SW 62 Ave.

Phone

Street

Miami, FL 33155

Email

City

State

Zip

Speaking:  For  Against  Information

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

Representing MCHS

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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4/14/15

Meeting Date

478

Bill Number (if applicable)

Topic Telemedicine

Amendment Barcode (if applicable)

Name MORGAN McCORD

Job Title

Address 106 N Blenagh

Phone 212-5052

Street

TLH

City

FL

State

32301

Zip

Email

Speaking: For Against Information

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

Representing Florida TaxWatch

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**

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

4/14/15  
Meeting Date

SB 478  
Bill Number (if applicable)

Topic Telehealth

Amendment Barcode (if applicable)

Name Jean Wings

Job Title \_\_\_\_\_

Address P.O.B. 61326  
460 Frank Shaw Rd  
Street

Phone (850) 339-4601

Watersound FL 32461  
City State Zip

Email jean@wings.com

Speaking:  For  Against  Information

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

Representing Spine Telemedicine

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

---

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

---

BILL: PCS/SB 478 (545714)

INTRODUCER: Health Policy Committee and Senators Bean and Joyner

SUBJECT: Telehealth

DATE: April 16, 2015

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Fav/CS</b>
2.	Brown	Pigott	AHS	<b>Recommend: Fav/CS</b>
3.			AP	

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

COMMITTEE SUBSTITUTE - Substantial Changes

---

**I. Summary:**

PCS/SB 478 creates s. 456.4501, F.S., relating to the provision of telehealth services. The bill defines telehealth services and telehealth provider. The bill establishes that the standard of care for a telehealth service is the same as the standard of care for a health professional providing in-person services. A telehealth provider is not required to research the patient's medical history or conduct a physical examination if the telehealth provider conducts an evaluation sufficient to diagnose and treat the patient. Additionally, a telehealth provider must document health care services in the patient's medical record under the same standard as for in-person care.

The bill specifies that a non-physician telehealth provider who is using telehealth and acting within the relevant scope of practice is not practicing medicine without a license.

The bill prohibits a telehealth provider from prescribing lenses, spectacles, eyeglasses, contact lenses, or other optical lenses based solely on the use of computer controlled device through telehealth. Additionally, controlled substances may not be prescribed through telehealth for chronic non-malignant pain. However, this provision does not preclude specified practitioners from using telehealth to order a controlled substance for a hospital inpatient or for a hospice patient.

The bill provides that telehealth products regulated under s. 456.47, F.S., are not included in the definition of "discount medical plan" under s. 636.202, F.S.

The bill has an indeterminate fiscal impact.

The effective date of the bill is July 1, 2015.

## II. Present Situation:

Telemedicine utilizes various advances in communications technology to provide health care services through a variety of electronic media. Telemedicine is not a separate medical specialty and does not change what constitutes proper medical treatment and services. According to the American Telemedicine Association, services provided through telemedicine include:<sup>1</sup>

- Primary care and specialist referral services that involve a primary care or allied health professional providing consultation with a patient or specialist assisting the primary care physician with a diagnosis;
- Remote patient monitoring;
- Consumer medical and health information that offers consumers specialized health information and online discussion groups for peer-to-peer support; and
- Medical education that provides continuing medical education credits.

The term telehealth is sometimes used interchangeably with telemedicine. Telehealth, however, generally refers to a wider range of health care services that may or may not include clinical services.<sup>2</sup> Telehealth often collectively defines the telecommunications equipment and technology that is used to collect and transmit the data for a telemedicine consultation or evaluation.

The federal Centers for Medicare & Medicaid Services (CMS) defines telehealth as:

*The use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telehealth includes such technologies such as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices which are used to collect and transmit data for monitoring and interpretation.*<sup>3</sup>

### Board of Medicine Rulemaking

Florida's Board of Medicine (board) convened a Telemedicine Workgroup in 2013 to review its rules on telemedicine, which had not been amended since 2003. The 2003 rules focused on standards for the prescribing of medicine via the Internet. On March 12, 2014, the board's new

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<sup>1</sup> American Telemedicine Association, *What is Telemedicine?* <http://www.americantelemed.org/about-telemedicine/what-is-telemedicine#.VN5LgU0cSpp> (last visited Feb. 10, 2015).

<sup>2</sup> Anita Majerowicz and Susan Tracy, "Telemedicine: Bridging Gaps in Healthcare Delivery," *Journal of AHIMA* 81, no. 5, (May 2010); 52-53, 56.  
[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_047324.hcsp?dDocName=bok1\\_047324](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_047324.hcsp?dDocName=bok1_047324) (last visited Feb. 10, 2015).

<sup>3</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Telemedicine*, <http://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/telemedicine.html> (last visited Feb. 17, 2015).

Telemedicine Rule, 64B8-9.0141, became effective for Florida-licensed physicians. The new rule defined telemedicine, established standards of care, prohibited the prescription of controlled substances, permitted the establishment of a doctor-patient relationship via telemedicine, and exempted emergency medical services.<sup>4</sup>

An emergency rule followed shortly after the initial rule's implementation to address concerns that the prohibition on physicians ordering controlled substances may also preclude physicians from prescribing controlled substances via telemedicine for hospitalized patients. The board indicated such a prohibition was not intended.<sup>5</sup> The emergency rule went into effect on April 30, 2014, and was later incorporated during the regular rulemaking process.

Subsequent changes have also been made to the telemedicine rules to clarify medical record requirements and the relationship between consulting or cross-coverage physicians.

### **Telemedicine in Other States**

As of February 2015, at least 23 states and the District of Columbia have mandated that private insurance plans cover telemedicine services at reimbursement rates equal to an in-person consultation.<sup>6</sup> Such laws require insurance companies and health plans to reimburse providers the same amount for the same visit regardless of whether the visit was conducted face-to-face or via electronic communications.

Forty-six state Medicaid programs also reimburse for some form of telemedicine via live video, according to a state survey completed in September 2014.<sup>7</sup> A smaller number of states offer reimbursement for other types of telemedicine services, such as store-and-forward activities;<sup>8</sup> facility fees for hosting either the telemedicine provider, patient, or both; and remote patient monitoring.<sup>9</sup>

Hospitals in rural counties have utilized telemedicine to provide specialty care in their emergency rooms and to avoid costly and time-consuming transfers of patients from smaller hospitals to the larger tertiary centers for care.

In a California project, rural hospital emergency rooms received video conference equipment to facilitate the telemedicine consultations. The rural hospital physicians and nurses were linked with pediatric critical care medicine specialists at the University of California, Davis.<sup>10</sup> As a

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<sup>4</sup> Rule 64B15-14.0081, F.A.C., also went into effect March 12, 2014 for osteopathic physicians.

<sup>5</sup> Florida Board of Medicine, *Latest News - Emergency Rule Related to Telemedicine*, <http://flboardofmedicine.gov/latest-news/emergency-rule-related-to-telemedicine/> (last visited Feb. 10, 2015).

<sup>6</sup> American Telemedicine Association, *2015 State Telemedicine Legislation Tracking (as of 2/6/2015)*, <http://www.americantelemed.org/docs/default-source/policy/2015-ata-state-legislation-matrixEF9F3AD41F02.pdf?sfvrsn=18> (last visited Feb. 10, 2015).

<sup>7</sup> Center for Connected Health Policy, *Telehealth Medicaid & State Policy*, <http://cchpca.org/telehealth-medicare-state-policy> (last visited Feb 10, 2015).

<sup>8</sup> Store and forward technology refers to the electronic transmission of medical information and data such as digital images, documents and pre-recorded images for review by a physician or specialist at a later date, not simultaneously with the patient.

<sup>9</sup> *Supra*, Note 7.

<sup>10</sup> Futurity, *In Rural ERs, Kids Get Better Care with Telemedicine*, <http://www.futurity.org/in-rural-ers-kids-get-better-care-with-telemedicine/> (last visited Feb. 10, 2015).



*Futurity* article notes, “while 21 percent of children in the United States live in rural areas, only 3 percent of pediatric critical-care medicine specialists practice in such areas.”<sup>11</sup>

### **Federal Provisions for Telemedicine**

Federal laws and regulations address telemedicine from several angles, including prescriptions for controlled substances, hospital emergency room guidelines, and reimbursement rates for the Medicare program.

#### ***Prescribing Via the Internet***

Federal law specifically prohibits the prescribing of controlled substances via the Internet without an in-person evaluation. Federal regulation 21 CFR §829 specifically states:

*No controlled substance that is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act may be delivered, distributed or dispensed by means of the Internet without a valid prescription.*

A valid prescription is further defined under the same regulation as one issued by a practitioner who has conducted an in-person evaluation. The in-person evaluation requires that the patient be in the physical presence of the provider without regard to the presence or conduct of other professionals.<sup>12</sup> However, the Ryan Haight Online Pharmacy Consumer Protection Act,<sup>13</sup> signed into law in October 2008, created an exception for the in-person medical evaluation for telemedicine practitioners. The practitioner is still subject to the requirement that all controlled substances be issued for a legitimate purpose by a practitioner acting in the usual course of professional practice.

The Drug Enforcement Administration (DEA) of the federal Department of Justice issued its own definition of telemedicine in April 2009 as required under the Haight Act.<sup>14</sup> The federal regulatory definition of telemedicine under the DEA includes, but is not limited to, the following elements:

- The patient and practitioner are located in separate locations;
- Patient and practitioner communicate via a telecommunications system;
- The practitioner must meet other registration requirements for the dispensing of controlled substances via the Internet; and
- Certain practitioners (Department of Veterans Affairs’ employees, for example) or practitioners in certain situations (public health emergencies) may be exempted from registration requirements.<sup>15</sup>

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<sup>11</sup> Id.

<sup>12</sup> 21 CFR §829(e)(2).

<sup>13</sup> Ryan Haight Online Consumer Protection Act of 2008, Public Law 110-425 (H.R. 6353).

<sup>14</sup> Id., at sec. 3(j).

<sup>15</sup> 21 CFR §802(54).

### *Medicare Coverage*

Specific telehealth services delivered at designated sites are covered under Medicare. Regulations of federal CMS require both a distant site (location of physician delivering the service via telecommunications) and an originating site (location of the patient).

To qualify for Medicare reimbursement, the Medicare beneficiary must be located at an originating site that meets one of three qualifications. These three qualifications are:

- A rural health professional shortage area (HPSA) that is either outside of a metropolitan statistical area (MSA) or in a rural census tract;
- A county outside of a MSA; or
- Participation in a federal telemedicine demonstration project approved by the Secretary of Health and Human Services as of December 31, 2000.<sup>16</sup>

Additionally, federal requirements provide that an originating site must be one of the following location types as further defined in federal law and regulation:

- The offices of physicians or practitioners;
- Hospitals;
- Critical access hospitals (CAH);
- Rural health clinics;
- Federally qualified health centers;
- Hospital-based or CAH-based renal dialysis centers (including satellite offices);
- Skilled nursing facilities; and
- Community mental health centers.<sup>17</sup>

Distant site practitioners are limited, subject also to state law, under Medicare to:

- Physicians;
- Nurse practitioners;
- Physician assistants;
- Nurse-midwives;
- Clinical nurse specialists;
- Certified registered nurse anesthetists;
- Clinical psychologists and clinical social workers; and
- Registered dietitians and nutrition professionals.

For 2015, Medicare added four new services under telehealth:

- Annual wellness visits;
- Psychoanalysis;
- Psychotherapy; and

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<sup>16</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Telehealth Services- Rural Health Fact Sheet* (Dec. 2014), <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf> (last visited Feb. 10, 2015).

<sup>17</sup> See 42 U.S.C. sec. 1395(m)(4)(C)(ii).

- Prolonged evaluation and management services.<sup>18</sup>

Reimbursement for the distant site is established as “an amount equal to the amount that such physician or practitioner would have been paid under this title had such service been furnished without the use of a telecommunications system.”<sup>19</sup> Federal law also provides for a facility fee for the originating site of \$20 through December 31, 2002, and then, by law, the facility fee is subsequently increased each year by the percentage increase in the Medicare Economic Index (MEI). For calendar year 2015, the originating fee for telehealth is 80 percent of the lesser of the actual charge or \$24.83.<sup>20</sup>

## **Telemedicine Services in Florida**

### ***University of Miami***

The University of Miami (UM) initiated telehealth services in 1973 and claims the first telehealth service in Florida, the first use of nurse practitioners in telemedicine in the nation, and the first telemedicine program in correctional facilities.<sup>21</sup> Today, UM has several initiatives in the area of telehealth, including:

- Tele-dermatology;
- Tele-trauma;
- Humanitarian and disaster response relief;
- School telehealth services; and
- Acute tele-neurology or telestroke.

While some of UM’s activities reach its local community, others reach outside of Florida, including providing Haiti earthquake relief and tele-dermatology to cruise line employees. Telehealth communications are also used for monitoring hospital patients and conducting training exercises.

### ***Florida Medicaid Program***

Florida’s Medicaid program reimburses only physicians for telemedicine services when there is two-way, real-time interactive communication between the patient and the physician at a distant site.<sup>22</sup> Equipment is also required to meet specific technical safeguards under 45 CFR 164.312, where applicable, which require implementation of procedures for protection of health information, including unique user identifications, automatic log-offs, encryption, authentication of users, and transmission security. Telemedicine services must also comply with all other state and federal laws regarding patient privacy.

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<sup>18</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services, *MLN Matters - News Flash #MM9034* (Dec. 24, 2014), <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9034.pdf> (last visited Feb. 10, 2015).

<sup>19</sup> See 42 U.S.C. s. 1395(m)(m)(2)(A).

<sup>20</sup> *Supra*, Note 18.

<sup>21</sup> University of Miami, Miller School of Medicine, *UM Telehealth - Our History*, <http://telehealth.med.miami.edu/about-us/our-history> (last visited Feb. 10, 2015).

<sup>22</sup> Agency for Health Care Administration, *Practitioner Services Handbook - Telemedicine Services (April 2014)* p.136, [http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook\\_Adoption.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook_Adoption.pdf) (last visited Feb. 10, 2015).

For Medicaid, the distant or hub site is where the consulting physician delivering the telemedicine service is located. The spoke site is the location of the Medicaid recipient at the time the service occurs. The spoke site does not receive any reimbursement unless the provider located at the spoke site performs a separate service for the Medicaid recipient on the same day as the telemedicine consultation. The telemedicine referral consultation requires the presence of the referring practitioner and the Medicaid recipient.<sup>23</sup>

Under Medicaid fee-for-service, Medicaid reimbursement for telemedicine services is limited to certain services and settings. The following services are currently covered:<sup>24</sup>

- Behavioral Health
  - Telepsychiatry services for psychiatric medication management by practitioners licensed under ch. 458 or 459, F.S.; and
  - Telebehavioral health services for provision of individual and family behavioral health therapy services by qualified practitioners licensed under ch. 490 or 491, F.S.
- Dental Services
  - Services provided using video conferencing between a registered dental hygienist employed by and under contract with a Medicaid-enrolled group provider and supervising dentist, including oral prophylaxis, topical fluoride application, and oral hygiene instructions.
- Physician Services
  - Services provided using audio and video equipment that allow for two-way, real-time, interactive communication between the physician and patient;
  - Consultation services provided via telemedicine;
  - Interpretation of diagnostic testing results through telecommunications and information technology; and
  - Synchronous emergency services provided under parts III and IV of ch. 409, F.S., using an all-inclusive rate.

Medicaid does not reimburse for the following telemedicine services:

- Telephone conversations;
- Video cell phone conversations;
- E-mail messages;
- Facsimile transmission;
- Telecommunication with recipient at a location other than the spoke; and
- “Store and forward” consultations that are transmitted after the recipient or physician is no longer available.<sup>25</sup>

Medicaid also does not reimburse providers for the costs of any equipment related to telemedicine services.

Coverage of telemedicine services under Medicaid includes specific documentation requirements. The clinical record must include the following information:

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<sup>23</sup> *Supra*, Note 21 at 137.

<sup>24</sup> Agency for Health Care Administration, *Senate Bill 478 Analysis* (Feb. 4, 2015) p. 3, (on file with the Senate Committee on Health Policy).

<sup>25</sup> *Id.*

- A brief explanation of why the services were not provided face-to-face;
- Documentation of telemedicine services provided, including the results of the assessment; and
- A signed statement from the recipient (parent or guardian, if a child), indicating his or her choice to receive services through telemedicine.<sup>26</sup>

Under the Managed Medical Assistance (MMA) component of Statewide Medicaid Managed Care, managed care plans may use telemedicine for behavioral health, dental services, and physician services.<sup>27</sup> The AHCA may approve of other services to be provided by telemedicine in the MMA component.

### ***Child Protection Teams***

The Child Protection Team (CPT) program under the Children's Medical Services Network utilizes a telemedicine network to perform child assessments. The CPT is a medically-directed, multi-disciplinary program that works with local sheriff's offices and the Department of Children and Families in cases of child abuse and neglect to supplement investigative activities.<sup>28</sup> The CPT patient is seen at a remote site and a registered nurse assists with the medical exam. A physician or Advanced Registered Nurse Practitioner (ARNP) is located at the hub site and has responsibility for directing the exam.<sup>29</sup>

Hub sites are comprehensive medical facilities that offer a wide range of medical and interdisciplinary staff, whereas the remote sites tend to be smaller facilities that may lack medical diversity.<sup>30</sup> Twenty-four hub sites throughout the state facilitate these child abuse assessments and the evaluation of suspected cases of child abuse. The University of Florida Child Abuse Protection Team, for example, serves a 12-county area and, for the first six months of 2012, provided over 250 telemedicine examinations with medical community partners.<sup>31</sup>

### **Compliance with Health Insurance Portability and Accountability Act (HIPAA)**

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects personal health information (PHI). Privacy rules were initially issued in 2000 by the federal Department of Health and Human Services and later modified in 2002. These rules address the use and disclosure of an individual's health information and create standards for privacy rights. Additional privacy and security measures were adopted in 2009 with the Health Information Technology for Economic Clinical Health (HITECH) Act.

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<sup>26</sup> Id.

<sup>27</sup> Agency for Health Care Administration, *2012-2015 Medicaid Health Plan Model Agreement Attachment II - Exhibit II-A*, [http://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/Attachment\\_II\\_Exhibit\\_II-A\\_MMA\\_Model\\_2014-01-31.pdf](http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Attachment_II_Exhibit_II-A_MMA_Model_2014-01-31.pdf), p. 63-64 (Last visited Feb. 10, 2015).

<sup>28</sup> Florida Department of Health, *Child Protection Teams*, [http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child\\_protection\\_safety/child\\_protection\\_teams.html](http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html) (Last visited Feb. 10, 2015).

<sup>29</sup> Florida Department of Health, *Children Protection Team - Telemedicine Network* [http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child\\_protection\\_safety/documents/cpt\\_telemedicine\\_fact\\_sheet.pdf](http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/documents/cpt_telemedicine_fact_sheet.pdf) (Last visited Feb. 10, 2015)

<sup>30</sup> Id.

<sup>31</sup> Sunshine Arnold and Debra Esernio-Jenssen, *Telemedicine: Reducing Trauma in Evaluating Abuse*, pp. 105-107, <http://cdn.intechopen.com/pdfs-wm/41847.pdf> (Last visited Feb. 14, 2015).

Only certain entities are subject to HIPAA's provisions. These "covered entities" include:

- Health plans;
- Health care providers;
- Health care clearinghouses; and
- Business associates.

While not a covered entity as an individual, the patient still maintains his or her privacy and confidentiality rights regardless of the method in which the medical service is delivered. The HITECH Act specifically identified telemedicine as an area for review and consideration, and funding was provided to, in part, strengthen infrastructure and tools to promote telemedicine.<sup>32</sup>

Under the provisions of HIPAA and the HITECH Act, a health care provider or other covered entity participating in telemedicine is required to meet the same technical and physical HIPAA and HITECH requirements as would be required for a physical office visit. These requirements include ensuring that the equipment and technology are HIPAA compliant.

### **Discount Medical Plans**

Discount medical plans and discount medical plan organizations (DMPOs) are regulated by the Office of Insurance Regulation under part II of ch. 636, F.S. DMPOs offer a variety of health care services to consumers through discount medical plans at a discounted rate. These plans are not health insurance and therefore do not pay for services on behalf of members; instead, the plans offer members access to specific health care products and services at a discounted fee. These health products and services may include, but are not limited to, dental services, emergency services, mental health services, vision care, chiropractic services, and hearing care. Generally, a DMPO has a contract with a provider network under which the individual providers render the medical services at a discount.

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

The bill creates s. 456.4501, F.S., relating to the provision of telehealth services and designates which health care practitioners may provide such services. The telehealth provision covers all health care practitioners as defined under s. 456.001, F.S.,<sup>33</sup> with the exception of naturopaths and nursing home administrators. The definition of a telehealth provider also includes radiological personnel, an emergency medical technician or a paramedic certified under part III of ch. 401, F.S., and behavior analysts certified under s. 393.17, F.S.

The bill defines telehealth as the use of synchronous or asynchronous telecommunications to perform services that include, but are not limited to:

- Patient assessment;

<sup>32</sup> Public Law 111-5, s. 3002(b)(2)(C)(iii) and s. 3011(a)(4).

<sup>33</sup> The definition of a "health care practitioner" includes 26 different disciplines: Acupuncture, medical practice, osteopathic medicine, chiropractic medicine, podiatry, naturopathy, optometry, nursing, pharmacy, dentistry, midwifery, speech-language-pathology-audiology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, orthotics, prosthetics, and pedorthotics, electrolysis, massage, clinical laboratory personnel, medical physicists, dispensing of optical devices and hearing aids, physical therapy, psychological services, and clinical, counseling, and psychotherapy.

- Diagnosis;
- Consultation;
- Treatment;
- Monitoring;
- Transfer of medical data; and
- Provision of patient and professional health related education.

The bill specifically excludes audio-only transmissions, email messages, and facsimile transmissions from the definition of telehealth. The term also does not include consultations between a telehealth provider located in this state and a provider lawfully licensed in another state when the Florida licensed provider maintains responsibility for the patient in this state.

A telehealth provider is prohibited from solely using telehealth to prescribe lenses, spectacles, eyeglasses, contact lenses, or other optical devices or prescribe based solely on the use of a computer-controlled device such as an autorefractor.

Controlled substances may not be prescribed through telehealth for chronic nonmalignant pain as defined under ss. 458.3265 and 459.0137, F.S.<sup>34</sup> However, Florida-licensed physicians and Florida-certified advanced registered nurse practitioners may use telehealth to order a controlled substance for an inpatient admitted to a hospital facility licensed under ch. 395, F.S., or a hospice patient under ch. 400, F.S.

The bill provides other practice standards for practicing via telehealth. The standards of care for services delivered via telehealth must be comparable to in-person health care services with a patient evaluation sufficient to diagnose and treat. The telehealth provider must maintain record-keeping that is also comparable to in-person health care services.

The bill clarifies that a non-physician practicing via telehealth within the applicable scope of practice for a telehealth provider is not deemed to be practicing medicine.

The bill also amends the definition of “discount medical plan” under s. 636.202(1), F.S., to provide that telehealth products regulated under s. 456.47, F.S., are not included in the definition.

The effective date of the bill is July 1, 2015.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

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<sup>34</sup> “Chronic nonmalignant pain” is defined in s. 458.3265, F.S., as pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery. The term has an identical definition in s. 459.0137, F.S.

C. Trust Funds Restrictions:

None.

V. **Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Under PCS/SB 478, telemedicine services are currently available in Florida. Health care technology companies that provide the equipment for these services may see an increase in demand under the bill from health care practitioners for new equipment and maintenance needs of any existing equipment. Patients in Florida may have greater access and more convenient access to health care services. Patients located in more rural areas or areas with physician workforce shortages that rely on county health departments, federally qualified health centers or rural health clinics may see an increased benefit in the use and availability of telehealth technology.

C. Government Sector Impact:

To the same extent that privately funded health care facilities may experience a demand for the expanded use of health care technology, publicly funded facilities and providers may see an equivalent increase in demand from health care practitioners for new equipment and maintenance needs of any existing equipment under the bill. The extent of this potential effect is indeterminate.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill creates section 456.4501 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.)

**Recommended CS by Appropriations Subcommittee on Health and Human Services on April 14, 2015:**

The proposed committee substitute:



- Includes behavioral analysts certified under s. 393.17, F.S., in the definition of “telehealth provider;”
- Provides that telehealth may not be used to prescribe a controlled substance to treat chronic nonmalignant pain as defined in ss. 458.3265 and 459.0137, F.S., as opposed to the underlying bill which relied exclusively on s. 458.3265, F.S., to define chronic nonmalignant pain;
- Adds advanced registered nurse practitioners to the list of practitioners who may use telehealth to order a controlled substance for an inpatient admitted to a hospital facility licensed under ch. 395, F.S., or a hospice patient under ch. 400, F.S.; and
- Amends the definition of “discount medical plan” under s. 636.202(1), F.S., to provide that the term does not include any telehealth product regulated under s. 456.47, F.S.

**CS by Health Policy on February 17, 2015:**

The committee substitute:

- Changes the subject of the bill from telemedicine to telehealth;
- Specifies the practitioners who may be telehealth providers;
- Prohibits a telehealth provider from using telehealth to prescribe lenses, spectacles, eyeglasses, contact lenses, or other optical devices or prescribe based solely on a computer controlled device;
- Provides practice standards for practicing via telehealth; and
- Deletes from the bill:
  - A provision for Medicaid coverage parity;
  - Rulemaking authority for the Department of Health and its professional regulatory boards, as applicable; and
  - A protection clause for the delivery of emergency medical services.

**B. Amendments:**

None.



620994

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
04/16/2015	.	
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Appropriations Subcommittee on Health and Human Services (Bean)  
recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 63 - 75  
and insert:  
pain as defined in ss. 458.3265 and 459.0137. This paragraph  
does not preclude a physician from using telehealth to order a  
controlled substance for an inpatient admitted to a facility  
licensed under chapter 395 or a hospice patient under chapter  
400.

(e) A telehealth provider may not use telehealth to



620994

11 prescribe lenses, spectacles, eyeglasses, contact lenses, or  
12 other optical devices or prescribe based solely on the  
13 refractive error of the human eye generated by a computer-  
14 controlled device such as an autorefractor.

15 (3) RECORDS.—A telehealth provider shall document in the  
16 patient’s medical record the health care services rendered using  
17 telehealth according to the same standard used for in-person  
18 health care services pursuant to ss. 395.3025(4) and 456.057.

19 Section 2. Subsection (1) of section 636.202, Florida  
20 Statutes, is amended to read:

21 636.202 Definitions.—As used in this part, the term:

22 (1) "Discount medical plan" means a business arrangement or  
23 contract in which a person, in exchange for fees, dues, charges,  
24 or other consideration, provides access for plan members to  
25 providers of medical services and the right to receive medical  
26 services from those providers at a discount. The term "discount  
27 medical plan" does not include any product regulated under  
28 chapter 627, chapter 641, or part I of this chapter or any  
29 telehealth product regulated under s. 456.47.

30  
31 ===== T I T L E A M E N D M E N T =====

32 And the title is amended as follows:

33 Delete line 10

34 and insert:

35 confidentiality of medical records; amending s.  
36 636.202, F.S.; excluding telehealth products from the  
37 definition of "discount medical plan"; providing an



596394

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/16/2015	.	
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Appropriations Subcommittee on Health and Human Services (Bean)  
recommended the following:

**Senate Substitute for Amendment (620994) (with title amendment)**

Delete lines 63 - 75  
and insert:

pain as defined in ss. 458.3265 and 459.0137. This paragraph does not preclude a practitioner licensed under chapter 458 or chapter 459 or an advanced registered nurse practitioner certified under s. 464.012 from using telehealth to order a controlled substance for an inpatient admitted to a facility



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11 licensed under chapter 395 or a hospice patient under chapter  
12 400.

13 (e) A telehealth provider may not use telehealth to  
14 prescribe lenses, spectacles, eyeglasses, contact lenses, or  
15 other optical devices or prescribe based solely on the  
16 refractive error of the human eye generated by a computer-  
17 controlled device such as an autorefractor.

18 (3) RECORDS.—A telehealth provider shall document in the  
19 patient’s medical record the health care services rendered using  
20 telehealth according to the same standard used for in-person  
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22 Section 2. Subsection (1) of section 636.202, Florida  
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24 636.202 Definitions.—As used in this part, the term:

25 (1) “Discount medical plan” means a business arrangement or  
26 contract in which a person, in exchange for fees, dues, charges,  
27 or other consideration, provides access for plan members to  
28 providers of medical services and the right to receive medical  
29 services from those providers at a discount. The term “discount  
30 medical plan” does not include any product regulated under  
31 chapter 627, chapter 641, or part I of this chapter or any  
32 telehealth product regulated under s. 456.47.

33  
34  
35 ===== T I T L E A M E N D M E N T =====

36 And the title is amended as follows:

37 Delete line 10

38 and insert:

39 confidentiality of medical records; amending s.



596394

40 636.202, F.S.; excluding telehealth products from the  
41 definition of "discount medical plan"; providing an



707614

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/16/2015	.	
	.	
	.	
	.	

---

Appropriations Subcommittee on Health and Human Services (Bean)  
recommended the following:

**Senate Amendment**

Delete line 39  
and insert:  
of chapter 401 or s. 393.17.

1  
2  
3  
4  
5  
6

By the Committee on Health Policy; and Senators Bean and Joyner

588-01661-15

2015478c1

A bill to be entitled

An act relating to telehealth; creating s. 456.4501, F.S.; defining the terms "telehealth" and "telehealth provider"; providing certain practice standards for telehealth providers; authorizing telehealth providers to use telehealth to prescribe controlled substances, with an exception; prohibiting the use of telehealth or specified computer-controlled devices to prescribe optical devices; providing for the maintenance and confidentiality of medical records; providing an effective date.

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

Section 1. Section 456.4501, Florida Statutes, is created to read:

456.4501 Use of telehealth to provide services.-

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

(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, patient assessment, diagnosis, consultation, treatment, and monitoring; the transfer of medical data; patient and professional health-related education; public health services; and health care administration. The term does not include audio-only transmissions, e-mail messages, facsimile transmissions, or consultations between a telehealth provider in this state and a provider lawfully licensed in another state when the provider licensed in this state maintains

Page 1 of 3

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

588-01661-15

2015478c1

responsibility for the care of a patient in this state.

(b) "Telehealth provider" means a person who provides health care and related services using telehealth and who is licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; parts III and IV of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491, or who is certified under part III of chapter 401.

(2) PRACTICE STANDARDS.-

(a) The standard of care for a telehealth provider providing medical care to a patient is the same as the standard of care generally accepted for a health care professional providing in-person health care services to a patient. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research the patient's medical history or conduct a physical examination of the patient before using telehealth to provide services to the patient. A telehealth provider may use telehealth to perform a patient evaluation.

(b) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to the patient.

(c) A nonphysician telehealth provider using telehealth and acting within the relevant scope of practice is not deemed to be practicing medicine without a license under any provision of law listed in paragraph (1)(b).

(d) A telehealth provider who is otherwise authorized to

Page 2 of 3

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



588-01661-15

2015478c1

59 prescribe a controlled substance named or described in Schedules  
60 I through V of s. 893.03 may use telehealth to prescribe the  
61 controlled substance, except that telehealth may not be used to  
62 prescribe a controlled substance to treat chronic nonmalignant  
63 pain as defined in s. 458.3265. This paragraph does not preclude  
64 a physician from using telehealth to order a controlled  
65 substance for an inpatient admitted to a facility licensed under  
66 chapter 395 or a hospice patient under chapter 400.

67 (e) A telehealth provider may not use telehealth to  
68 prescribe lenses, spectacles, eyeglasses, contact lenses, or  
69 other optical devices or prescribe based solely on the  
70 refractive error of the human eye generated by a computer-  
71 controlled device such as an autorefractor.

72 (3) RECORDS.—A telehealth provider shall document in the  
73 patient's medical record the health care services rendered using  
74 telehealth according to the same standard used for in-person  
75 health care services pursuant to ss. 395.3025(4) and 456.057.

76 Section 2. This act shall take effect July 1, 2015.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Children, Families, and Elder Affairs, *Chair*  
Ethics and Elections, *Vice Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Subcommittee on Health  
and Human Services  
Appropriations Subcommittee on Transportation,  
Tourism, and Economic Development  
Regulated Industries  
Rules

### SELECT COMMITTEE:

Select Committee on Patient Protection  
and Affordable Care Act, *Vice Chair*

### SENATOR ELEANOR SOBEL

33rd District

April 7, 2015

Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services  
310 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Garcia:

This letter is to request that SB790 relating to Hair Transplant Surgeries be placed on the agenda of the next scheduled meeting of the committee.

The proposed legislation would regulate hair restoration surgeries in Florida and require proper scope of practice and supervision when being performed by Physician's Assistants and Advanced Registered Nurse Practitioners. The issue is specifically that non-physicians and non-healthcare workers are practicing hair grafting, which requires cutting into the scalp of patients. This is obviously quite dangerous for consumers, especially as they engage in false advertising regarding their capabilities, background, and the risks of complications.

Thank you for your consideration of this request.

Respectfully,

A handwritten signature in black ink that reads "Eleanor Sobel".

Eleanor Sobel  
State Senator, 33rd District

Cc: Scarlet Pigott, Staff Director; Robin Auber, Committee Administrative Assistant

#### REPLY TO:

- The "Old" Library, First Floor, 2600 Hollywood Blvd., Hollywood, Florida 33020 (954) 924-3693 FAX: (954) 924-3695
- 410 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**DON GAETZ**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

# APPEARANCE RECORD

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

4/14/15

Meeting Date

790

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Chris Noland

Job Title \_\_\_\_\_

Address 1000 Riverside Ave

Phone 904-233-3051

Street

Jacksonville, FL 32204

Email nolandlaw@aol.com

City

State

Zip

Speaking:  For  Against  Information

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

Representing Florida Society of Plastic Surgeons

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

---

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

---

**BILL:** CS/SB 790

**INTRODUCER:** Health Policy Committee and Senator Sobel

**SUBJECT:** Hair Restoration or Transplant

**DATE:** April 13, 2015      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	<b>Fav/CS</b>
2.	Brown	Pigott	AHS	<b>Favorable</b>
3.			FP	

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

COMMITTEE SUBSTITUTE - Substantial Changes

**I. Summary:**

CS/SB 790 restricts a physician from delegating certain aspects of a hair transplant or hair restoration surgery to anyone other than a physician assistant or an advanced registered nurse practitioner. The bill requires a physician to document the licensure, education, training, and experience of the person to whom he or she is delegating the procedure and requires health care practitioners who offer such procedures to inform the patient of the identity and training of all individuals involved in the patient's care.

The bill has no fiscal impact on state government.

The effective date of the bill is July 1, 2015.

**II. Present Situation:**

**Hair Restoration Procedures**

There are several techniques a physician can employ to restore hair to bald or balding portions of the human scalp. The most recently developed procedure is the follicular unit transplant. This procedure involves the removal of a strip of tissue from the donor area of the patient's scalp

which is then divided into a number of individual follicular units. The physician then grafts the individual follicular units into tiny holes made in the bald area of the scalp called recipient sites.<sup>1</sup>

Another type of hair restoration procedure is the bald scalp reduction procedure. As implied by the name, a bald scalp reduction procedure entails the removal of a bald area of the patient's scalp, and hair-producing areas of the scalp are stretched to cover the area removed. A similar procedure, the scalp flap surgery, involves the cutting and grafting of an entire flap of hair-producing scalp onto a bald area of the scalp. Both bald scalp reduction and scalp flap surgeries can have rapid results, but the follicular unit transplant surgery is generally preferred due to the more natural look produced by the follicular unit transplant surgery and the risk of scarring or failure inherent with bald scalp reduction and scalp flap surgeries.<sup>2</sup>

Tissue or scalp expansion procedures can also be used to restore bald areas of the scalp. Tissue expansion uses a balloon, called an expander, to stretch the skin in order to create extra skin which can be removed and grafted onto the bald area. Tissue expansion can be used for scalp repair since the stretched skin on the scalp retains normal hair growth.<sup>3</sup>

### **Regulation of Physician Assistants in Florida**

Chapter 458, F.S., provides for the regulation of the practice of medicine by the Board of Medicine. Chapter 459, F.S., similarly provides for the regulation of the practice of osteopathic medicine by the Board of Osteopathic Medicine. Physician assistants (PAs) are regulated by both boards. Licensure of PAs is overseen jointly by the boards through the Council on Physician Assistants.<sup>4</sup>

Physician assistants are trained and required by statute to work under the supervision and control of medical physicians or osteopathic physicians.<sup>5</sup> The Board of Medicine and the Board of Osteopathic Medicine have adopted rules that set out the general principles a supervising physician must use in developing the scope of practice of the PA under both direct<sup>6</sup> and indirect<sup>7</sup> supervision. A supervising physician's decision to permit a PA to perform a task or procedure under direct or indirect supervision must be based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. The supervising physician must be certain that the PA is knowledgeable and skilled in performing the tasks and procedures assigned.<sup>8</sup> Each physician or group of physicians supervising a licensed PA must be qualified in the medical

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<sup>1</sup> Bernstein Medical-Center for Hair Restoration, *Follicular Unit Transplant*, available at <http://www.bernsteinmedical.com/fut-hair-transplant/>, (last visited on April 3, 2015).

<sup>2</sup> Bald Scalp Reduction and Scalp Flap Surgery, available at <http://www.foundhair.com/pages/baldScalp.shtml>, (last visited on April 3, 2015).

<sup>3</sup> Tissue Expansion, available at <http://www.chp.edu/CHP/Tissue+Expansion>, (last visited on April 3, 2015).

<sup>4</sup> The council consists of three physicians who are members of the Board of Medicine; one physician who is a member of the Board of Osteopathic Medicine; and a physician assistant appointed by the State Surgeon General. (See ss. 458.347(9) and 459.022(9), F.S.)

<sup>5</sup> Sections 458.347(4) and 459.022(4), F.S.

<sup>6</sup> "Direct supervision" requires the physician to be on the premises and immediately available. (See Rules 64B8-30.001(4) and 64B15-6.001(4), F.A.C.)

<sup>7</sup> "Indirect supervision" refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications, and requires the physician to be within reasonable physical proximity. (See Rules 64B8-30.001(5) and 64B15-6.001(5), F.A.C.)

<sup>8</sup> Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.

areas in which the PA is to perform and must be individually or collectively responsible and liable for the performance and the acts and omissions of the PA.<sup>9</sup>

### **Regulation of Advanced Registered Nurse Practitioners in Florida**

Chapter 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the Department of Health and are regulated by the Board of Nursing.<sup>10</sup>

An advanced registered nurse practitioner (ARNP) is a licensed nurse who is certified in advanced or specialized nursing.<sup>11</sup> Florida recognizes three types of ARNPs: nurse practitioner (NP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM).<sup>12</sup> To be certified as an ARNP, a nurse must hold a current license as a registered nurse<sup>13</sup> and submit proof to the Board of Nursing that he or she meets one of the following requirements:<sup>14</sup>

- Satisfactory completion of a formal post-basic educational program of specialized or advanced nursing practice;
- Certification by an appropriate specialty board;<sup>15</sup> or
- Graduation from a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills.

Advanced or specialized nursing acts may only be performed under protocol of a supervising physician. Within the established framework of the protocol, an ARNP may:<sup>16</sup>

- Monitor and alter drug therapies;
- Initiate appropriate therapies for certain conditions; and
- Order diagnostic tests and physical and occupational therapy.

---

<sup>9</sup> Sections 458.347(3) and 459.022(3), F.S.

<sup>10</sup> The Board of Nursing is comprised of 13 members appointed by the Governor and confirmed by the Senate who serve 4-year terms. Seven of the 13 members must be nurses who reside in Florida and have been engaged in the practice of professional nursing for at least 4 years. Of those seven members, one must be an advanced registered nurse practitioner, one a nurse educator at an approved nursing program, and one a nurse executive. Three members of the BON must be licensed practical nurses who reside in the state and have engaged in the practice of practical nursing for at least 4 years. The remaining three members must be Florida residents who have never been licensed as nurses and are in no way connected to the practice of nursing, any health care facility, agency, or insurer. Additionally, one member must be 60 years of age or older. (*See* s. 464.004(2), F.S.)

<sup>11</sup> "Advanced or specialized nursing practice" is defined as the performance of advanced-level nursing acts approved by the Board of Nursing which, by virtue of postbasic specialized education, training and experience, are appropriately performed by an advanced registered nurse practitioner. (*See* s. 464.003(2), F.S.)

<sup>12</sup> Section 464.003(3), F.S. Florida certifies clinical nurse specialists as a category distinct from advanced registered nurse practitioners. (*See* ss. 464.003(7) and 464.0115, F.S.)

<sup>13</sup> Practice of professional nursing. (*See* s. 464.003(20), F.S.)

<sup>14</sup> Section 464.012(1), F.S.

<sup>15</sup> Specialty boards expressly recognized by the Board of Nursing include: Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists; American College of Nurse Midwives; American Nurses Association (American Nurses Credentialing Center); National Certification Corporation for OB/GYN, Neonatal Nursing Specialties; National Board of Pediatric Nurse Practitioners and Associates; National Board for Certification of Hospice and Palliative Nurses; American Academy of Nurse Practitioners; Oncology Nursing Certification Corporation; American Association of Critical-Care Nurses Adult Acute Care Nurse Practitioner Certification. (*See* Rule 64B9-4.002(2), F.A.C.)

<sup>16</sup> Section 464.012(3), F.S.

The statute further describes additional acts that may be performed within an ARNP's specialty certification (CRNA, CNM, and NP).<sup>17</sup>

Advanced registered nurse practitioners must meet financial responsibility requirements, as determined by rule of the Board of Nursing and the practitioner profiling requirements.<sup>18</sup> The Board of Nursing requires professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the same amounts payable to the ARNP.<sup>19</sup>

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

The bill amends chs. 458 and 459, F.S., to restrict a physician licensed under either chapter from delegating the incisional or excisional aspects of a follicular unit transplant, a scalp reduction surgery, a scalp flap surgery, or a scalp expansion surgery to anyone other than a PA licensed under ch. 458 or ch. 459, F.S., or an ARNP, certified under ch. 464, F.S. The bill also authorizes a physician to delegate the performance of these procedures to PAs and authorizes an ARNP to perform such procedures within the framework of an established protocol.

The bill creates ss. 458.352 and 459.027, F.S., to require that a physician must document the licensure, education, training, and experience of the individual to whom he or she delegates such a procedure and to require health care practitioners who provide such procedures to inform a patient who is undergoing the procedure of the identity and training of all individuals involved in the patient's care.

The effective date of the bill is July 1, 2015.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

### **V. Fiscal Impact Statement:**

#### **A. Tax/Fee Issues:**

None.

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<sup>17</sup> Section 464.012(4), F.S.

<sup>18</sup> Sections 456.0391 and 456.041, F.S.

<sup>19</sup> Rule 64B9-4.002(5), F.A.C.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 458.331, 458.347, 459.015, 459.022, and 464.012

This bill creates the following sections of the Florida Statutes: 458.352 and 459.027

**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 April 7, 2015:**

The CS amends SB 790 to make numerous technical and conforming changes to more closely align the bill with the current regulatory structure. Provisions prohibiting a person other than a PA or ARNP from accepting a delegation of the listed hair restoration procedures are deleted from the bill in favor of provisions restricting a physician from making such delegations.

**B. Amendments:**

None.



By the Committee on Health Policy; and Senator Sobel

588-03638-15

2015790c1

1 A bill to be entitled  
 2 An act relating to hair restoration or transplant;  
 3 amending ss. 458.331 and 459.015, F.S.; authorizing  
 4 the Board of Medicine, the Board of Osteopathic  
 5 Medicine, and the Department of Health to deny a  
 6 license to or to discipline a physician for improperly  
 7 delegating certain tasks; amending ss. 458.347,  
 8 459.022, and 464.012, F.S.; authorizing a physician to  
 9 delegate to a physician assistant and an advanced  
 10 registered nurse practitioner certain tasks; creating  
 11 ss. 458.352 and 459.027, F.S.; requiring a physician  
 12 to document the licensure, education, training, and  
 13 experience of an individual when the physician  
 14 delegates certain tasks; requiring a health care  
 15 practitioner who provides specified services to inform  
 16 a patient of the identity and training status of all  
 17 individuals involved in the patient's care; providing  
 18 an effective date.

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

20 Section 1. Paragraph (tt) is added to subsection (1) of  
 21 section 458.331, Florida Statutes, to read:

22 458.331 Grounds for disciplinary action; action by the  
 23 board and department.—

24 (1) The following acts constitute grounds for denial of a  
 25 license or disciplinary action, as specified in s. 456.072(2):

26 (tt) Delegating a procedure specified in s. 458.352(1) to a  
 27 person other than a physician assistant licensed under this  
 28

29 Page 1 of 4

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

588-03638-15

2015790c1

30 chapter or chapter 459 or an advanced registered nurse  
 31 practitioner certified under chapter 464.  
 32 Section 2. Paragraph (h) is added to subsection (4) of  
 33 section 458.347, Florida Statutes, to read:  
 34 458.347 Physician assistants.—  
 35 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—  
 36 (h) A supervisory physician may delegate to a licensed  
 37 physician assistant the authority to conduct a procedure  
 38 specified in s. 458.352(1).  
 39 Section 3. Section 458.352, Florida Statutes, is created to  
 40 read:  
 41 458.352 Delegation of hair restoration or transplant  
 42 services.—  
 43 (1) If a physician delegates an incisional or excisional  
 44 aspect of a follicular unit transplant, a follicular unit  
 45 extraction, a scalp reduction surgery, a scalp flap surgery, or  
 46 a scalp expansion surgery to a physician assistant, licensed  
 47 under this chapter or chapter 459, or to an advanced registered  
 48 nurse practitioner, certified under chapter 464, the delegating  
 49 physician must document the licensure, education, training, and  
 50 experience of the individual to whom he or she is delegating the  
 51 procedure.  
 52 (2) A health care practitioner who provides a service  
 53 specified in subsection (1) must inform a patient who is  
 54 receiving such services of the identity and training status of  
 55 all individuals involved in the patient's care.  
 56 Section 4. Paragraph (vv) is added to subsection (1) of  
 57 section 459.015, Florida Statutes, to read:  
 58 459.015 Grounds for disciplinary action; action by the

Page 2 of 4

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

588-03638-15

2015790c1

59 board and department.-

60 (1) The following acts constitute grounds for denial of a  
61 license or disciplinary action, as specified in s. 456.072(2):

62 (vv) Delegating a procedure specified in s. 459.027(1) to a  
63 person other than a physician assistant licensed under this  
64 chapter or chapter 458 or an advanced registered nurse  
65 practitioner certified under chapter 464.

66 Section 5. Paragraph (g) is added to subsection (4) of  
67 section 459.022, Florida Statutes, to read:

68 459.022 Physician assistants.-

69 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

70 (g) A supervisory physician may delegate to a licensed  
71 physician assistant the authority to conduct a procedure  
72 specified in s. 459.027(1).

73 Section 6. Section 459.027, Florida Statutes, is created to  
74 read:

75 459.027 Delegation of hair restoration or transplant  
76 services.-

77 (1) If a physician, licensed under this chapter or chapter  
78 458, delegates an incisional or excisional aspect of a  
79 follicular unit transplant, a follicular unit extraction, a  
80 scalp reduction surgery, a scalp flap surgery, or a scalp  
81 expansion surgery to a physician assistant, licensed under this  
82 chapter or chapter 458, or to an advanced registered nurse  
83 practitioner, certified under chapter 464, the delegating  
84 physician must document the licensure, education, training, and  
85 experience of the individual to whom he or she is delegating the  
86 procedure.

87 (2) A health care practitioner who provides a service

588-03638-15

2015790c1

88 specified in subsection (1) must inform a patient who is  
89 receiving such services of the identity and training status of  
90 all individuals involved in the patient's care.

91 Section 7. Paragraph (c) of subsection (4) of section  
92 464.012, Florida Statutes, is amended to read:

93 464.012 Certification of advanced registered nurse  
94 practitioners; fees.-

95 (4) In addition to the general functions specified in  
96 subsection (3), an advanced registered nurse practitioner may  
97 perform the following acts within his or her specialty:

98 (c) The nurse practitioner may perform any or all of the  
99 following acts within the framework of established protocol:

100 1. Manage selected medical problems.

101 2. Order physical and occupational therapy.

102 3. Initiate, monitor, or alter therapies for certain  
103 uncomplicated acute illnesses.

104 4. Monitor and manage patients with stable chronic  
105 diseases.

106 5. Establish behavioral problems and diagnosis and make  
107 treatment recommendations.

108 6. Conduct a procedure that includes the incisional or  
109 excisional aspect of a follicular unit transplant, a follicular  
110 unit extraction, a scalp reduction surgery, a scalp flap  
111 surgery, or a scalp expansion surgery if a physician licensed  
112 under chapter 458 or chapter 459 delegates such procedure.

113 Section 8. This act shall take effect July 1, 2015.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Children, Families, and Elder Affairs, *Chair*  
Ethics and Elections, *Vice Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Subcommittee on Health  
and Human Services  
Appropriations Subcommittee on Transportation,  
Tourism, and Economic Development  
Regulated Industries  
Rules

### SELECT COMMITTEE:

Select Committee on Patient Protection  
and Affordable Care Act, *Vice Chair*

### SENATOR ELEANOR SOBEL

33rd District

April 7, 2015

Senator Rene Garcia, Chair  
Appropriations Subcommittee on Health and Human Services  
310 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Garcia:

This letter is to request that SB 438 relating to Palliative Care be placed on the agenda of the next scheduled meeting of the committee.

The proposed legislation would create a Palliative Care and Quality of Life Interdisciplinary Advisory Council. It would also require the department to establish a palliative care consumer and professional information and education program. Palliative Care is about treating the whole patient, not just the disease; it has proven results in increasing quality of life, length of life, and decreasing costs of care.

Thank you for your consideration of this request.

Respectfully,

A handwritten signature in cursive script that reads "Eleanor Sobel".

Eleanor Sobel  
State Senator, 33rd District

Cc: Scarlet Pigott, Staff Director; Robin Auber, Committee Administrative Assistant

#### REPLY TO:

- The "Old" Library, First Floor, 2600 Hollywood Blvd., Hollywood, Florida 33020 (954) 924-3693 FAX: (954) 924-3695
- 410 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5033

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**DON GAETZ**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**

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

4/14/15

Meeting Date

438

Bill Number (if applicable)

Topic Palliative Care

Amendment Barcode (if applicable)

Name David Francis

Job Title Government Relations Dir

Address 2851 Remington Green Cir. Ste C

Phone 850-567-0598

Street

Tall  
City

FL  
State

32308  
Zip

Email david.francis@heart.org

Speaking:  For  Against  Information

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

Representing American Heart Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

S-001 (10/14/14)

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

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

4/14/2015

*Meeting Date*

438

*Bill Number (if applicable)*

Topic Palliative Care

*Amendment Barcode (if applicable)*

Name Layne Smith

Job Title Director, State Government Relations

Address 4500 San Pablo Road

Phone 904-953-7334

*Street*

Jacksonville

FL

32224

Email smith.layne@mayo.edu

*City*

*State*

*Zip*

Speaking:  For  Against  Information

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

Representing Mayo Clinic

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

S-001 (10/14/14)

# APPEARANCE RECORD

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

4/14/2015

Meeting Date

438

Bill Number (if applicable)

Topic Palliative Care

Amendment Barcode (if applicable)

Name Heather Yumans

Job Title Director of Gov Relations

Address 2619 Centennial Blvd Suite 61

Phone 251-211

Street

Tallahassee FL

City

32300

State

Zip

Email heather.yumans@american

cancer.org

Speaking:  For  Against  Information

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

Representing American Cancer Society Cancer Action Network

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

# APPEARANCE RECORD

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

4/19/15  
Meeting Date

SB438  
Bill Number (if applicable)

W9  
Amendment Barcode (if applicable)

Topic Palliative Care

Name Melanie Brown

Job Title Johnson & Blanton

Address PO Box 10805  
Street  
Tall, FL 32302  
City State Zip

Phone 850 224 1900

Email \_\_\_\_\_

Speaking:  For  Against  Information

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

Representing Florida Hospice & Palliative Care ASSOC.

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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

# APPEARANCE RECORD

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

4/14/15  
Meeting Date

438  
Bill Number (if applicable)

Topic PALLIATIVE CARE

Amendment Barcode (if applicable)

Name JACK MERRAY

Job Title \_\_\_\_\_

Address 200 W. COLLEGE ST, # 300  
Street

Phone 850-577-5697

TLH FL 32301  
City State Zip

Email jmcray@aarp.org

Speaking:  For  Against  Information

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

Representing AARP

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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

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



**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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

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BILL: SB 438

INTRODUCER: Senator Sobel and others

SUBJECT: Palliative Care

DATE: April 13, 2015

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Stovall</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>Brown</u>	<u>Pigott</u>	<u>AHS</u>	<b>Favorable</b>
3.	_____	_____	<u>FP</u>	_____

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**I. Summary:**

SB 438 establishes the Palliative Care Consumer and Professional Information and Education Program within the Department of Health (DOH) and also directs the department to house information and links on its website.

The bill creates the 11-member Florida Palliative Care and Quality of Life Interdisciplinary Task Force within the DOH. The primary purpose of the task force is to consult with and advise the DOH on matters relating to the establishment, maintenance, operation, and outcome evaluation of palliative care initiatives in this state. Members of the task force are appointed by the Governor, the President of the Senate, and the Speaker of the House of Representatives. The task force must produce a preliminary report by January 15, 2017, and a final report by December 31, 2018. The task force is dissolved December 31, 2018.

The DOH reports that implementation of the bill will require \$48,901 the first year and a recurring impact of \$45,019 in subsequent years. These costs may be absorbed within existing DOH resources.

The bill is effective upon becoming law.

**II. Present Situation:**

According to the Center to Advance Palliative Care, palliative care can be defined as specialized medical care for people with serious illnesses that focuses on providing those patients with relief from the symptoms, pain, and stress of that illness with a goal of improving quality of life for both the patient and the patient's family.<sup>1</sup> Examples of serious illnesses helped by palliative care

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<sup>1</sup> Center to Advance Palliative Care, *About Palliative Care*, <https://www.capc.org/about/palliative-care/> (last visited April 2, 2015).

include cancer, cardiac diseases, kidney failure, Alzheimer's disease, HIV/AIDS, and Amyotrophic Lateral Sclerosis (ALS). Palliative care focuses on helping patients get relief from symptoms caused by serious illnesses. Given alone when other treatment is not working or along with curative treatment, palliative care can be given from time of diagnosis until end of life.<sup>2</sup>

Access to palliative care in the United States has more than doubled in the last five years.<sup>3</sup> Ten years ago, there were almost no palliative care programs in America's hospitals. State by state calculations show that 62 percent of Florida's hospitals having 50 or more beds provide a palliative care team.<sup>4</sup> Public opinion polls show that many Americans are not knowledgeable about palliative care; however, once explained, 92 percent reported they would be highly likely to consider palliative care for themselves or families if they had a serious illness.<sup>5</sup>

### **Palliative Care in Florida**

Under s. 765.102(5) and (6), F.S., the Legislature has recognized the need to establish end-of-life care standards, including pain management and palliative care. The Department of Health, the Agency for Health Care Administration (AHCA), and the Department of Elder Affairs (DOEA) are required to jointly develop an end-of-life care campaign. The focus is on planning for end-of-life care and includes:<sup>6</sup>

- An opportunity to discuss and plan for end-of-life care;
- Assurance that physical and mental suffering will be carefully attended to;
- Assurance that preferences for withholding and withdrawing life-sustaining interventions will be honored;
- Assurance that the personal goals of the dying person will be addressed;
- Assurance that the dignity of the dying person will be a priority;
- Assurance that health care providers will not abandon the dying person;
- Assurance that the burden to family and others will be addressed;
- Assurance that advance directives for care will be respected regardless of the location of care;
- Assurance that organizational mechanisms are in place to evaluate the availability and quality of end-of-life, palliative, and hospice care services, including the evaluation of administrative and regulatory barriers;
- Assurance that necessary health care services will be provided and that relevant reimbursement policies are available; and
- Assurance that the goals will be accomplished in a culturally-appropriate manner.

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<sup>2</sup> American Cancer Society, *A Guide to Palliative or Supportive Care* (last revised Sept. 23, 2014)

<http://www.cancer.org/treatment/treatmentsandsideeffects/palliativecare/supportive-care> (last visited April 2, 2015).

<sup>3</sup> Center to Advance Palliative Care, *Executive Summary*, <http://www.capc.org/reportcard/summary> (last visited April 2, 2015).

<sup>4</sup> Center to Advance Palliative Care, *State by State Report Card - Florida*, <http://www.capc.org/reportcard/home/FL/RC/Florida> (last visited: April 2, 2015).

<sup>5</sup> American Cancer Society, *Palliative Care at a Glance*, <http://www.acscan.org/content/wp-content/uploads/2012/07/Palliative-Care-at-a-Glance.pdf> (last visited April 2, 2015).

<sup>6</sup> Section 765.102(5)(b), F.S.

In 2013, the DOH's Cancer Program and Cancer Control and Research Advisory Council jointly sponsored a workshop and webinar on palliative care that included participants from Florida and other national organizations.

The AHCA, the DOH, and the DOEA have webpages devoted to end-of-life resources with links to mostly external websites. In 2005, the DOEA published *Making Choices: A Guide to End of Life Planning* to address strategies for advance care planning.<sup>7</sup> The guide is available on the DOEA's website.

The AHCA is responsible for the licensing and regulation of facilities that provide palliative care, including hospitals, long-term care facilities, nursing homes, home health agencies, hospices, intermediate care facilities, prescribed pediatric care centers, and assisted living facilities under chs. 395, 400, and 429, F.S.

The DOH is responsible for the regulation of health care professionals, which includes, among others, allopathic and osteopathic physicians, physician assistants, and nurses under chs. 458, 459, and 464, F.S.

### III. Effect of Proposed Changes:

**Section 1** creates s. 381.825, F.S., to establish the palliative care consumer and professional information and education program. The following terms are defined:

- “Appropriate” means consistent with applicable legal, health, and professional standards; consistent with the patient’s clinical and other circumstances; and consistent with the patient’s reasonably known wishes and beliefs;
- “Medical care” means services provided, requested, or supervised by a physician, a physician assistant, or an advanced registered nurse practitioner;
- “Palliative care” means patient- and family-centered medical care offered throughout the continuum of an illness which optimizes quality of life by anticipating, preventing, and treating the suffering caused by a serious illness, and also addresses:
  - Physical needs;
  - Emotional needs;
  - Social needs;
  - Spiritual needs;
  - Autonomy;
  - Access to information;
  - Choice; and
  - Discussion of the patient’s goals for treatment, appropriate options for the patient, including hospice care, and comprehensive pain and symptom management;
- “Serious illness” means a medical illness or physical injury or condition that substantially impacts quality of life for more than a short period of time, including, but not limited to:
  - Cancer;
  - Renal or liver failure;
  - Heart or lung disease; and

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<sup>7</sup> Department of Elder Affairs, *Making Choices: A Guide to End of Life Planning* (2005) <http://elderaffairs.state.fl.us/doea/pubs/pubs/EOL.pdf> (last visited April 2, 2015).

- Alzheimer’s disease and related dementia.

The DOH is required to establish a palliative care consumer and professional information and education program to maximize the effectiveness of palliative care initiatives in the state. The DOH is directed to consult with the Palliative Care and Quality of Life Interdisciplinary Task Force in implementing the program. The program is required to:

- Make comprehensive and accurate information about palliative care available to the public, health care practitioners, and health care facilities; and
- Publish information and resources on the DOH website about continuing education opportunities for health care practitioners; information about palliative care delivery in the home and other health care settings, best practices for palliative care delivery; and consumer educational materials and referral information for palliative care, including hospice.

The DOH is also authorized to develop and implement other initiatives on palliative care that further the purposes of the program.

**Section 2** establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Task Force. The task force<sup>8</sup> is established within the DOH and consists of 11 members. Five members are appointed by the Governor, three are appointed by the President of the Senate, and three are appointed by the Speaker of the House of Representatives. All appointments must be made by December 31, 2015.

Task force members are to include, but are not limited to, professionals with expertise in different aspects of palliative care and patient and family caregivers or their advocates. The bill designates the representative groups for five of the appointments and directs the appointing officials to consult with the State Surgeon General to ensure broad representation on the task force. The specific designees to the task force are:

<b>Task Force Designee</b>	<b>Appointing Official</b>
American Cancer Society	Governor
Florida Hospice & Palliative Care Association	Governor
Department of Veterans’ Affairs	Governor
2 - Board Certified Hospice and Palliative Care Medicine Physicians, Physician Assistants, or Nurses	1 - President of Senate 1 - Speaker of the House of Representatives

The bill directs the task force to adopt organizational procedures and to elect a chairman and vice chairman, whose duties will be established by the task force. The DOH is to provide support for the task force and establish a regular schedule of meetings which must include a minimum of two meetings per year. Members will serve without compensation; however, they may be reimbursed for travel expenditures in accordance with s. 112.061, F.S.

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<sup>8</sup> A “committee” or “task force” is defined under s. 20.03(8), F.S., to mean “an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by a specific statutory enactment for a time not to exceed 3 years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.

The task force must submit a preliminary report to the Governor, the President of the Senate, and the Speaker of the House of Representatives, by January 15, 2017, with recommendations for palliative care initiatives in this state, including statutory changes for legislative consideration.

The task force must submit a follow-up report by December 31, 2018, with details of any implementation activities by the DOH or legislative action on the recommendations from the preliminary report.

The bill takes effect upon becoming law.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Private sector palliative care vendors and service providers may benefit through additional information and resources being posted to the new website as required under SB 438. The availability of these resources may result in additional public interest and increased use of services.

C. Government Sector Impact:

The Department of Health (DOH) has three main responsibilities under the bill: dissemination of information under the education program, development of website resources and linkages, and administrative support of the task force. The DOH has identified a fiscal impact to support these responsibilities of \$48,901 for the first year and \$45,019 in the second year. These costs may be absorbed within existing DOH resources.

Estimated Expenditures	1st Year	2nd Year Annualized/Recurring
<b>Salaries</b>		
<i>Other Personnel Services</i>		
<i>1 part-time OPS Health Educator.</i>	\$13,963	\$13,963
<i>Benefits @ 1.45%</i>	\$202	\$202
<b>Expenses</b>		
<b>1 - OPS</b>		
<i>Standard DOH professional package with limited travel</i>	\$15,616	\$11,734
<b>Palliative Care Task Force</b>		
<i>Travel reimbursement for members - (11 members X \$500) for 2 meetings</i>	\$11,000	\$11,000
<b>Human Resources Services</b>		
<i>Calculated with standard DOH OPS package</i>	\$120	\$120
<b>Contractual Services</b>	\$8,000	\$8,000
<b>TOTAL ESTIMATED EXPENDITURES</b>	<b>\$48,901</b>	<b>\$45,019</b>

**VI. Technical Deficiencies:**

Under s. 20.03, F.S., a “committee” or a “task force” is time-limited for a period not to exceed three years. SB 438 is effective upon becoming law and the section creating the task force expires December 31, 2018, which is a duration of more than three years.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 381.825 of the Florida Statutes.

This bill creates one undesignated section of law.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

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

None.

**B. Amendments:**

None.

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

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By Senator Sobel

33-00370A-15

2015438\_\_

1 A bill to be entitled  
 2 An act relating to palliative care; creating s.  
 3 381.825, F.S.; defining terms; requiring the  
 4 Department of Health to establish a palliative care  
 5 consumer and professional information and education  
 6 program; specifying the purpose of the program;  
 7 requiring the department to publish certain  
 8 educational information and referral materials about  
 9 palliative care on the department website; authorizing  
 10 the department to develop and implement other services  
 11 and education initiatives regarding palliative care;  
 12 requiring the department to consult with the  
 13 Palliative Care and Quality of Life Interdisciplinary  
 14 Task Force; creating the Palliative Care and Quality  
 15 of Life Interdisciplinary Task Force within the  
 16 Department of Health; specifying the purpose of the  
 17 task force; providing for membership by a specified  
 18 time; requiring the task force to adopt certain  
 19 internal organizational procedures; requiring the  
 20 department to provide staff, information, and other  
 21 assistance, as necessary, to the task force;  
 22 authorizing the reimbursement of task force members  
 23 for certain expenses; requiring the department to set  
 24 regular meeting times for the task force; requiring  
 25 the task force to meet at least twice each year;  
 26 requiring reports to the Governor, the President of  
 27 the Senate, and the Speaker of the House of  
 28 Representatives by specified dates; providing for  
 29 future repeal of the task force; providing an

Page 1 of 6

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

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30 effective date.  
 31  
 32 Be It Enacted by the Legislature of the State of Florida:  
 33  
 34 Section 1. Section 381.825, Florida Statutes, is created to  
 35 read:  
 36 381.825 Palliative care consumer and professional  
 37 information and education program.—  
 38 (1) As used in this section, the term:  
 39 (a) "Appropriate" means consistent with applicable legal,  
 40 health, and professional standards; consistent with the  
 41 patient's clinical and other circumstances; and consistent with  
 42 the patient's reasonably known wishes and beliefs.  
 43 (b) "Medical care" means services provided, requested, or  
 44 supervised by a physician, a physician assistant, or an advanced  
 45 registered nurse practitioner.  
 46 (c) "Palliative care" means patient- and family-centered  
 47 medical care offered throughout the continuum of an illness  
 48 which optimizes quality of life by anticipating, preventing, and  
 49 treating the suffering caused by a serious illness. Palliative  
 50 care involves addressing physical, emotional, social, and  
 51 spiritual needs and facilitating patient autonomy, access to  
 52 information, and choice. The term includes, but is not limited  
 53 to, discussions of the patient's goals for treatment; discussion  
 54 of treatment options appropriate to the patient, including, if  
 55 appropriate, hospice care; and comprehensive pain and symptom  
 56 management.  
 57 (d) "Serious illness" means a medical illness or physical  
 58 injury or condition that substantially impacts quality of life

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59 for more than a short period of time. The term includes, but is  
 60 not limited to, cancer, renal or liver failure, heart or lung  
 61 disease, and Alzheimer's disease and related dementias.

62 (2) The department shall establish a palliative care  
 63 consumer and professional information and education program. The  
 64 purpose of the program is to maximize the effectiveness of  
 65 palliative care initiatives in this state by making  
 66 comprehensive and accurate information and education about  
 67 palliative care available to the public, health care  
 68 practitioners, and health care facilities.

69 (3) The department shall publish on its website information  
 70 and resources, including links to external resources, about  
 71 palliative care which shall include, but not be limited to,  
 72 continuing education opportunities for health care  
 73 practitioners; information about palliative care delivery in the  
 74 home and in primary, secondary, and tertiary care settings; best  
 75 practices for palliative care delivery; and consumer educational  
 76 materials and referral information for palliative care,  
 77 including hospice.

78 (4) The department may develop and implement other  
 79 initiatives regarding palliative care services and education to  
 80 further the purposes of this section.

81 (5) The department shall consult with the Palliative Care  
 82 and Quality of Life Interdisciplinary Task Force in implementing  
 83 this section.

84 Section 2. Palliative Care and Quality of Life  
 85 Interdisciplinary Task Force.—There is established within the  
 86 Department of Health a Palliative Care and Quality of Life  
 87 Interdisciplinary Task Force, which is a task force as defined

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88 in s. 20.03, Florida Statutes.

89 (1) The primary purpose of the task force is to consult  
 90 with and advise the department on matters relating to the  
 91 establishment, maintenance, operation, and outcome evaluation of  
 92 palliative care initiatives in this state.

93 (2) The task force shall consist of 11 members, 5 of whom  
 94 are appointed by the Governor, 3 of whom are appointed by the  
 95 President of the Senate, and 3 of whom are appointed by the  
 96 Speaker of the House of Representatives. All appointments shall  
 97 be made by December 31, 2015. The task force membership shall  
 98 include:

99 (a) Professionals who have expertise in various aspects of  
 100 palliative care, including, but not limited to,  
 101 interdisciplinary palliative care; medical, nursing, social  
 102 work, pharmacy, and spiritual expertise; and patient and family  
 103 caregivers or their advocates. The appointing officials, in  
 104 consultation with the State Surgeon General, shall ensure that  
 105 representation on the task force reflects a broad perspective of  
 106 palliative care in a variety of inpatient, outpatient, and  
 107 community settings, such as acute care, long-term care, and  
 108 hospice, and with a variety of populations, including pediatric,  
 109 youth, and adult.

110 (b) One member who is a designee of the American Cancer  
 111 Society, appointed by the Governor.

112 (c) One member who is a designee of the Florida Hospice and  
 113 Palliative Care Association, appointed by the Governor.

114 (d) One member who is a designee of the Department of  
 115 Veterans' Affairs, appointed by the Governor.

116 (e) At least two members who are board-certified hospice

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117 and palliative medicine physicians, physician assistants, or  
 118 nurses, one appointed by the President of the Senate and one  
 119 appointed by the Speaker of the House of Representatives.

120 (3) The task force shall adopt internal organizational  
 121 procedures as necessary for its efficient organization which  
 122 must, at a minimum, require the task force to elect a chair and  
 123 vice chair whose duties shall be established by the task force.

124 (4) The department shall provide such staff, information,  
 125 and other assistance as are reasonably necessary to assist the  
 126 task force in carrying out its responsibilities.

127 (5) Members of the task force shall serve without  
 128 compensation, but may receive reimbursement as provided in s.  
 129 112.061, Florida Statutes, for travel and other necessary  
 130 expenses incurred in the performance of their official duties.

131 (6) The department shall establish a time and place for  
 132 regular meetings of the task force, which shall meet at least  
 133 twice a year.

134 (7) The task force shall submit a preliminary report to the  
 135 Governor, the President of the Senate, and the Speaker of the  
 136 House of Representatives by January 15, 2017, detailing its  
 137 recommendations for the establishment, maintenance, operation,  
 138 and outcome evaluation of palliative care initiatives in this  
 139 state and its recommendation for any statutory changes to be  
 140 considered by the Legislature. The task force shall also submit  
 141 a followup report to the Governor, the President of the Senate,  
 142 and the Speaker of the House of Representatives by December 31,  
 143 2018, detailing the implementation, by the department or by  
 144 legislative action, of the recommendations in the preliminary  
 145 report.

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2015438\_\_

146 (8) This section expires December 31, 2018.

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

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# CourtSmart Tag Report

Room: SB 401

Case:

Type:

Caption: Appropriations Subcommittee on Health and Human Services

Judge:

Started: 4/14/2015 1:43:28 PM

Ends: 4/14/2015 2:17:48 PM

Length: 00:34:21

1:43:30 PM Called to Order  
1:43:37 PM Roll Call  
1:44:00 PM TAB:2 CS/SB 7006  
1:44:54 PM 389596  
1:45:40 PM Adopted  
1:46:11 PM 219806  
1:46:47 PM Public Testimony  
1:46:53 PM Heather Mooney, Success Byle and Community Engagement Coordinator waives in support  
1:47:06 PM Mary Adams, Director/ Child Care Center waives in support  
1:47:09 PM Angela Rolle, VPK-Teacher waives in support  
1:47:13 PM Ellyn Bogdanoff, Executive Director, FL Association for Child Care Management waives in support  
1:47:19 PM Dr. Brittney Birken, CEO, Early Learning Consortium waives in support  
1:47:29 PM Gordon Tremuine, CEO ELC Aluchua, Association of Early Learning Coalition waives in support  
1:47:44 PM Jaleesa Howie Fears, Communications Coordinator, Duval Early Learning Director Network waives in support  
1:47:48 PM Lonna Hale, Director Childcare Center, Duval Early Learning Director Network waives in support  
1:47:50 PM Teresa Little, Director, Duval Early Learning Center waives in support  
1:47:54 PM Hope Henry, Director, Duval Early Learning Center waives in support  
1:47:58 PM Cathy Parker, Director Provider Services, Early Learning Community of Duval waives in support  
1:48:00 PM Barbara Lynn, Preschool Director, Duval Early Learning Network waives in support  
1:48:22 PM Roll Call  
1:48:38 PM Favorable/CS  
1:48:46 PM Sen. Sobel  
1:49:33 PM Sen. Bean  
1:50:07 PM TAB:3 CS/SB 478  
1:51:55 PM 620994  
1:52:03 PM 596394  
1:53:28 PM Adopted  
1:53:32 PM 707614  
1:54:08 PM Public Testimony  
1:54:21 PM Layne Smith, Director, Mayo Clinic waives in support  
1:54:26 PM Derrick McGhee, FL Chamber of Commerce waives in support  
1:54:33 PM Anna Baznik, President/CEO, IMPOWER  
1:57:56 PM Larry Gonzalez, General Counsel, FL Occupational Therapy Association waives in support  
1:58:06 PM Chris Nuland, American College of Physicians waives in support  
1:58:11 PM Stephen Winn, Executive Director, FL Osteopathic Medical Association waives in support  
1:58:19 PM Chris Snow, Lobbyist, FL Association of Speech-Language Pathologists and Audiologists waives in support  
1:58:29 PM Sal Nuzzo, Vice President of Policy, The James Madison Institute  
2:00:03 PM Melissa Faust, Policy Analyst, Americans for Prosperity waives in support  
2:03:12 PM Sen. Benacquisto  
2:04:20 PM Sen. Sobel  
2:05:32 PM Dr. Narendra Kini, CEO Miami Children's Health System  
2:06:56 PM Morgan McCord, Florida TaxWatch  
2:08:57 PM Roll Call  
2:09:13 PM Favorable/CS  
2:09:19 PM TAB:1 SB 634  
2:10:03 PM Public Testimony  
2:10:04 PM Stephen Winn waives in support  
2:10:09 PM Jeff Scott waives in support  
2:10:23 PM Roll Call  
2:10:43 PM Favorable

**2:10:59 PM** TAB:4 CS/SB 790  
**2:11:56 PM** Chris Nuland waives in support  
**2:12:13 PM** Roll Call  
**2:12:28 PM** Favorable  
**2:12:33 PM** TAB:5 SB438  
**2:13:41 PM** David Francis, Government Relations Director, American Heart Association waives in support  
**2:13:45 PM** Layne Smith, Director, Mayo Clinic waives in support  
**2:13:52 PM** Heather Youmans, Director of Government Relations, American Cancer Society waives in support  
**2:14:02 PM** Melanie Brown, Johnson & Blanton, FL Hospice & Palliative Care Association waives in support  
**2:14:05 PM** Jack McRay, AARP waives in support  
**2:14:22 PM** Roll Call  
**2:14:37 PM** Favorable  
**2:14:45 PM** Sen. Smith  
**2:17:39 PM** Adjourn