

Tab 1 SB 408 by Flores; (Similar to H 00283) Licensure of Cardiovascular Programs

Tab 2 SB 422 by Gibson; (Similar to H 00259) Elder Abuse Fatality Review Teams

634064	D	S	RCS	AHS, Gibson	Delete everything after	01/11 09:27 AM
145162	AA	S	RCS	AHS, Gibson	Delete L.11 - 86:	01/11 09:27 AM

Tab 3 CS/SB 444 by HP, Bean; (Similar to CS/H 00041) Pregnancy Support Services

Tab 4 CS/SB 450 by CF, Garcia; (Similar to H 01327) Mental Health and Substance Use Disorders

Tab 5 SB 622 by Grimsley; (Similar to H 00597) Health Care Facility Regulation

486176	A	S	RCS	AHS, Grimsley	btw L.1533 - 1534:	01/11 09:29 AM
848950	A	S	RCS	AHS, Grimsley	btw L.1564 - 1565:	01/11 09:29 AM
693974	A	S	RCS	AHS, Grimsley	Delete L.1791:	01/11 09:29 AM
165374	A	S	RCS	AHS, Grimsley	Delete L.2569 - 2609.	01/11 09:29 AM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES
Senator Flores, Chair
Senator Stargel, Vice Chair

MEETING DATE: Wednesday, January 10, 2018

TIME: 4:00—5:30 p.m.

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Flores, Chair; Senator Stargel, Vice Chair; Senators Baxley, Book, Passidomo, Rader, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 408 Flores (Similar H 283, Compare H 597, S 622)	Licensure of Cardiovascular Programs; Establishing additional criteria that must be included by the Agency for Health Care Administration in rules relating to adult cardiovascular services at hospitals seeking licensure for a Level I program, etc. HP 12/05/2017 Favorable AHS 01/10/2018 Favorable AP	Favorable Yeas 6 Nays 0
2	SB 422 Gibson (Similar H 259, Compare H 261, Linked CS/S 424)	Elder Abuse Fatality Review Teams; Creating elder abuse fatality review teams in each judicial circuit housed, for administrative purposes only, in the Department of Elderly Affairs; exempting certain information and records acquired by a review team from discovery or introduction into evidence in specified actions or proceedings; prohibiting a person from being required to testify regarding records or information produced or presented during meetings or other activities of a review team, etc. CF 11/13/2017 Favorable AHS 01/10/2018 Fav/CS AP	Fav/CS Yeas 6 Nays 0
3	CS/SB 444 Health Policy / Bean (Similar CS/H 41)	Pregnancy Support Services; Requiring the Department of Health to contract with a not-for-profit statewide alliance of organizations to provide pregnancy support and wellness services through subcontractors; requiring the contractor to spend a specified percentage of funds on direct client services; specifying the entities eligible for a subcontract, etc. HP 11/07/2017 Fav/CS AHS 01/10/2018 Favorable AP	Favorable Yeas 4 Nays 2

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
 Wednesday, January 10, 2018, 4:00—5:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 450 Children, Families, and Elder Affairs / Garcia (Similar H 1327)	Mental Health and Substance Use Disorders; Requiring a specific level of screening for peer specialists working in mental health programs and facilities; specifying that the use of peer specialists for recovery support is an essential element of a coordinated system of behavioral health care; requiring the Department of Children and Families to develop a training program for peer specialists and give preference to trainers who are certified peer specialists; requiring peer specialists to meet the requirements of a background screening as a condition of employment and continued employment, etc. CF 11/06/2017 CF 11/13/2017 Fav/CS AHS 01/10/2018 Favorable AP	Favorable Yeas 6 Nays 0
5	SB 622 Grimsley (Similar H 597, Compare H 27, H 119, H 213, H 283, S 144, S 408, S 1088, S 1492)	Health Care Facility Regulation; Providing that a designated facility owned or operated by a public health trust and located within the boundaries of a municipality is under the exclusive jurisdiction of the county creating the public health trust; eliminating state licensure requirements for clinical laboratories; requiring a birth center to be federally certified and meet specified requirements to perform certain laboratory tests, etc. HP 12/05/2017 Favorable AHS 01/10/2018 Fav/CS AP RC	Fav/CS Yeas 6 Nays 0
6	Presentations by Agency for Health Care Administration and Florida Healthy Kids Corporation regarding the Status of the Reauthorization of the Children's Health Insurance Program		Presented
7	Update from the Agency for Health Care Administration on the Use of Low Income Pool Funding for Behavioral Health Services		Presented
8	Presentations of Schedule VIII-B Reduction Proposal Highlights by the Agency for Health Care Administration and the Department of Health		Presented
Other Related Meeting Documents			

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 408

INTRODUCER: Senator Flores

SUBJECT: Licensure of Cardiovascular Programs

DATE: January 9, 2018

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Stovall</u>	<u>HP</u>	Favorable
2.	<u>Kidd</u>	<u>Williams</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 408 reduces the number of adult inpatient and outpatient diagnostic cardiac catheterizations, from 300 to 100, that a hospital located more than 100 road miles from the nearest hospital offering Level II adult cardiovascular services (ACS) must provide in a 12-month period in order to become licensed as a Level I ACS program. A Level I program performs adult percutaneous cardiac interventions without onsite cardiac surgery.¹

Currently, only the Lower Keys Medical Center would qualify for this exemption.²

Additionally, the bill amends the requirements for the licensure of all Level I programs to include both inpatients and outpatients when determining the volume of patients that have been discharged or transferred with a principal diagnosis of ischemic heart disease.

The bill has no impact on state revenues or expenditures.

The bill takes effect on July 1, 2018.

II. Present Situation:

Hospitals are regulated by the Agency for Health Care Administration (AHCA) under ch. 395, F.S., and the general licensure provisions of part II of ch. 408, F.S. Hospitals are subject to the certificate of need (CON) provisions in part I of ch. 408, F.S. A CON is a written statement

¹ Percutaneous coronary intervention, also known as coronary angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease, including unstable angina, acute myocardial infarction, and multivessel coronary artery disease. See Medscape: Percutaneous cardiac intervention, available at <http://emedicine.medscape.com/article/161446-overview>, (last visited Dec. 1, 2017).

² AHCA, *Senate Bill 408 Analysis* (Nov. 8, 2017) (on file with the Senate Committee on Health Policy).

issued by the AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service.³

Adult cardiovascular services (ACS) were previously regulated through the CON program.⁴ However, in 2004, the Legislature established a licensure process for adult interventional cardiology services (the predecessor terminology for ACS), dependent upon rulemaking, in lieu of the CON procedure.⁵

Among other things, that law required the rules to establish two hospital program licensure levels: a Level I program and a Level II program.⁶

A hospital with Level I ACS designation on its license provides diagnostic and therapeutic cardiac catheterization procedures on a routine and emergency basis. A Level I hospital does not have the capability to perform open heart surgery, and by rule can provide the same routine and emergency cardiac catheterization services as a Level II (with open heart surgery capability) hospital except for the higher risk trans septal punctures and lead extractions of implanted devices. A Level I hospital qualifies for the designation by confirming compliance with national guidelines established by the American College of Cardiology and the American Heart Association, and having a transfer agreement with a Level II hospital in which a patient needing the higher level of care can be transferred within 60 minutes.⁷

Currently, in order to be designated as a Level I hospital, the hospital must perform at least 300 diagnostic cardiac catheterization sessions during the most recent 12-month period, or transfer or discharge at least 300 inpatients with the principal diagnosis of ischemic heart disease. For these metrics, the diagnostic cardiac catheterization sessions may include inpatients and outpatients in the total count, but the patients with ischemic heart disease must be inpatients. The criteria cannot be met by combining the two volume options - either the sessions volume is met or the inpatient principal diagnosis volume is met. Once a hospital obtains the designation it does not need to verify volume thresholds to maintain the designation.⁸ Subsection 408.0361(3), F.S., allows a hospital more than 100 road miles from the closest Level II hospital to qualify for Level I designation if all criteria is met except for the emergency transfer of patients within 60 minutes.

III. Effect of Proposed Changes:

SB 408 amends s. 408.0361, F.S., to exempt a hospital that is more than 100 road miles from the nearest hospital offering Level II ACS from patient or procedure volume requirements in order to be licensed as a Level I ACS provider. The hospital must still demonstrate, for the most recent 12-month period as reported to the AHCA, that:

³ Section 408.032(3), F.S.

⁴ See s. 408.036(3)(m) and (n), F.S., allowing for an exemption from the full review process for certain adult open-heart services and PCI services.

⁵ Chapter 2004-383, s. 7, Laws of Fla.

⁶ Level I and Level II ACS programs may also perform adult diagnostic cardiac catheterization in accordance with Rule 59A-3.2085(13), F.A.C. Adult diagnostic cardiac catheterization involves the insertion of a catheter into one or more heart chambers for the purpose of diagnosing cardiovascular diseases.

⁷ Supra note 2

⁸ Supra note 2

- It has provided a minimum of 100 adult inpatient and outpatient cardiac catheterizations rather than 300; or
- It has discharged or transferred at least 300 patients with the principal diagnosis of ischemic heart disease.

Currently, only the Lower Keys Medical Center would qualify for this exemption.⁹

Additionally, the bill amends the requirements for the licensure of all Level I programs to include both inpatients and outpatients when determining the volume of patients that have been discharged or transferred with a principal diagnosis of ischemic heart disease. This will allow patients who have been transferred prior to admission to the hospital as an inpatient to be included in the counts.

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 408 may have a positive fiscal impact on a hospital that is able to be licensed as a Level I program under the changes made in the bill.

C. Government Sector Impact:

The bill does not impact state revenues or expenditures.

VI. Technical Deficiencies:

None.

⁹ Supra note 2

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 408.0361 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

By Senator Flores

39-00427-18

2018408__

1 A bill to be entitled
 2 An act relating to licensure of cardiovascular
 3 programs; amending s. 408.0361, F.S.; establishing
 4 additional criteria that must be included by the
 5 Agency for Health Care Administration in rules
 6 relating to adult cardiovascular services at hospitals
 7 seeking licensure for a Level I program; providing an
 8 effective date.

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

12 Section 1. Paragraph (b) of subsection (3) of section
 13 408.0361, Florida Statutes, is amended to read:
 14 408.0361 Cardiovascular services and burn unit licensure.—
 15 (3) In establishing rules for adult cardiovascular
 16 services, the agency shall include provisions that allow for:
 17 (b) For a hospital seeking a Level I program, demonstration
 18 that, for the most recent 12-month period as reported to the
 19 agency, it has provided a minimum of 300 adult inpatient and
 20 outpatient diagnostic cardiac catheterizations or, for the most
 21 recent 12-month period, has discharged or transferred at least
 22 300 patients ~~inpatients~~ with the principal diagnosis of ischemic
 23 heart disease and that it has a formalized, written transfer
 24 agreement with a hospital that has a Level II program, including
 25 written transport protocols to ensure safe and efficient
 26 transfer of a patient within 60 minutes. However, a hospital
 27 located more than 100 road miles from the closest Level II adult
 28 cardiovascular services program:
 29 1. May demonstrate that, for the most recent 12-month

Page 1 of 2

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

39-00427-18

2018408__

30 period as reported to the agency, it has provided a minimum of
 31 100 adult inpatient and outpatient diagnostic cardiac
 32 catheterizations, or for the most recent 12-month period has
 33 discharged or transferred at least 300 patients with the
 34 principal diagnosis of ischemic heart disease.

35 2. Does not need to meet the 60-minute transfer time
 36 protocol if the hospital demonstrates that it has a formalized,
 37 written transfer agreement with a hospital that has a Level II
 38 program. The agreement must include written transport protocols
 39 to ensure the safe and efficient transfer of a patient, taking
 40 into consideration the patient's clinical and physical
 41 characteristics, road and weather conditions, and viability of
 42 ground and air ambulance service to transfer the patient.

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

Page 2 of 2

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

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/10/2017
Meeting Date

408
Bill Number (if applicable)

Topic Licensure of Cardiovascular Programs

Amendment Barcode (if applicable)

Name Ellen N. Anderson

Job Title Director of Government Relations

Address 106 E. College Ave. Suite 650
Street

Phone 850.278.7959

Tallahassee FL 32301
City State Zip

Email ellen.anderson@chs.net

Speaking: For Against Information

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

Representing Community Health Systems

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).

· Schedule VIII B
· LIP Behavioral Health
· CHIP Reauthorization
Bill Number (if applicable)

1/10/18
Meeting Date

Topic Schedule VIII B, LIP, CHIP Reauthorization

Amendment Barcode (if applicable)

Name Beth Kidder

Job Title Medicaid Director

Address 2022 Mahan Drive
Street

Phone 850-412-3212

Tallahassee
City

FL
State

32308
Zip

Email _____

Speaking: For Against Information

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

Representing Agency for Health Care Administration

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)

1/10/18

Meeting Date

Bill Number (if applicable)

Topic Sch VIII B

Amendment Barcode (if applicable)

Name Michele Tullent

Job Title Deputy Sec. for Operation DOH

Address 4052 Bald Cypress Way

Phone 850-245-4449

Street

Tallahassee FL

City

State

Zip

Email Michele.Tullent@flhealth.gov

Speaking: For Against Information

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

Representing DOH

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

S-001 (10/14/14)

The Florida Senate
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 422 (707324)

INTRODUCER: Appropriations Subcommittee on Health and Human Services and Senator Gibson

SUBJECT: Elder Abuse Fatality Review Teams

DATE: January 12, 2018

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Favorable
2.	<u>Loe</u>	<u>Williams</u>	<u>AHS</u>	Recommend: Fav/CS
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 422 authorizes the establishment of elder abuse fatality review teams on a voluntary basis in each judicial circuit to review fatal incidents of elder abuse, and make policy and other recommendations to help prevent future incidents of elder abuse-related fatalities. The bill exempts certain information and records acquired by a review team from discovery or introduction into evidence in specified actions or proceedings. The review teams are assigned to the Department of Elder Affairs (DOEA) for administrative purposes only. The DOEA must submit a report, annually by November 1, that summarizes the findings and recommendations of the review teams to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Department of Children and Families.

The bill adds elder abuse fatality review teams to the list of persons and entities authorized pursuant to s. 415.107(3), F.S., to have access to records concerning reports of abuse, neglect, or exploitation of a vulnerable adult, including reports made to the central abuse hotline, otherwise held confidential and exempt from s. 119.07(1), F.S.

The bill will increase state expenditures by an indeterminate amount. The Department of Elder Affairs will experience an increase in workload related to submitting the required report and providing administrative support to the review teams; however, these costs can be absorbed within existing resources.

The bill takes effect on July 1, 2018.

II. Present

There are currently no designated Elder Abuse Fatality Review Teams in Florida. The Adult Protective Services Program, under the Department of Children and Families (DCF), is responsible for preventing further harm to vulnerable adults who are victims of abuse, neglect, exploitation, or self-neglect. The mandatory reporting requirement of persons who are required to investigate reports of abuse, neglect, or exploitation also extends to alleged deaths due to abuse or neglect.

The Florida Abuse Hotline, administered by the DCF, screens allegations of adult abuse and neglect to determine whether the information meets the criteria of an abuse report. If the criteria are met, a protective investigation is initiated to confirm whether there is evidence that abuse has occurred; whether that is an immediate or long-term risk to the victim; and whether the victim needs additional services to safeguard his or her well-being.¹

Section 415.1034, F.S., enumerates persons that have an immediate, mandatory requirement to report to the central abuse hotline if they know, have suspicion, or have reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited. Additionally, any person required to investigate reports of abuse, neglect, or exploitation and who has reasonable cause to suspect that a vulnerable adult died as a result of abuse, neglect, or exploitation shall immediately report the suspicion to the appropriate medical examiner, the appropriate criminal justice agency and to the DCF, notwithstanding the existence of a death certificate signed by a practicing physician.²

The DCF is required, upon receipt of a report alleging abuse, neglect, or exploitation of a vulnerable adult, to begin within 24 hours a protective investigation of the matter.³ For each report it receives, the DCF shall perform an onsite investigation to determine, among other things, if the person meets the definition of a vulnerable adult and, if so, if the person is in need of services; whether there is an indication that the vulnerable adult was abused, neglected, or exploited; and if protective, treatment, and ameliorative services are necessary to safeguard and ensure the vulnerable adult's well-being.⁴

Section 415.1102, F.S., authorizes the DCF to develop, maintain, and coordinate the services of one or more multidisciplinary adult protection teams in each of its regions. A "multidisciplinary adult protection team" is defined as a team of two or more persons trained in the prevention, identification, and treatment of abuse of elderly persons.⁵ The multidisciplinary teams may be composed of, but are not limited to, psychiatrists, psychologists, or other trained counseling personnel; law enforcement officers; medical personal with experience or training to provide health services; social workers who have experience or training in the prevention of abuse of the

¹Florida Department of Children and Families; Protecting Vulnerable Adults, *available at*: <http://www.myflfamilies.com/service-programs/adult-protective-services/protecting-vulnerable-adults> (last visited Nov. 7, 2017).

² Section 415.1034(2), F.S.

³ Section 415.104(1), F.S.

⁴ Section 415.104(2), F.S.

⁵ Section 415.1102(1), F.S.

elderly or dependent persons; and public and professional guardians.⁶ The multidisciplinary team is convened to supplement the protective services activities of the Adult Protective Services program of the DCF.⁷

Section 415.107(3), F.S., enumerates persons and entities that may have access to records concerning reports of abuse, neglect, or exploitation of a vulnerable adult, including reports made to the central abuse hotline, otherwise held confidential and exempt from s. 119.07(1), F.S. The identity of any person reporting abuse, neglect, or exploitation of a vulnerable person shall not be released to these persons and entities.

III. Effect of Proposed Changes:

Section 1 creates s. 415.1103, F.S., to authorize the creation of an elder abuse fatality review team on a voluntary basis in each judicial circuit⁸ to review fatal or near-fatal incidents of abuse, neglect, or violence against the elderly. Each review team is composed of volunteers from numerous state and local agencies as well as community partners.⁹ Each volunteer serves without compensation for a two-year term. Each team will determine the number of cases it will review and must limit its review to closed cases in which an elderly person's death is verified to have been caused by abuse or neglect in order to avoid interference with an ongoing criminal investigation or prosecution.

The elder abuse fatality team's review may include a review of events leading up to the incident, available community resources, actions taken by systems and individuals related to the incident, and any other information deemed relevant to the team. The review team is directed to make policy and other recommendations, which include system improvements and necessary resources, training, or other information to prevent future incidents of elder abuse deaths. Each team is required to submit its findings and recommendations to the DOEA annually by September 1. By November 1 each year, the DOEA shall prepare a summary report of the information provided by the review teams, and submit the report to the Executive Office of the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Department of Children and Families.

The bill exempts a member of a review team in the performance of his or her duties as a review team member from monetary liability. Additionally, all information and records acquired by an elder abuse fatality review team are not subject to discovery or introduction into evidence in any civil or criminal action. The elder abuse fatality review teams are assigned to the Department of Elder Affairs for administrative purposes only.

⁶ Section 415.1102(2), F.S.

⁷ Section 415.1102(3), F.S.

⁸ There are currently 20 judicial circuits in Florida.

⁹ The bill provides for membership to include, but not be limited to, the following or their representatives: law enforcement agencies; the state attorney; the medical examiner; a county court judge; adult protective services; an Aging and Disability Resource Center; the State Long-Term Care Ombudsman program; the Agency for Health Care Administration; the Office of the Attorney General; the office of court administration; the clerk of the court; a victim services program; an elder law attorney; emergency services personnel; a certified domestic violence center; an advocacy organization for victims of sexual violence; a funeral home director; a forensic pathologist; a geriatrician; a geriatric nurse; a geriatric psychiatrist or other individual licensed to offer behavioral health services; a hospital discharge planner; a public guardian; and other persons with knowledge regarding fatal incidents of elder abuse, domestic violence, or sexual violence.

Section 2 adds elder abuse fatality review teams to the list of persons and entities authorized pursuant to s. 415.107(3), F.S., to have access to records concerning reports of abuse, neglect, or exploitation of a vulnerable adult, including reports made to the central abuse hotline, otherwise held confidential and exempt from s. 119.07(1), F.S.

Section 3 provides an effective date of July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Any public records or open meetings issues are addressed in SB 424.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Elder Affairs will incur additional costs associated with providing administrative support to the various elder abuse fatality review teams, and submitting the required annual report; however, these costs can be absorbed within existing resources. Other public agencies whose staff serve on the review teams may incur some costs.

VI. Technical Deficiencies:

The bill does not specify the appointing authority for the members of the review team. As a result, anyone that falls within the particular membership categories may “volunteer” to participate on the review team. This may raise concerns because the review team has access to information that is otherwise confidential and exempt from public disclosure.

VII. Related Issues:

The bill does not define the term “elder,” specifically the age at which a person is deemed to be an elder, which may lead to inconsistency in the cases a team chooses to review. Providing a definition of “elder” which establishes, at a minimum, the age of a person eligible for a team review will allow for more standardized comparability amongst the separate reports required to be submitted by each team.

VIII. Statutes Affected:

This bill creates section 415.1103 of the Florida Statutes.

The bill amends section 415.107 of the Florida Statutes.

IX. Additional Information:

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

Recommended PCS by Appropriations Subcommittee on Health and Human Services on January 10, 2018:

The PCS makes the following changes:

- Makes the establishment of an elder abuse fatality review team voluntary in each judicial circuit in Florida;
- Requires the scope of the review team be limited to closed cases in which abuse or neglect is verified;
- Requires the review teams to submit recommendations by September 1 annually to the DOEA;
- Requires the DOEA to compile the recommendations of the review teams into a single report to be submitted to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Department of Children and Families by November 1 annually; and
- Adds elder abuse fatality review teams to the list of persons and entities authorized pursuant to s. 415.107(3), F.S., to have access to records concerning reports of abuse, neglect, or exploitation of a vulnerable adult, including reports made to the central abuse hotline, otherwise held confidential and exempt from s. 119.07(1), F.S.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 415.1103, Florida Statutes, is created
to read:

415.1103 Elder abuse fatality review teams.—

(1) (a) An elder abuse fatality review team may be
established in each judicial circuit to review deaths of elderly
persons alleged or found to have been caused by, or related to,



634064

11 abuse or neglect.

12 (b) An elder abuse fatality review team may include, but is
13 not limited to, representatives from the following entities
14 within the review team's judicial circuit:

15 1. Law enforcement agencies;

16 2. The state attorney;

17 3. The medical examiner;

18 4. A county court judge;

19 5. Adult protective services;

20 6. The area agency on aging;

21 7. The State Long-Term Care Ombudsman Program;

22 8. The Agency for Health Care Administration;

23 9. The Office of the Attorney General;

24 10. The Office of the State Courts Administrator;

25 11. The clerk of the court;

26 12. A victim services program;

27 13. An elder law attorney;

28 14. Emergency services personnel;

29 15. A certified domestic violence center;

30 16. An advocacy organization for victims of sexual
31 violence;

32 17. A funeral home director;

33 18. A forensic pathologist;

34 19. A geriatrician;

35 20. A geriatric nurse;

36 21. A geriatric psychiatrist or other individual licensed
37 to offer behavioral health services;

38 22. A hospital discharge planner;

39 23. A public guardian; or



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40 24. Any other persons who have knowledge regarding fatal
41 incidents of elder abuse, domestic violence, or sexual violence,
42 including knowledge of research, policy, law, and other matters
43 connected with such incidents involving elders or who are
44 recommended for inclusion by the review team.

45 (c) A person eligible under paragraph (b) may initiate the
46 establishment of a team in his or her judicial circuit and call
47 the first organizational meeting of the team. The executive
48 director of the local area agency on aging shall appoint the
49 members of the team. At the initial meeting, members of the team
50 shall choose two members to serve as co-chairs.

51 (d) Participation in a review team is voluntary. Members of
52 the review team shall serve without compensation and may not be
53 reimbursed for per diem or travel expenses.

54 (e) Members shall serve for terms of 2 years, to be
55 staggered as determined by the co-chairs. Members may be
56 reappointed by the executive director of the local area agency
57 on aging but not for more than 3 consecutive terms. Chairs may
58 be reelected by a majority of the review team but not for more
59 than 2 consecutive terms.

60 (f) A review team shall determine the local operations of
61 the team, including, but not limited to, the process for case
62 selection, which shall be limited to closed cases, and the
63 meeting schedule, to include at least one meeting in each fiscal
64 year.

65 (g) Administrative costs of operating the review team shall
66 be borne by the team members or entities whom they represent.

67 (2) An elder abuse fatality review team must do all of the
68 following:



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69 (a) Review deaths of elderly persons in its judicial
70 circuit alleged or found to have been caused by, or related to,
71 abuse or neglect.

72 (b) Consider the events leading up to a fatal incident,
73 available community resources, current law and policies, and the
74 actions taken by systems and individuals related to the fatal
75 incident.

76 (c) Identify gaps, deficiencies, or problems in the
77 delivery of services to elderly persons by public and private
78 agencies which may be related to deaths reviewed by the team.

79 (d) Whenever possible, develop a communitywide approach to
80 address causes of and contributing factors to deaths reviewed by
81 the team.

82 (e) Develop practice standards and recommend changes in
83 law, rules, and policies to support the care of elderly persons
84 and prevent elder abuse deaths.

85 (f) Implement such recommendations and practice standards
86 to the extent possible.

87 (3) (a) Upon written request from a co-chair of a review
88 team, the following information or records pertaining to an
89 elderly person whose death is being reviewed by the team shall
90 be disclosed:

91 1. Information and records held by a criminal justice
92 agency, as defined in s. 119.011(4), not including active
93 criminal intelligence or investigative information, as defined
94 in s. 119.011(3).

95 2. Information and records from Adult Protective Services
96 pursuant to s. 415.107(3) (m).

97 3. An autopsy report from the Medical Examiner's Office,



634064

98 not including materials protected under s. 406.135.

99 (b) Review teams may share with each other any relevant
100 information that pertains to the review of the death of an
101 elderly person.

102 (c) A team member may not contact, interview, or obtain
103 information by request directly from a member of the deceased
104 elder's family as part of the review, unless a team member is
105 authorized to do so in the course of his or her employment
106 duties. A member of the deceased elder's family may voluntarily
107 provide records or information to a review team.

108 (4) (a) By September 1 of each year, each review team shall
109 submit a report to the Department of Elderly Affairs, including,
110 but not limited to:

111 1. Descriptive statistics regarding cases reviewed by the
112 review team, including demographic information regarding victims
113 and caregivers, and the causes and nature of deaths;

114 2. Current policies, procedures, rules, or statutes that
115 the review team identified as contributing to the incidence of
116 elder abuse and elder deaths, and recommendations for system
117 improvement and needed resources, training, or information
118 dissemination to address those identified issues;

119 3. Any other recommendations to prevent deaths from elder
120 abuse, based on an analysis of the data and information
121 presented in the report; and

122 4. Any steps taken by the review team and public and
123 private agencies to implement necessary changes and improve the
124 coordination of services and reviews.

125 (b) By November 1 of each year, the Department of Elderly
126 Affairs shall prepare a summary report of the information



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127 required by paragraph (a), which shall be provided to the
128 Governor, the President of the Senate, the Speaker of the House
129 of Representatives, and the Department of Children and Families.

130 (5) Information and records acquired by an elder abuse
131 fatality review team are not subject to discovery or
132 introduction into evidence in any civil or criminal action or
133 administrative or disciplinary proceeding by any state or local
134 government department or agency if the information or records
135 arose out of the matters that are the subject of review by a
136 review team, unless the information and records are not
137 discoverable from any other source. Information and records that
138 are available from other sources are not immune from discovery
139 or introduction into evidence solely because the information,
140 documents, or records were presented to or reviewed by a review
141 team.

142 (6) A person who has attended a meeting of the review team
143 or who has otherwise participated in the activities authorized
144 by this section may not be allowed or required to testify in any
145 civil, criminal, administrative, or disciplinary proceeding as
146 to any records or information produced or presented to a team
147 during a meeting or other activity authorized by this section,
148 unless such testimony is necessary to determine the records or
149 information that was available to the fatality review team.
150 However, this paragraph does not prevent any person who
151 testifies before the team or who is a member of the team from
152 testifying as to matters otherwise within his or her knowledge.

153 (7) There is no monetary liability on the part of, and a
154 cause of action for damages may not arise against, any member of
155 an elder abuse fatality review team in the performance of his or



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156 her duties as a review team member in regard to any discussions
157 by, or deliberations or recommendations of, the team or the
158 member, unless such member acted in bad faith, with wanton and
159 willful disregard of human rights, safety, or property.

160 (8) Elder abuse fatality review teams and their members may
161 not disclose any information that is confidential pursuant to
162 law.

163 Section 2. Paragraph (m) is added to subsection (3) of
164 section 415.107, Florida Statutes, to read:

165 415.107 Confidentiality of reports and records.—

166 (3) Access to all records, excluding the name of the
167 reporter which shall be released only as provided in subsection
168 (6), shall be granted only to the following persons, officials,
169 and agencies:

170 (m) An elder abuse fatality review team established under
171 s. 415.1103(1) that is reviewing the death of an elderly person.

172 Section 3. This act shall take effect July 1, 2018.

173
174 ===== T I T L E A M E N D M E N T =====

175 And the title is amended as follows:

176 Delete everything before the enacting clause
177 and insert:

178 A bill to be entitled
179 An act relating to elder abuse fatality review teams;
180 creating s. 415.1103, F.S.; authorizing the
181 establishment of elder abuse fatality review teams in
182 each judicial circuit; providing conditions for team
183 establishment and organization; specifying review team
184 duties; providing review teams with access to and use



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185 of records; requiring each review team to submit an
186 annual report by a certain date to the Department of
187 Elderly Affairs containing specified information;
188 requiring the department to prepare an annual report
189 by a certain date with such information to the
190 Governor, the Legislature, and the Department of
191 Children and Families; exempting certain information
192 and records from discovery; providing exceptions;
193 prohibiting a member from testifying about information
194 or records presented during meetings or activities of
195 the team; providing immunity from monetary liability
196 for members under certain conditions; prohibiting
197 review teams and review team members from disclosing
198 confidential information; amending s. 415.107, F.S.;
199 requiring that elder abuse fatality review teams be
200 granted access to certain records; providing an
201 effective date.



145162

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
	.	
	.	
	.	

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

1 **Senate Amendment to Amendment (634064) (with title**
2 **amendment)**

3
4 Delete lines 11 - 86
5 and insert:

6 abuse or neglect. The teams are housed, for administrative
7 purposes only, in the Department of Elderly Affairs.

8 (b) An elder abuse fatality review team may include, but is
9 not limited to, representatives from the following entities
10 within the review team's judicial circuit:



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- 11 1. Law enforcement agencies;
- 12 2. The state attorney;
- 13 3. The medical examiner;
- 14 4. A county court judge;
- 15 5. Adult protective services;
- 16 6. The area agency on aging;
- 17 7. The State Long-Term Care Ombudsman Program;
- 18 8. The Agency for Health Care Administration;
- 19 9. The Office of the Attorney General;
- 20 10. The Office of the State Courts Administrator;
- 21 11. The clerk of the court;
- 22 12. A victim services program;
- 23 13. An elder law attorney;
- 24 14. Emergency services personnel;
- 25 15. A certified domestic violence center;
- 26 16. An advocacy organization for victims of sexual
- 27 violence;
- 28 17. A funeral home director;
- 29 18. A forensic pathologist;
- 30 19. A geriatrician;
- 31 20. A geriatric nurse;
- 32 21. A geriatric psychiatrist or other individual licensed
- 33 to offer behavioral health services;
- 34 22. A hospital discharge planner;
- 35 23. A public guardian; or
- 36 24. Any other persons who have knowledge regarding fatal
- 37 incidents of elder abuse, domestic violence, or sexual violence,
- 38 including knowledge of research, policy, law, and other matters
- 39 connected with such incidents involving elders or who are



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40 recommended for inclusion by the review team.

41 (c) A person eligible under paragraph (b) may initiate the
42 establishment of a team in his or her judicial circuit and call
43 the first organizational meeting of the team. At the initial
44 meeting, members of the team shall choose two members to serve
45 as co-chairs.

46 (d) Participation in a review team is voluntary. Members of
47 the review team shall serve without compensation and may not be
48 reimbursed for per diem or travel expenses.

49 (e) Members shall serve for terms of 2 years, to be
50 staggered as determined by the co-chairs. Chairs may be
51 reelected by a majority of the review team but not for more than
52 2 consecutive terms.

53 (f) A review team shall determine the local operations of
54 the team, including, but not limited to, the process for case
55 selection, which must be limited to closed cases in which an
56 elderly person's death is verified to have been caused by abuse
57 or neglect, and the meeting schedule, to include at least one
58 meeting in each fiscal year.

59 (g) Administrative costs of operating the review team shall
60 be borne by the team members or entities whom they represent.

61 (2) An elder abuse fatality review team must do all of the
62 following:

63 (a) Review deaths of elderly persons in its judicial
64 circuit alleged or found to have been caused by, or related to,
65 abuse or neglect.

66 (b) Consider the events leading up to a fatal incident,
67 available community resources, current law and policies, and the
68 actions taken by systems and individuals related to the fatal



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69 incident.

70 (c) Identify gaps, deficiencies, or problems in the
71 delivery of services to elderly persons by public and private
72 agencies which may be related to deaths reviewed by the team.

73 (d) Whenever possible, develop a communitywide approach to
74 address causes of, and contributing factors to, deaths reviewed
75 by the team.

76 (e) Develop practice standards and recommend changes in
77 law, rules, and policies to support the care of elderly persons
78 and prevent elder abuse deaths.

79
80 ===== T I T L E A M E N D M E N T =====

81 And the title is amended as follows:

82 Delete line 182

83 and insert:

84 each judicial circuit housed, for administrative
85 purposes only, in the Department of Elderly Affairs;
86 providing conditions for team

By Senator Gibson

6-00430B-18

2018422__

A bill to be entitled

An act relating to elder abuse fatality review teams; creating s. 415.1103, F.S.; providing legislative findings; creating elder abuse fatality review teams in each judicial circuit housed, for administrative purposes only, in the Department of Elderly Affairs; providing for membership; specifying the duties of the review teams; providing immunity from liability for acts conducted in furtherance of a review team's duties; prohibiting a review team and its members from disclosing certain information; exempting certain information and records acquired by a review team from discovery or introduction into evidence in specified actions or proceedings; providing an exception; prohibiting a person from being required to testify regarding records or information produced or presented during meetings or other activities of a review team; providing an exception; requiring each judicial circuit to organize by public notice the review team's initial meeting; providing requirements for the initial meeting; providing an effective date.

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

Section 1. Section 415.1103, Florida Statutes, is created to read:

415.1103 Elder abuse fatality review teams.-

(1) The Legislature finds that elder abuse is a serious issue and that fatality review teams raise awareness in the

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

6-00430B-18

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community of the serious nature and potential lethality of elder abuse in this state, support the enactment of protections and reforms that will help prevent abuse-related deaths in the future, and help ensure that victims of elder abuse receive needed services.

(2) Effective December 31, 2018, an elder abuse fatality review team must be established in each judicial circuit to review the facts and circumstances in cases involving abuse-related deaths. The teams shall be housed, for administrative purposes only, in the Department of Elderly Affairs.

(3) The elder abuse fatality review teams are composed of volunteers, each of whom shall serve without compensation for a term of 2 years. The review team membership may include, but is not limited to, the following or their representatives:

(a) Law enforcement agencies.

(b) The state attorney.

(c) The medical examiner.

(d) A county court judge.

(e) Adult protective services.

(f) The Aging and Disability Resource Center.

(g) The State Long-Term Care Ombudsman Program.

(h) The Agency for Health Care Administration.

(i) The Office of the Attorney General.

(j) The office of court administration.

(k) The clerk of the court.

(l) A victim services program.

(m) An elder law attorney.

(n) Emergency services personnel.

(o) A certified domestic violence center.

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59 (p) An advocacy organization for victims of sexual
 60 violence.
 61 (q) A funeral home director.
 62 (r) A forensic pathologist.
 63 (s) A geriatrician.
 64 (t) A geriatric nurse.
 65 (u) A geriatric psychiatrist or other individual licensed
 66 to offer behavioral health services.
 67 (v) A hospital discharge planner.
 68 (w) A public guardian.
 69 (x) Other persons who have knowledge regarding fatal
 70 incidents of elder abuse, domestic violence, or sexual violence,
 71 including knowledge of research, policy, law, and other matters
 72 connected with such incidents or who are recommended for
 73 inclusion by the review team.
 74 (4) Each elder abuse fatality review team shall do all of
 75 the following:
 76 (a) Limit its review to cases that have been closed, to
 77 avoid interference with or influencing the outcome of an ongoing
 78 criminal investigation or prosecution.
 79 (b) Determine the number of cases it will review in which
 80 an elderly person's death is verified to have been caused by
 81 abuse or neglect.
 82 (c) After reviewing those cases, make policy and other
 83 recommendations as to how incidents of abuse-related fatalities
 84 may be prevented.
 85 (d) Submit its recommendations to the Office of the
 86 Governor, the President of the Senate, the Speaker of the House
 87 of Representatives, the Department of Children and Families, and

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88 the Department of Elder Affairs.
 89 (5) (a) The elder abuse fatality review teams must be
 90 provided access to any information or records contained in a
 91 closed file that pertains to an elder whose death is subject to
 92 review by a team, including information or records from a law
 93 enforcement agency, which are determined necessary for the team
 94 to carry out its duties.
 95 (b) The review teams shall review the events leading up to
 96 a fatal incident, available community resources, the actions
 97 taken by systems and individuals related to the fatal incident,
 98 and any other information deemed relevant by the team.
 99 (6) There is no monetary liability on the part of, and a
 100 cause of action for damages may not arise against, any member of
 101 an elder abuse fatality review team in the performance of his or
 102 her duties as a review team member.
 103 (7) Elder abuse fatality review teams and their members may
 104 not disclose any information that is not otherwise a public
 105 record.
 106 (8) Information and records acquired by an elder abuse
 107 fatality review team are not subject to discovery or
 108 introduction into evidence in any civil or criminal action or
 109 administrative or disciplinary proceeding by any department or
 110 employing agency if the information or records arose out of
 111 matters that are the subject of evaluation and review by the
 112 elder abuse fatality review team. However, information,
 113 documents, and records that are available from other sources are
 114 not immune from discovery or introduction into evidence solely
 115 because the information, documents, or records were presented to
 116 or reviewed by a review team. A person who has attended a

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6-00430B-18

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117 meeting of an elder abuse fatality review team may not be
118 required to testify in any civil, criminal, administrative, or
119 disciplinary proceedings as to any records or information
120 produced or presented to the team during meetings or other
121 activities authorized by this section. However, review team
122 members may be required to testify as to matters otherwise
123 within their personal knowledge.

124 (9) The chief judge or his or her representative from each
125 judicial circuit shall provide public notice of the initial
126 meeting of the review team in its circuit. At the initial
127 meeting, the volunteers shall choose two members who shall serve
128 as co-chairs of the review team. The co-chairs shall determine
129 the frequency of the meetings in the circuit and submit the
130 team's recommendations as provided in paragraph (4) (d).

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

APPEARANCE RECORD

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

1/10/18
Meeting Date

SB 422

Bill Number (if applicable)

145162

Amendment Barcode (if applicable)

Topic Elder Abuse Fatality Review Teams

Name Linda Levin

Job Title CEO, Eldersource

Address 10688 Old St. Augustine Rd

Phone 904 391 6610

Street

Jacksonville

FL

State

32257

Zip

Email linda.levin@myeldersource.org

City

Speaking: For Against Information

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

Representing FL. Association of Area Agencies on Aging

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)

10 JAN 2018
Meeting Date

422
Bill Number (if applicable)

Topic ELDER ABUSE REVIEW TEAMS

634064
Amendment Barcode (if applicable)

Name PAUL JESS

Job Title _____

Address 218 S. MONROE ST
Street

Phone 850 224-9403

TALLAHASSEE
City

Email _____

Speaking: For Against Information ^{State} IF REQUESTED - ^{Zip} OTHERWISE

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

Representing FLORIDA JUSTICE 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.

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/10/18
Meeting Date

SB 422
Bill Number (if applicable)

Topic Elder Abuse Fatality Review

Amendment Barcode (if applicable)

Name Zayne Smith

Job Title Associate State Director

Address 200 W. College Ave
Street

Phone 850 228-4243

Tally
City

FL
State

32301
Zip

Email Zsmith@aarpa.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.

S-001 (10/14/14)

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 444

INTRODUCER: Health Policy Committee and Senator Bean

SUBJECT: Pregnancy Support Services

DATE: January 9, 2018 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Stovall</u>	<u>HP</u>	Fav/CS
2.	<u>Loe</u>	<u>Williams</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 444 creates s. 381.96, F.S., to codify the existing Pregnancy Support Services program (program) which has been funded by the state since the 2005-2006 fiscal year. The program provides pregnancy support and wellness services, such as direct client services, program awareness activities, and communication activities, through a statewide alliance of community organizations. The bill directs the Department of Health (DOH) to contract with the Florida Pregnancy Care Network (network) and specifies contract deliverables for the program, including financial reports, staffing requirements, and timeframes for achieving obligations. The network is to contract only with providers that exclusively promote and support childbirth.

The bill has no impact on state revenues or expenditures.

The bill takes effect on July 1, 2018.

II. Present Situation:

Florida's Birth Rate

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

The state's infant mortality rate slightly increased to 6.2 infant deaths per 1,000 live births in 2015, and then back down to 6.1 for 2016 after reaching its lowest rate in Florida's history of 6.0 in 2014.³ As the DOH notes in its *Florida Vital Statistics Annual Report-2015*, this represents less than half of the state's resident infant mortality rate of 1980.⁴ The most frequently cited causes of resident infant fatality in 2015, and the numbers reported were:

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

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

The Florida Pregnancy Care Network

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

¹ United States Census Bureau, *American Fact Finder - Selected Characteristics in the United States, 2011-2015 American Community Survey 5-Year Estimates*, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_DP02&src=pt (last visited Oct. 27, 2017).

² Florida Department of Health, *Pregnancy and Young Child Profile – 2015*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.PregnancyandYoungChild> (last visited Oct. 27, 2017).

³ Florida Department of Health, *FL Health Charts, Infant Deaths Data – Per 1,000 Live Births Single Year Rates*, <http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx> (last visited Oct. 27, 2017).

⁴ Florida Department of Health, *Florida Vital Statistics Annual Report 2015, Executive Summary*, p. vi, <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx> (last visited Oct. 30, 2017).

⁵ Id.

⁶ Id.

⁷ Section 501(c)(3) of the Internal Revenue Code. Organizations described in this section are commonly referred to as charitable organizations.

⁸ I.R.S., Form 990, Return of Organization Exempt from Income Tax (2015) – Florida Pregnancy Care Network, Inc., Part I, Summary of organization's mission or most significant activities, *see profile at* <https://www.guidestar.org/profile/20-3707766> (last visited Oct. 30, 2017).

⁹ Id.

Florida Pregnancy Support Services Program

The network administers the Florida Pregnancy Support Services Program (program) through a contract with the DOH. The program has received continuous state funding since the 2005-2006 fiscal year, including a \$4 million appropriation from the General Revenue Fund for the 2017-2018 fiscal year.¹⁰

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

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

Financial reimbursement through this contract is made to a minimum of 45 local pregnancy resource organizations for services to pregnant women and their families.¹⁴ While many participating organizations may be faith-based, they are not permitted to share religious information and contracting entities must ensure that they will strictly adhere to this regulation.¹⁵ The program also provides a statewide toll free number¹⁶ that is available 24/7 via phone or text message, and a website that can also connect women and their families to available resources.¹⁷ All services are available to women and their families free of charge and can continue for up to 12 months after the birth of the child.

Pregnant women and their families may use the program to prepare for pregnancy, childbirth, and parenting. The program offers free counseling and classes that cover these topics as well as nutrition and infant care. Participants may also receive items such as maternity and baby clothing, diapers, formula and baby food, baby bath items, cribs and infant carriers by

¹⁰ Chapter 2017-70, Specific Appropriation 445, Laws of Fla.

¹¹ Id.

¹² Id.

¹³ Contract between the State of Florida, Department of Health and Florida Pregnancy Care Network, Inc., pp. 16-22, July 1, 2017 – June 30, 2018, (Agency Contract ID# COHN6). For a copy of the contract, visit the Florida Accountability Contract Tracking System at: <https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=640000&ContractId=COHN6> (last visited Oct. 30, 2017).

¹⁴ Id at 9.

¹⁵ Id at 10.

¹⁶ The toll-free Option Line number is 1-866-673-HOPE (4673) or participants can text the word "choice" to 313131.

¹⁷ Florida Pregnancy Support Services, *I Might Be Pregnant* <http://www.floridapregnancysupportservices.com/i-might-be-pregnant/> (last visited Oct. 30, 2017).

participating in on-site classes and training.¹⁸ For Fiscal Year 2016-2017, the program served 27,011 clients for pregnancy services and 1,615 for wellness services. In the prior fiscal year, the program served 24,184 total clients.¹⁹

Background Screenings for Qualified Entities

The current contract between the DOH and the network requires all paid staff and volunteers to have a state and national criminal background check as described below if the staff or volunteer provides direct services to minors, the elderly, or individuals with disabilities.²⁰ If it is the individual's initial screening, the screening must include fingerprint checks through the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI).²¹ Currently, the DOH and the program utilize an existing User Agreement held by the DOH with the FBI to conduct these screenings. The results of those screenings are returned to the DOH, not the individual network subcontractors.²²

The public may access Florida criminal history information under s. 943.053, F.S., at the cost of \$24.00 per record through the FDLE. A Level 1 background check in Florida is a state only name-based check and an employment history check. A Level 2 check includes a state and national fingerprint-based check and consideration of disqualifying offenses, and applies to statutorily designated employees who hold a position of trust and responsibility only.²³

Under s. 943.0542, F.S., certain businesses and organizations that provide care or care placement services, or licenses or certifies to provide care or care placement services, may have access to criminal history information from the FDLE after registering with the FDLE and payment of any fees. The qualified entity²⁴ must submit fingerprints to the FDLE with its request for screening and maintain a signed waiver allowing the release of the state and national criminal history record to the qualified entity. The amount of the fee is set by the FBI for the national criminal history check in compliance with the National Child Protection Act of 1993, as amended.

The national criminal history data is available only for the purpose of screening employees and volunteers or persons applying to be employees or volunteers. The FDLE will provide the information directly to the qualified entity as permitted by a written waiver. Whether the individual is fit to be an employee or volunteer around children, the disabled, or the elderly is for the qualified entity to determine; the FDLE will not make that determination. The qualified

¹⁸ Florida Pregnancy Support Services, *I Am Pregnant and Considering Terminating My Pregnancy*, <http://www.floridapregnancysupportservices.com/i-am-pregnant-and-need-help/> (last visited Oct. 30, 2017).

¹⁹ Email from Bryan Wendel, Florida Department of Health, (Oct. 31, 2017) (on file with the Senate Committee on Health Policy).

²⁰ Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.

²¹ *Id.*

²² Email from Bryan Wendel, Florida Department of Health, (Nov. 7, 2017) (on file with the Senate Committee on Health Policy).

²³ Florida Dep't of Law Enforcement, *Criminal History Record Checks/Background Checks Fact Sheet* (July 26, 2017), pp. 4-5, https://www.fdle.state.fl.us/cms/Criminal-History-Records/Documents/BackgroundChecks_FAQ.aspx (last visited Nov. 7, 2017).

²⁴ Federal law defines a "qualified entity" as a business or organization, whether public, private, for-profit, not-for-profit, or voluntary, that provides care or care placement services, including a business or organization that licenses or certifies others to provide care or care placement services. "Care" means the provision of care, treatment, education, training, instruction, supervision, or recreation for children, the elderly, or individuals with disabilities. *See* 42 U.S.C. §5119c.

entity must notify the screened individual of his or her right to obtain a copy of the screening report as well as any criminal records.

III. Effect of Proposed Changes:

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

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

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

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

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

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

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

C. Government Sector Impact:

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

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

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

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

²⁵ Florida Department of Law Enforcement, *Criminal History Record Check Fee Schedule* (Effective October 1, 2016) https://www.fdle.state.fl.us/cms/Criminal-History-Records/Documents/BackgroundChecks_FAQ.aspx, p. 8, (last visited Oct. 30, 2017)

²⁶ Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.

²⁷ *Supra* note 10.

²⁸ Contract between the DOH and the Florida Pregnancy Care Network, Inc., *Supra* note 13, at 9.

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

VIII. Statutes Affected:

This bill creates section 381.96 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on November 7, 2017:

The CS removes immunizations from the list of enumerated wellness services that may be provided by the network's subcontracted providers. The CS also adds wellness services to the services for which the DOH shall contract with the network.

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senator Bean

588-01112-18

2018444c1

1 A bill to be entitled
 2 An act relating to pregnancy support services;
 3 creating s. 381.96, F.S.; providing definitions;
 4 requiring the Department of Health to contract with a
 5 not-for-profit statewide alliance of organizations to
 6 provide pregnancy support and wellness services
 7 through subcontractors; providing duties of the
 8 department; providing contract requirements; requiring
 9 the contractor to spend a specified percentage of
 10 funds on direct client services; providing for
 11 subcontractor background screenings under certain
 12 circumstances; requiring the contractor to annually
 13 survey subcontractors; specifying the entities
 14 eligible for a subcontract; requiring services to be
 15 provided in a noncoercive manner; forbidding the
 16 inclusion of faith-based content in informational
 17 materials; providing an effective date.
 18
 19 Be It Enacted by the Legislature of the State of Florida:
 20
 21 Section 1. Section 381.96, Florida Statutes, is created to
 22 read:
 23 381.96 Pregnancy support services.—
 24 (1) DEFINITIONS.—As used in this section, the term:
 25 (a) "Department" means the Department of Health.
 26 (b) "Eligible client" means a pregnant woman or a woman who
 27 suspects that she is pregnant, and the family of such a woman,
 28 who voluntarily seeks pregnancy support services. The period of
 29 eligibility may continue for, but may not exceed, 12 months

Page 1 of 4

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

588-01112-18

2018444c1

30 after the birth of the child.
 31 (c) "Florida Pregnancy Care Network, Inc.," or "network"
 32 means the not-for-profit statewide alliance of pregnancy support
 33 organizations that provide pregnancy support services through a
 34 comprehensive system of care to women and their families.
 35 (d) "Pregnancy support services" means services that
 36 promote and encourage childbirth, including, but not limited to:
 37 1. Direct client services, such as pregnancy testing,
 38 counseling, referral, training, and education for pregnant women
 39 and their families.
 40 2. Program awareness activities, including a promotional
 41 campaign to educate the public about the pregnancy support
 42 services offered by the network and a website that provides
 43 information on the location of providers in the user's area, as
 44 well as other available community resources.
 45 3. Communication activities, including the operation and
 46 maintenance of a hotline or call center with a single statewide
 47 toll-free telephone number which is available 24 hours a day for
 48 an eligible client to obtain the location and contact
 49 information for a pregnancy center located in his or her area.
 50 (e) "Wellness services" means services or activities
 51 intended to maintain and improve health or prevent illness and
 52 injury, including, but not limited to, high blood pressure
 53 screening, anemia testing, thyroid screening, cholesterol
 54 screening, diabetes screening, and assistance with smoking
 55 cessation.
 56 (2) DEPARTMENT DUTIES.—The department shall contract with
 57 the network for the management and delivery of pregnancy support
 58 and wellness services to eligible clients.

Page 2 of 4

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588-01112-18

2018444c1

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

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

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

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

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

79 (e) Require a background screening, as provided in s.
 80 943.0542, for all paid staff and volunteers of a subcontractor
 81 if such staff or volunteers provide direct client services to an
 82 eligible client who is a minor or an elderly person or who has a
 83 disability.

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

87 (g) Subcontract only with providers that exclusively

Page 3 of 4

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588-01112-18

2018444c1

88 promote and support childbirth.

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

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

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

Page 4 of 4

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



The Florida Senate

Committee Agenda Request

To: Senator Anitere Flores, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: November 9, 2017

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

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

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

Senator Aaron Bean
Florida Senate, District 4

APPEARANCE RECORD

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

01/10/2018

SB 444

Meeting Date

Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Crishelle Bailey

Job Title

Address 1510 Wahnish Way

Phone

Street

Tallahassee

FL

32307

City

State

Zip

Email

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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)

11/10/18

Meeting Date

SB 444

Bill Number (if applicable)

Topic CRISIS pregnancy center bill

Amendment Barcode (if applicable)

Name Leor Tal

Job Title

Address 2636 mission rd apt 51

Phone 352-348-1076

Street

Tallahassee

FL

32304

Email leor-tal@hotmail.com

City

State

Zip

Speaking: [] For [] Against [] Information

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

Representing Florida NOW

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

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

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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

1-10-18
Meeting Date

SB 444
Bill Number (if applicable)

Topic Crisis Pregnancy Centers

Amendment Barcode (if applicable)

Name Barbara Devane

Job Title Ms

Address 1625 E. Bevard St

Phone 850-251-4280

Tallahassee FL 32308
City State Zip

Email barbadevane1@yahoo.com

Speaking: For Against Information

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

Representing FL NOW

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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1/10/18
Meeting Date

444
Bill Number (if applicable)

Topic PREGNANCY SUPPORT SVCS

Amendment Barcode (if applicable)

Name CHARO VALERO

Job Title STATE POLICY DIR

Address 8325 NE 82ND AVE
Street

Phone 786 442 8199

Miami FL 33137
City State Zip

Email CHARO@LATINA INSTITUTE.ORG

Speaking: For Against Information

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

Representing FL LATINA ADVOCACY NETWORK

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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1/10/18
Meeting Date

444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Ingrid Delgado

Job Title Associate for Social Concerns & Respect Life

Address 201 W Park Ave. Phone _____

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 Conference of Catholic Bishops

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)

1/10/18

Meeting Date

444

Bill Number (if applicable)

Topic SB 444

Amendment Barcode (if applicable)

Name Kimberly Scott

Job Title Legislative Manager

Address 2300 N FL. Mango Road

Phone 561.296.4952

Street

West Palm Beach FL 33409

City

State

Zip

Email Kimberly.Scott@ppsenat.org

Speaking: [] For [] Against [] Information

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

Representing FL Alliance of Planned Parenthood Affiliates

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

Lobbyist registered with Legislature: [x] 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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11/10/2018

Meeting Date

SB 444

Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Lakey Love

Job Title Student - Florida State University

Address 1511 Melan Street

Phone

Street

Tallahassee, FL 32301

City

State

Zip

Email

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

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

Representing

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

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

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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10-Jan-18

Meeting Date

444

Bill Number (if applicable)

Topic Expenditure of funds on Counseling Centers Amendment Barcode (if applicable)

Name Ken Hays

Job Title Concerned Citizen

Address 1935 Nanticoke Circle

Street

Tallahassee FL 32303

City

State

Zip

Phone

Email

Speaking: For Against Information

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

Representing

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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Meeting Date

SB 444
Bill Number (if applicable)

Topic SB 444 Pregnancy Support Services

Amendment Barcode (if applicable)

Name Stephen Downey

Job Title

Address 132 Ferndale DR

Phone 615 972-0306

Street

Tallahassee FL

32301

Email sdowney2002@comcast.net

City

State

Zip

Speaking: For Against Information

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

Representing

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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11/10/18
Meeting Date

SB 444
Bill Number (if applicable)

Topic PREGNANCY SUPPORT SERVICES

Amendment Barcode (if applicable)

Name Phil Moore

Job Title MEDICAL DEVICE INSTRUCTOR

Address 3700 2ND AVE

Phone 321-693-5404

GRANT FL 32950
City State Zip

Email @COACHTRIPHIL@gmail.com

Speaking: For Against Information

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

Representing SELF & SUPPORT FOR WOMEN'S RIGHT TO CHOOSE

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

1-10-2018

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

SB 444

Meeting Date

Bill Number (if applicable)

Topic crisis pregnancy centers

Amendment Barcode (if applicable)

Name Stephanie Owens

Job Title Legislative Advocate

Address 2507 CALLAWAY Rd Ste 102A

Phone 927.639.1243

Street

TALLAHASSEE FL 32303

Email LNYFADVOCACY@gmail.com

City

State

Zip

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

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

Representing LEAGUE OF WOMEN VOTERS OF FLORIDA

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

Lobbyist registered with Legislature: Yes [] No []

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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

1-10-2018
Meeting Date

SB444
Bill Number (if applicable)

Topic CPC

Amendment Barcode (if applicable)

Name Barbara Frey

Job Title _____

Address 1518 Wekewa Nene

Phone (850) 877-8577

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 self

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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

10 Jan 2018
Meeting Date

SB 444
Bill Number (if applicable)

Topic CPC

Amendment Barcode (if applicable)

Name Rebecca Morris

Job Title

Address 3723 Fermanagh Ct
Street Tallahassee FL 32309
City State Zip

Phone 850 322 2893

Email

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

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

Representing self

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

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

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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1/10/18
Meeting Date

SB 444
Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Darcy Ward

Job Title Certified Nurse - Midwife

Address 1951 N. Meridian Rd, Unit 41

Phone (651) 249-8173

Street

Tallahassee

FL

32303

City

State

Zip

Email

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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1/10/18

Meeting Date

SB 444

Bill Number (if applicable)

Topic Pregnancy support services

Amendment Barcode (if applicable)

Name Haley Gentile

Job Title Victim Advocate

Address 2064 Holmes Street

Phone 239-210-8923

Tallahassee FL 32310

Email

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

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

Representing myself

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

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

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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1.10.18 Meeting Date

SB444 Bill Number (if applicable)

Topic Pregnancy Support Services

Amendment Barcode (if applicable)

Name Shelby Mantay

Job Title

Address 2424 W Tharpe St S; Street

Phone 850-363-3675

Tallahassee FL 32303 City State Zip

Email Mantay.Shelby@gmail.com

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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)

1.10.18

Meeting Date

SB 444

Bill Number (if applicable)

Topic PREGNANCY SUPPORT SERVICES

Amendment Barcode (if applicable)

Name MS JAYE SCHMUS

Job Title N/A

Address 3220 WESTGATE CT #19

Phone 850.901.1599

Street

TALLAHASSEE

FL

32304

Email jschmus72@gmail.com

City

State

Zip

Speaking: For Against Information

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

Representing myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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S-001 (10/14/14)

APPEARANCE RECORD

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

1/10/18
Meeting Date

SB444
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Paris Wilson

Job Title _____

Address 1410 Wahnish way
Street

Phone 517-331-3562

Tallahassee FL 32307
City State Zip

Email paris1.wilson@famv.edu

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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APPEARANCE RECORD

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

1/10/18

Meeting Date

SB 444

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Imani Hutchinson

Job Title _____

Address 1410 Wannish Way

Phone 205-422-0860

Street Tallahassee

City Tallahassee

State FL

State FL

Zip 32307

Zip 32307

Email imaniKK1999@gmail.com

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

1/10/18

Meeting Date

SB444

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

XName

Sankhya Olafunji

Job Title

XAddress

1510 Wahnish Way

Street

XPhone

818 858 6069

Tallahassee

City

FL

State

32307

Zip

XEmail

Kiya.olafunji@gmail.com

Speaking:

For

Against

Information

Waive Speaking:

In Support

Against

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

Representing

Myself

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

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)

1/10/18
Meeting Date

SB 244
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Asia Poran-Johnson

Job Title _____

Address 221 Palmetto Street, 154-6
Street

Phone 912-944-8628

Tallahassee FL 3
City State Zip

Email Asia.Poran-Johnson

Speaking: For Against Information

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

Representing Myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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

1-18

Meeting Date

SB 444

Bill Number (if applicable)

Topic Programs to Support Pregnant Women

Amendment Barcode (if applicable)

Name Sara Smith

Job Title RN - Retired

Address 1134 Circe Dr.

Street

Phone 831-246-2887

Tallahassee, FL

City

State

32301

Zip

Email sarasmith@gmail.com

Speaking: For Against Information

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

Representing self

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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)

1-10-2018
Meeting Date

SB444
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Anne Wilde

Job Title retired educator

Address 9101 Milwaukee Rd
Street

Phone _____

Tallahassee F 32309
City State Zip

Email _____

Speaking: For Against Information

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

Representing myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE

APPEARANCE RECORD

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

1/10/18

Meeting Date

444

Bill Number (if applicable)

Topic PREGNANCY SUPPORT SERVICES

Amendment Barcode (if applicable)

Name BILL BUNKLEY

Job Title PRESIDENT

Address PO BOX 341644

Phone 813.264.2977

Street

Tampa FL 33694

City

State

Zip

Email

Speaking: [] For [] Against [] Information

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

Representing FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

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

Lobbyist registered with Legislature: [x] 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)

1/10/18
Meeting Date

SB444
Bill Number (if applicable)

Topic FPSSP

Amendment Barcode (if applicable)

Name Kimberly Nelson

Job Title Exec. Director PLGC

Address 1344 Constitution PL W

Phone 850 251-7027

Street

TLH

City

FL

State

32308

Zip

Email Kimberly9277@aol.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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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)

1 | 10 | 2018
Meeting Date

SR444
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

XName DANIELLE BEDARD

Job Title _____

XAddress 425 E 8TH AVE

Phone 850 980 0803

Street

TALLAHASSEE FL 32303

Email _____

City

State

Zip

Speaking: For Against Information

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

Representing MYSELF

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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S-001 (10/14/14)

APPEARANCE RECORD

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

11/10/08

Meeting Date

5444

Bill Number (if applicable)

Topic CRISIS PREGNANCY CENTERS

Amendment Barcode (if applicable)

Name JOHN HEDRICK

Job Title CHAIR, LEGISLATIVE COMMITTEE

Address P.O. BOX 5583

Phone 850-339-5462

Street

TALLAHASSEE FLA 32314

Email JOHN.HEDRICK@YAHOO.COM

City

State

Zip

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

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

Representing LEON COUNTY DEMOCRATIC PARTY

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

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

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)

1/10/18
Meeting Date

SB 444
Bill Number (if applicable)

Topic FPSSP

Amendment Barcode (if applicable)

Name RYAN SPRAGUE

Job Title CEO, Pregnancy Help & Information Center

Address 1710 S. Gadsden St.
Street

Phone 850 222 7177

TLH 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 ~~FPSSP~~ myself

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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 450

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

SUBJECT: Mental Health and Substance Use Disorders

DATE: January 9, 2018

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Fav/CS
2.	<u>Sneed</u>	<u>Williams</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 450 promotes the use of peer specialists for recovery support in behavioral health care. A “peer specialist” is an individual who has been in recovery from a substance use disorder or mental illness or a family member or caregiver who supports a person with a current substance use disorder or mental illness.

The bill revises background screening requirements for peer specialists and requires a peer specialist to be certified, or be supervised by a licensed behavioral care professional or another certified peer specialist. The bill codifies existing training program and certification requirements for peer specialists provided by the Department of Children and Families.

The overall fiscal impact of the bill on state expenditures is indeterminate. To the extent the bill increases the number of peer specialists available to provide services and providers substitute those services for other more costly behavioral health services, the state may experience lower costs for mental health and substance abuse treatment. On the other hand, to the extent such services are in addition to current services, the state may incur additional costs for such treatment. The Department of Children and Families will incur minimal costs, which can be absorbed within existing department resources, to update its in-house background screening database.

The bill takes effect July 1, 2018.

II. Present Situation:

Behavioral Health Workforce Shortage

Workforce issues for providers of substance use disorder and mental illness treatment and recovery services, which have been of concern for decades, have taken on a greater sense of urgency with the passage of recent parity and health reform legislation.¹ The Affordable Care Act increased the number of people who are eligible for health care coverage, including behavioral health services. In addition, as screening for mental illness and substance abuse becomes more frequent in primary care, more people will need behavioral health services. Furthermore, workforce shortages will be impacted by additional demands that result from: (1) a large number of returning veterans in need of services; and (2) new state re-entry initiatives to reduce prison populations, a large majority of whom have mental or substance use disorders.²

Shortages of qualified behavioral health workers, recruitment and retention of staff, and an aging workforce have long been cited as problems. Lack of workers in rural areas and the need for a workforce more reflective of the racial and ethnic composition of the U.S. population create additional barriers to accessing care for many. Recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering or remaining in the field. In addition, the misunderstanding and prejudice of persons with mental and substance use disorders can negatively affect the use of peer specialists.

Opioid Crisis

Florida has experienced an exponential growth in overdoses and deaths from overdoses from opioids.³ In 2016, Florida had 53,180 deaths from overdoses of legal and illegal opioids.⁴ The overdoses and deaths have significant social and economic impact to the state. For example, families are negatively impacted as more children must be removed from their homes due to substance use by parents.

On May 3, 2017, Governor Rick Scott, following the declaration of a national opioid epidemic by the Centers for Disease Control and Prevention (CDC), signed Executive Order 17-146 declaring a public health emergency across the state for the opioid epidemic in Florida.⁵ The Executive Order allowed the state to immediately draw down more than \$27 million in federal grant funding from the U.S. Department of Health and Human Services Opioid State Targeted Response Grant to provide prevention, treatment and recovery support services. In addition, Florida's Surgeon General Dr. Celeste Philip issued a standing order to pharmacists in Florida to

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. January 24, 2013. Available at: <https://store.samhsa.gov/shin/content/PEP13-RTC-BHWOR/PEP13-RTC-BHWOR.pdf> (last visited Nov. 2, 2017).

² *Id.*

³ Jim Hall, Senior Epidemiologist, Center for Applied Research on Substance Use and Health Disparities, Nova Southeastern University. Presentation to the Senate Appropriations Subcommittee on Health and Human Services, Oct. 25, 2017. Available at http://www.flsenate.gov/PublishedContent/Committees/2016-2018/AHS/MeetingRecords/MeetingPacket_3987.pdf (last visited Nov. 2, 2017).

⁴ *Id.*

⁵ Office of the Governor, Executive Order number 17-146. Available at <http://www.flgov.com/wp-content/uploads/2017/05/17146.pdf> (last visited Nov. 2, 2017).

dispense Naloxone to emergency responders (law enforcement officers, firefighters, paramedics, and emergency medical technicians) to treat individuals showing signs of opioid overdose.

Use of Peer Specialists

Research has shown that recovery from a substance use disorder or mental illness is facilitated by the use of social support provided by peers.⁶ The most recognized form of peer support is the 12-step programs of Alcoholic Anonymous and Narcotic Anonymous. More recently, peers or peer specialists, have been used to assist persons with serious mental illnesses.⁷

Research has identified four types of social support provided by peers:

- Emotional - where a peer demonstrates empathy, caring or concern to bolster a person's self-esteem. This is often provided by peer mentoring or peer-led support groups.
- Informational - where a peer shares knowledge and information to provide life or vocational skills training. Examples include parenting classes, job readiness training, and wellness seminars.
- Instrumental - where a peer provides concrete assistance to help others accomplish tasks. Examples include child care, transportation and help accessing health and human services.
- Affiliational - where a peer facilitates contacts with other people to promote learning of social skills, create a sense of community, and acquire a sense of belonging. Examples include staffing recovery centers, sports league participation, and alcohol or drug free socialization.⁸

The Department of Children and Families (department) Florida Peer Services Handbook defines a peer as an individual who has life experience with a mental health and/or substance use condition.⁹ Current department guidelines recommend that an individual be in recovery for at least two years to be considered for peer specialist training. In Florida, family members or caregivers may also be certified as peer specialists.

The Florida Certification Board currently offers certification with three distinct endorsements for individuals with lived experience who wish to become certified as Peer Specialists. General requirements for certification include being age 18 or older, achieving minimum education of high school diploma or equivalent, passing background screening, completing a minimum of 40 hours of training, and passing a competency exam.¹⁰

⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. What Are Peer Recovery Support Services? Available at <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf> (last visited Nov. 2, 2017).

⁷ National Public Radio. In Texas, People with Mental Illness Are Finding Work Helping Peers. July 11, 2017. <http://www.npr.org/sections/health-shots/2017/07/11/536501069/in-texas-people-with-mental-illness-are-finding-work-helping-peers> (last visited Nov. 2, 2017).

⁸ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. What Are Peer Recovery Support Services? Available at <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf> (last visited Nov. 2, 2017).

⁹ Department of Children and Families, Florida Peer Services Handbook. Available at <http://www.myflfamilies.com/service-programs/substance-abuse/publications> (last visited Nov. 2, 2017).

¹⁰ SB 450 Department of Children and Families Bill Analysis. Oct. 11, 2017. On file with the Senate Committee on Children, Families and Elder Affairs.

Barriers to the Use of Peer Specialists

Currently, there is a shortage of peer specialists working within behavioral health services. As of June 2017, there were 418 individuals with active certification through the Florida Certification Board.¹¹

There are two principal barriers to the use of peer specialists. First, peer specialists often cannot pass background screening requirements in ss. 435.04 and 408.809, F.S. Persons who have recovered from a substance use disorder or mental illness often have a criminal history.¹² Common offenses may include using and selling illegal substances, prostitution, or financial fraud. Section 435.04, F.S., allows a person with a disqualifying offense identified through background screening to apply to the respective state agency head (the Secretary of the Department of Children and Families or the Secretary of the Agency for Health Care Administration) for an exemption if it has been three or more years since the person's conviction. The applicant must produce all court records regarding the convictions, letters of recommendation, evidence of their rehabilitation, education, and employment, and must also complete a questionnaire. The requirements for this exemption often deter persons from becoming peer specialists.

Second, only recently have peer specialists been reimbursed as a behavioral health care service. Medicaid billing for peer support services began in Georgia in 1999 and quickly expanded nationally in 2007 after the Centers for Medicare and Medicaid Services (CMS) sent guidelines to states on how to be reimbursed for services delivered by peer providers.¹³ In 2012, Georgia was approved as the first state to bill for a peer whole health and wellness service delivered by peer providers. CMS' Clarifying Guidance on Peer Services Policy from May 2013 states that any peer provider must "complete training and certification as defined by the state" before providing billable services.¹⁴ Beginning January 1, 2014, CMS expanded the type of practitioners who can provide Medicaid prevention services beyond physicians and other licensed practitioners, at a state's discretion, which can include peer providers.¹⁵ Florida's Medicaid program currently covers peer recovery services. The department also allows the state's behavioral health managing entities to reimburse for these services.¹⁶

III. Effect of Proposed Changes:

Section 1 amends s. 394.455, F.S., to define "peer specialist," as a person who has been in recovery from a substance use disorder or mental illness for the past 2 years, or a family member of such a person, and who is certified under s. 397.417, F.S. (created by section 6 of the bill).

¹¹ *Id.*

¹² *Id.*

¹³ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. SMDL #07-011. Aug. 15, 2007. On file with the Senate Committee on Children, Families and Elder Affairs.

¹⁴ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clarifying Guidance on Peer Support Services Policy. May, 1, 2013. On file with the Senate Committee on Children, Families and Elder Affairs.

¹⁵ Substance Abuse and Mental Health Services Administration and U.S. Department of Health and Human Services - Center for Integrated Health Solutions. Peer Providers. On file with the Senate Committee on Children, Families and Elder Affairs.

¹⁶ SB 450 Department of Children and Families Bill Analysis. Oct. 11, 2017. On file with the Senate Committee on Children, Families and Elder Affairs.

This is consistent with the department’s definition for peer specialists and recommended recovery time, and is consistent with national standards.

Section 2 amends s. 394.4572, F.S., relating to background screening of mental health personnel. The bill conforms this statute to the requirements of the newly created s. 397.417, F.S., relating to the background screening of peer specialists.

Section 3 amends s. 394.4573, F.S., to add the use of peer specialists to the list of recovery support services as an essential element of a coordinated system of behavioral health care.

Section 4 amends s. 397.311, F.S., providing definitions in Chapter 397, F.S., relating to Substance Abuse Services, to include a definition for “peer specialist.”

Section 5 amends s. 397.4073, F.S., relating to background screening for persons working with individuals with substance use disorders. The section removes provisions authorizing agency heads to exempt persons who have recovered from a substance use disorder from drug offenses that would otherwise disqualify them from providing peer recovery services. This language is no longer needed as section 6 revises background screening requirements in the newly created s. 397.417, F.S.

Section 6 creates s. 397.417, F.S., relating to behavioral health peer specialists. This section provides legislative findings that: there is a shortage of behavioral health care employees; the state is experiencing an opioid epidemic; and peers are often an effective support for persons with substance use disorders or mental illness because the peer shares common life experiences. The bill also specifies intent to expand the use of peer specialists as a cost-effective behavioral health care service.

The section sets qualifications for peer specialists and responsibilities of the department. A peer specialist must be certified and meet the background screening requirements, as well as complete a training program approved by the department. The department must develop a training program for peer specialists—with preference given to trainers who are certified peer specialists—and certify peer specialists directly or may designate a private, nonprofit certification organization to certify peer specialists, implement the training program, and administer the competency exam. The section also requires peer specialists that are providing services be supervised by a licensed behavioral health care professional or a certified peer specialist.

In addition, section 6 also provides that peer specialist services may be reimbursed as a recovery service through the department, behavioral health managing entity, or the Medicaid program.

The section specifies revised background screening requirements that differ from current law because persons who have recovered from a substance use disorder or mental illness may be more likely to have committed certain offenses.¹⁷ Under current law and department rule, peers working with persons suffering from substance use disorders must meet background screening requirements in s. 435.04, F.S. Peers working with persons suffering from mental illness must

¹⁷ SB 450 Department of Children and Families Bill Analysis. Oct. 11, 2017. On file with the Senate Committee on Children, Families and Elder Affairs.

meet the screening requirements in s. 435.04 F.S., as well as those in s. 408.409, F.S. The new screening requirements eliminate the following disqualifying offenses from current law for peer specialists:

- Misdemeanor assault, or battery (ch. 784, F.S.),
- Prostitution (ch. 796, F.S.),
- Lower level burglary offenses (s. 810.02, F.S.),
- Lower level theft and robbery offenses (ch. 812, F.S.),
- Lower level drug abuse offenses (s. 817.563 and ch. 893, F.S.),
- Mail or wire fraud (s. 817.034, F.S.),
- Insurance fraud (s. 817.234, F.S.),
- Credit card fraud (ss. 817.481, 817.60, and 817.61, F.S.),
- Identification fraud (s. 817.568, F.S.), and
- Forgery (ss. 831.01, 831.02, 831.07 and 831.09, F.S.).

Finally, the section includes a grandfather clause to allow all peer specialists certified as of the effective date of the act to be recognized as having met the requirements of this bill.

Section 7 amends s. 212.055, F.S., relating to the county public hospital surtax, to incorporate a conforming cross reference to a definition in chapter 397, F.S., relating to substance abuse.

Section 8 amends s. 394.495, F.S., relating to children's mental health care, to incorporate conforming cross references to definitions.

Section 9 amends s. 394.496, F.S., relating to mental health service planning, to incorporate conforming cross references to definitions.

Section 10 amends s. 394.9085, F.S., relating to behavioral health service provider liability, to incorporate conforming cross references to definitions.

Section 11 amends s. 397.416, F.S., relating to substance use disorder treatment services, to incorporate conforming revisions.

Section 12 amends s. 409.972, F.S., relating to enrollment in Medicaid, to incorporate a conforming cross reference.

Section 13 amends s. 440.102, F.S., relating to the drug-free workplace program, to incorporate conforming cross references to definitions.

Section 14 amends s. 744.2007, F.S., relating to public guardians, to incorporate a conforming cross reference to a definition.

Section 15 provides the bill takes effect July 1, 2018.

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

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

None.

B. Private Sector Impact:

The bill will allow additional peer specialists to be employed to provide recovery services to persons suffering from a substance use disorder and or a mental illness. To the extent the bill increases the number of peer specialists available to provide services and providers substitute those services for other more costly behavioral health services, private insurers and Medicaid managed care plans may see a reduction in the cost of behavioral health care services. On the other hand, to the extent such services are in addition to current services, private insurers and Medicaid managed care plans may incur additional costs for such treatment.

The bill requires that peer specialists be supervised by a licensed behavioral health care professional or a licensed behavioral health care agency which may increase costs for those providers currently employing peer specialists.

The bill may result in additional background screenings if more persons apply to be peer specialists. The individual or behavioral health care provider would be charged a fee to cover the cost of the background screening. The individual may also incur a certification testing fee. However, the Department of Children and Families currently provides resources to offset such costs for individuals who may not have the ability to pay for the certification.

C. Government Sector Impact:

The state may see a reduction in the cost of behavioral health care services if more health insurance providers make use of peer specialists. This would be due to the effectiveness of peer specialists in assisting persons recovering from substance use disorders or mental illnesses and the lower cost of peer recovery services compared to other behavioral health care services.

The Department of Children and Families will incur minimal costs, which can be absorbed within existing department resources, to update its in-house background screening database.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 394.455, 394.4572, 394.4573, 397.311, and 397.4073. The bill amends the following sections of the Florida Statutes to incorporate conforming cross references in 212.055, 394.495, 394.496, 394.9085, 397.416, 409.972, 440.102, and 744.2007. This bill creates section 397.417 of the Florida Statutes.

IX. Additional Information:

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

CS by Children, Families, and Elder Affairs on November 13, 2017:

- Adds a family member or caregiver of a person with a substance use disorder or mental illness to the definition of a peer specialist. This is current practice and family members presently serve as certified peer specialists in Florida.
- Allows certified peer specialists, along with licensed behavioral health care professionals, to supervise other peer specialists. The CS removes supervision by a behavioral health care agency.
- Clarifies that peer specialists must have had no felony convictions for at least 3 years and meet the background screening requirements in the bill.
- Requires peer specialists to have completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for any felony prior to being certified.
- Adds felony assault and battery, female genital mutilation, and robbery as offenses that would disqualify peer specialists. The CS clarifies that drug offenses that are first and second degree are disqualifying for peer specialists. Peer specialists would still be able to request an exemption from a state agency. The CS removes the offense of selling a non-controlled substance as a controlled substance from the list of disqualifying offenses.

B. Amendments:

None.

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

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

586-01082-18

2018450c1

1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; defining the
4 term "peer specialist"; amending s. 394.4572, F.S.;
5 requiring a specific level of screening for peer
6 specialists working in mental health programs and
7 facilities; amending s. 394.4573, F.S.; specifying
8 that the use of peer specialists for recovery support
9 is an essential element of a coordinated system of
10 behavioral health care; amending s. 397.311, F.S.;
11 defining the term "peer specialist"; amending s.
12 397.4073, F.S.; conforming provisions to changes made
13 by the act; creating s. 397.417, F.S.; providing
14 legislative findings and intent; authorizing a person
15 to seek certification as a peer specialist if he or
16 she meets specified qualifications; requiring a
17 background screening, completion of a training
18 program, and a passing score on a competency exam for
19 a qualified person to obtain certification as a peer
20 specialist; requiring the Department of Children and
21 Families to develop a training program for peer
22 specialists and give preference to trainers who are
23 certified peer specialists; requiring the training
24 program to coincide with a competency exam and be
25 based on current practice standards; requiring the
26 department to certify peer specialists directly or by
27 designating a nonprofit certification organization;
28 requiring that a person providing peer specialist
29 services be certified or supervised by a licensed

Page 1 of 20

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

586-01082-18

2018450c1

30 behavioral health care professional or a certified
31 peer specialist; authorizing the department, a
32 behavioral health managing entity, or the Medicaid
33 program to reimburse a peer specialist service as a
34 recovery service; encouraging Medicaid managed care
35 plans to use peer specialists in providing recovery
36 services; requiring peer specialists to meet the
37 requirements of a background screening as a condition
38 of employment and continued employment; authorizing
39 the department or the Agency for Health Care
40 Administration to require by rule that fingerprints be
41 submitted electronically to the Department of Law
42 Enforcement; authorizing the department or the agency
43 to contract with certain vendors for fingerprinting;
44 specifying requirements for vendors; specifying
45 offenses to be considered in the background screening
46 of a peer specialist; authorizing a person who does
47 not meet background screening requirements to request
48 an exemption from disqualification from the department
49 or the agency; providing that all peer specialists
50 certified as of the effective date of this act are
51 recognized as having met the requirements of this act;
52 amending ss. 212.055, 394.495, 394.496, 394.9085,
53 397.416, 409.972, 440.102, and 744.2007, F.S.;
54 conforming cross-references; making technical changes;
55 providing an effective date.

56
57 Be It Enacted by the Legislature of the State of Florida:
58

Page 2 of 20

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

586-01082-18

2018450c1

59 Section 1. Present subsections (32) through (48) of section
60 394.455, Florida Statutes, are redesignated as subsections (33)
61 through (49), respectively, and a new subsection (32) is added
62 to that section, to read:

63 394.455 Definitions.—As used in this part, the term:

64 (32) "Peer specialist" means a person who has been in
65 recovery from a substance use disorder or mental illness for the
66 past 2 years or a family member or caregiver of a person with a
67 substance use disorder or mental illness and who is certified
68 under s. 397.417.

69 Section 2. Paragraph (a) of subsection (1) of section
70 394.4572, Florida Statutes, is amended to read:

71 394.4572 Screening of mental health personnel.—

72 (1) (a) The department and the Agency for Health Care
73 Administration shall require level 2 background screening
74 pursuant to chapter 435 for mental health personnel. "Mental
75 health personnel" includes all program directors, professional
76 clinicians, staff members, and volunteers working in public or
77 private mental health programs and facilities who have direct
78 contact with individuals held for examination or admitted for
79 mental health treatment. For purposes of this chapter,
80 employment screening of mental health personnel also includes,
81 but is not limited to, employment screening as provided under
82 chapter 435 and s. 408.809. The department and the Agency for
83 Health Care Administration shall require a level 2 background
84 screening pursuant to s. 397.417(5) for persons working as peer
85 specialists in public or private mental health programs or
86 facilities who have direct contact with individuals held for
87 involuntary examination or admitted for mental health treatment.

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88 Section 3. Paragraph (1) of subsection (2) of section
89 394.4573, Florida Statutes, is amended to read:

90 394.4573 Coordinated system of care; annual assessment;
91 essential elements; measures of performance; system improvement
92 grants; reports.—On or before December 1 of each year, the
93 department shall submit to the Governor, the President of the
94 Senate, and the Speaker of the House of Representatives an
95 assessment of the behavioral health services in this state. The
96 assessment shall consider, at a minimum, the extent to which
97 designated receiving systems function as no-wrong-door models,
98 the availability of treatment and recovery services that use
99 recovery-oriented and peer-involved approaches, the availability
100 of less-restrictive services, and the use of evidence-informed
101 practices. The department's assessment shall consider, at a
102 minimum, the needs assessments conducted by the managing
103 entities pursuant to s. 394.9082(5). Beginning in 2017, the
104 department shall compile and include in the report all plans
105 submitted by managing entities pursuant to s. 394.9082(8) and
106 the department's evaluation of each plan.

107 (2) The essential elements of a coordinated system of care
108 include:

109 (1) Recovery support, including, but not limited to, the
110 use of peer specialists as described in s. 397.417 to assist in
111 the individual's recovery from a substance use disorder or
112 mental illness, support for competitive employment, educational
113 attainment, independent living skills development, family
114 support and education, wellness management and self-care, and
115 assistance in obtaining housing that meets the individual's
116 needs. Such housing may include mental health residential

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117 treatment facilities, limited mental health assisted living
 118 facilities, adult family care homes, and supportive housing.
 119 Housing provided using state funds must provide a safe and
 120 decent environment free from abuse and neglect.

121 Section 4. Present subsections (30) through (49) of section
 122 397.311, Florida Statutes, are redesignated as subsections (31)
 123 through (50), respectively, and a new subsection (30) is added
 124 to that section, to read:

125 397.311 Definitions.—As used in this chapter, except part
 126 VIII, the term:

127 (30) "Peer specialist" means a person who has been in
 128 recovery from a substance use disorder or mental illness for the
 129 past 2 years or a family member or caregiver of a person with a
 130 substance use disorder or mental illness and who is certified
 131 under s. 397.417.

132 Section 5. Paragraphs (b) and (c) of subsection (4) of
 133 section 397.4073, Florida Statutes, are amended to read:

134 397.4073 Background checks of service provider personnel.—

135 (4) EXEMPTIONS FROM DISQUALIFICATION.—

136 ~~(b) Since rehabilitated substance abuse impaired persons~~
 137 ~~are effective in the successful treatment and rehabilitation of~~
 138 ~~individuals with substance use disorders, for service providers~~
 139 ~~which treat adolescents 13 years of age and older, service~~
 140 ~~provider personnel whose background checks indicate crimes under~~
 141 ~~s. 817.563, s. 893.13, or s. 893.147 may be exempted from~~
 142 ~~disqualification from employment pursuant to this paragraph.~~

143 ~~(c)~~ The department may grant exemptions from
 144 disqualification which would limit service provider personnel to
 145 working with adults in substance use disorder ~~abuse~~ treatment

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146 facilities.

147 Section 6. Section 397.417, Florida Statutes, is created to
 148 read:

149 397.417 Behavioral health peer specialists.—

150 (1) LEGISLATIVE FINDINGS AND INTENT.—

151 (a) The Legislature finds that:

152 1. The ability to provide adequate behavioral health
 153 services is limited by a shortage of professionals and
 154 paraprofessionals.

155 2. The state is experiencing an increase in opioid
 156 addictions, which prove fatal to persons in many cases.

157 3. Peer specialists provide effective support services
 158 because they share common life experiences with the persons they
 159 assist.

160 4. Peer specialists promote a sense of community among
 161 those in recovery.

162 5. Research has shown that peer support facilitates
 163 recovery and reduces health care costs.

164 6. Peer specialists may have a criminal history that
 165 prevents them from meeting background screening requirements.

166 (b) The Legislature intends to expand the use of peer
 167 specialists as a cost-effective means of providing services by
 168 ensuring that peer specialists meet specified qualifications,
 169 meet modified background screening requirements, and are
 170 adequately reimbursed for their services.

171 (2) QUALIFICATIONS.—

172 (a) A person may seek certification as a peer specialist if
 173 he or she has been in recovery from a substance use disorder or
 174 mental illness for the past 2 years or if he or she is a family

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175 member or caregiver of a person with a substance use disorder or
 176 mental illness.

177 (b) To obtain certification as a peer specialist, a person
 178 must meet the background screening requirements of subsection
 179 (5), complete the training program, and achieve a passing score
 180 on the competency exam described in paragraph (3)(a).

181 (3) DUTIES OF THE DEPARTMENT.—

182 (a) The department must develop a training program for
 183 persons seeking certification as peer specialists. The
 184 department must give preference to trainers who are certified
 185 peer specialists. The training program must coincide with a
 186 competency exam and be based on current practice standards.

187 (b) The department shall certify peer specialists. The
 188 department may certify peer specialists directly or may
 189 designate a private, nonprofit certification organization to
 190 certify peer specialists, implement the training program, and
 191 administer the competency exam.

192 (c) The department must require that a person providing
 193 peer specialist services be certified or be supervised by a
 194 licensed behavioral health care professional or a certified peer
 195 specialist.

196 (4) PAYMENT.—Peer specialist services may be reimbursed as
 197 a recovery service through the department, a behavioral health
 198 managing entity, or the Medicaid program. Medicaid managed care
 199 plans are encouraged to use peer specialists in providing
 200 recovery services.

201 (5) BACKGROUND SCREENING.—

202 (a) All peer specialists must have completed or been
 203 lawfully released from confinement, supervision, or any

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204 nonmonetary condition imposed by the court for any felony and
 205 must undergo a background screening as a condition of employment
 206 and continued employment. The background screening must include
 207 fingerprinting for statewide criminal history records checks
 208 through the Department of Law Enforcement and national criminal
 209 history records checks through the Federal Bureau of
 210 Investigation. The background screening may include local
 211 criminal records checks through local law enforcement agencies.

212 (b) The department or the Agency for Health Care
 213 Administration, as applicable, may require by rule that
 214 fingerprints submitted pursuant to this section be submitted
 215 electronically to the Department of Law Enforcement.

216 (c) The department or the Agency for Health Care
 217 Administration, as applicable, may contract with one or more
 218 vendors to perform all or part of the electronic fingerprinting
 219 pursuant to this section. Such contracts must ensure that the
 220 owners and personnel of the vendor performing the electronic
 221 fingerprinting are qualified and will ensure the integrity and
 222 security of all personal identifying information.

223 (d) Vendors who submit fingerprints on behalf of employers
 224 must:

- 225 1. Meet the requirements of s. 943.053; and
- 226 2. Have the ability to communicate electronically with the
 227 department or the Agency for Health Care Administration, as
 228 applicable, accept screening results from the Department of Law
 229 Enforcement and provide the applicant's full first name, middle
 230 initial, and last name; social security number or individual
 231 taxpayer identification number; date of birth; mailing address;
 232 sex; and race.

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233 (e) The background screening under this section must ensure
 234 that a peer specialist has not, during the previous 3 years,
 235 been arrested for and is awaiting final disposition of, been
 236 found guilty of, regardless of adjudication, or entered a plea
 237 of nolo contendere or guilty to, or been adjudicated delinquent
 238 and the record has not been sealed or expunged for, any felony.
 239 (f) The background screening under this section must ensure
 240 that a peer specialist has not been found guilty of, regardless
 241 of adjudication, or entered a plea of nolo contendere or guilty
 242 to, or been adjudicated delinquent and the record has not been
 243 sealed or expunged for, any offense prohibited under any of the
 244 following state laws or similar laws of another jurisdiction:
 245 1. Section 393.135, relating to sexual misconduct with
 246 certain developmentally disabled clients and reporting of such
 247 sexual misconduct.
 248 2. Section 394.4593, relating to sexual misconduct with
 249 certain mental health patients and reporting of such sexual
 250 misconduct.
 251 3. Section 409.9201, relating to Medicaid fraud.
 252 4. Section 415.111, relating to adult abuse, neglect, or
 253 exploitation of aged persons or disabled adults.
 254 5. Section 741.28, relating to domestic violence.
 255 6. Section 777.04, relating to attempts, solicitation, and
 256 conspiracy to commit an offense listed in this section.
 257 7. Section 782.04, relating to murder.
 258 8. Section 782.07, relating to manslaughter, aggravated
 259 manslaughter of an elderly person or disabled adult, aggravated
 260 manslaughter of a child, or aggravated manslaughter of an
 261 officer, a firefighter, an emergency medical technician, or a

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262 paramedic.
 263 9. Section 782.071, relating to vehicular homicide.
 264 10. Section 782.09, relating to killing of an unborn child
 265 by injury to the mother.
 266 11. Chapter 784, relating to assault, battery, and culpable
 267 negligence, if the offense was a felony.
 268 12. Section 787.01, relating to kidnapping.
 269 13. Section 787.02, relating to false imprisonment.
 270 14. Section 787.025, relating to luring or enticing a
 271 child.
 272 15. Section 787.04(2), relating to leading, taking,
 273 enticing, or removing a minor beyond the state limits, or
 274 concealing the location of a minor, with criminal intent pending
 275 custody proceedings.
 276 16. Section 787.04(3), relating to leading, taking,
 277 enticing, or removing a minor beyond the state limits, or
 278 concealing the location of a minor, with criminal intent pending
 279 dependency proceedings or proceedings concerning alleged abuse
 280 or neglect of a minor.
 281 17. Section 790.115(1), relating to exhibiting firearms or
 282 weapons within 1,000 feet of a school.
 283 18. Section 790.115(2)(b), relating to possessing an
 284 electric weapon or device, destructive device, or other weapon
 285 on school property.
 286 19. Section 794.011, relating to sexual battery.
 287 20. Former s. 794.041, relating to prohibited acts of
 288 persons in familial or custodial authority.
 289 21. Section 794.05, relating to unlawful sexual activity
 290 with certain minors.

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291 22. Section 794.08, relating to female genital mutilation.
 292 23. Section 798.02, relating to lewd and lascivious
 293 behavior.
 294 24. Chapter 800, relating to lewdness and indecent
 295 exposure.
 296 25. Section 806.01, relating to arson.
 297 26. Section 810.02, relating to burglary, if the offense
 298 was a felony of the first degree.
 299 27. Section 810.14, relating to voyeurism, if the offense
 300 was a felony.
 301 28. Section 810.145, relating to video voyeurism, if the
 302 offense was a felony.
 303 29. Section 812.13, relating to robbery.
 304 30. Section 812.131, relating to robbery by sudden
 305 snatching.
 306 31. Section 812.133, relating to carjacking.
 307 32. Section 812.135, relating to home-invasion robbery.
 308 33. Section 817.50, relating to fraudulently obtaining
 309 goods or services from a health care provider and false reports
 310 of a communicable disease.
 311 34. Section 817.505, relating to patient brokering.
 312 35. Section 825.102, relating to abuse, aggravated abuse,
 313 or neglect of an elderly person or disabled adult.
 314 36. Section 825.1025, relating to lewd or lascivious
 315 offenses committed upon or in the presence of an elderly person
 316 or disabled person.
 317 37. Section 825.103, relating to exploitation of an elderly
 318 person or disabled adult, if the offense was a felony.
 319 38. Section 826.04, relating to incest.

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320 39. Section 827.03, relating to child abuse, aggravated
 321 child abuse, or neglect of a child.
 322 40. Section 827.04, relating to contributing to the
 323 delinquency or dependency of a child.
 324 41. Former s. 827.05, relating to negligent treatment of
 325 children.
 326 42. Section 827.071, relating to sexual performance by a
 327 child.
 328 43. Section 831.30, relating to fraud in obtaining
 329 medicinal drugs.
 330 44. Section 831.31, relating to sale, manufacture,
 331 delivery, possession with intent to sell, manufacture, or
 332 deliver any counterfeit controlled substance if the offense was
 333 a felony.
 334 45. Section 843.01, relating to resisting arrest with
 335 violence.
 336 46. Section 843.025, relating to depriving a law
 337 enforcement, correctional, or correctional probation officer
 338 means of protection or communication.
 339 47. Section 843.12, relating to aiding in an escape.
 340 48. Section 843.13, relating to aiding in the escape of
 341 juvenile inmates of correctional institutions.
 342 49. Chapter 847, relating to obscene literature.
 343 50. Section 874.05, relating to encouraging or recruiting
 344 another to join a criminal gang.
 345 51. Chapter 893, relating to drug abuse prevention and
 346 control, if the offense was a felony of the second degree or
 347 greater severity.
 348 52. Section 895.03, relating to racketeering and collection

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349 of unlawful debts.350 53. Section 896.101, relating to the Florida Money
351 Laundering Act.352 54. Section 916.1075, relating to sexual misconduct with
353 certain forensic clients and reporting of such sexual
354 misconduct.355 55. Section 944.35(3), relating to inflicting cruel or
356 inhuman treatment on an inmate resulting in great bodily harm.357 56. Section 944.40, relating to escape.358 57. Section 944.46, relating to harboring, concealing, or
359 aiding an escaped prisoner.360 58. Section 944.47, relating to introduction of contraband
361 into a correctional facility.362 59. Section 985.701, relating to sexual misconduct in
363 juvenile justice programs.364 60. Section 985.711, relating to contraband introduced into
365 detention facilities.366 (6) EXEMPTION REQUESTS.—Persons who wish to become a peer
367 specialist and are disqualified under subsection (5) may request
368 an exemption from disqualification pursuant to s. 435.07 from
369 the department or the Agency for Health Care Administration, as
370 applicable.371 (7) GRANDFATHER CLAUSE.—All peer specialists certified as
372 of the effective date of this act are recognized as having met
373 the requirements of this act.374 Section 7. Paragraph (e) of subsection (5) of section
375 212.055, Florida Statutes, is amended to read:376 212.055 Discretionary sales surtaxes; legislative intent;
377 authorization and use of proceeds.—It is the legislative intent

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378 that any authorization for imposition of a discretionary sales
379 surtax shall be published in the Florida Statutes as a
380 subsection of this section, irrespective of the duration of the
381 levy. Each enactment shall specify the types of counties
382 authorized to levy; the rate or rates which may be imposed; the
383 maximum length of time the surtax may be imposed, if any; the
384 procedure which must be followed to secure voter approval, if
385 required; the purpose for which the proceeds may be expended;
386 and such other requirements as the Legislature may provide.
387 Taxable transactions and administrative procedures shall be as
388 provided in s. 212.054.389 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
390 s. 125.011(1) may levy the surtax authorized in this subsection
391 pursuant to an ordinance either approved by extraordinary vote
392 of the county commission or conditioned to take effect only upon
393 approval by a majority vote of the electors of the county voting
394 in a referendum. In a county as defined in s. 125.011(1), for
395 the purposes of this subsection, "county public general
396 hospital" means a general hospital as defined in s. 395.002
397 which is owned, operated, maintained, or governed by the county
398 or its agency, authority, or public health trust.399 (e) A governing board, agency, or authority shall be
400 chartered by the county commission upon this act becoming law.
401 The governing board, agency, or authority shall adopt and
402 implement a health care plan for indigent health care services.
403 The governing board, agency, or authority shall consist of no
404 more than seven and no fewer than five members appointed by the
405 county commission. The members of the governing board, agency,
406 or authority shall be at least 18 years of age and residents of

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407 the county. ~~A~~ No member may not be employed by or affiliated
 408 with a health care provider or the public health trust, agency,
 409 or authority responsible for the county public general hospital.
 410 The following community organizations shall each appoint a
 411 representative to a nominating committee: the South Florida
 412 Hospital and Healthcare Association, the Miami-Dade County
 413 Public Health Trust, the Dade County Medical Association, the
 414 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
 415 County. This committee shall nominate between 10 and 14 county
 416 citizens for the governing board, agency, or authority. The
 417 slate shall be presented to the county commission and the county
 418 commission shall confirm the top five to seven nominees,
 419 depending on the size of the governing board. Until such time as
 420 the governing board, agency, or authority is created, the funds
 421 provided for in subparagraph (d)2. shall be placed in a
 422 restricted account set aside from other county funds and not
 423 disbursed by the county for any other purpose.

424 1. The plan shall divide the county into a minimum of four
 425 and maximum of six service areas, with no more than one
 426 participant hospital per service area. The county public general
 427 hospital shall be designated as the provider for one of the
 428 service areas. Services shall be provided through participants'
 429 primary acute care facilities.

430 2. The plan and subsequent amendments to it shall fund a
 431 defined range of health care services for both indigent persons
 432 and the medically poor, including primary care, preventive care,
 433 hospital emergency room care, and hospital care necessary to
 434 stabilize the patient. For the purposes of this section,
 435 "stabilization" means stabilization as defined in s. 397.311 s-

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436 ~~397.311(45)~~. Where consistent with these objectives, the plan
 437 may include services rendered by physicians, clinics, community
 438 hospitals, and alternative delivery sites, as well as at least
 439 one regional referral hospital per service area. The plan shall
 440 provide that agreements negotiated between the governing board,
 441 agency, or authority and providers shall recognize hospitals
 442 that render a disproportionate share of indigent care, provide
 443 other incentives to promote the delivery of charity care to draw
 444 down federal funds where appropriate, and require cost
 445 containment, including, but not limited to, case management.
 446 From the funds specified in subparagraphs (d)1. and 2. for
 447 indigent health care services, service providers shall receive
 448 reimbursement at a Medicaid rate to be determined by the
 449 governing board, agency, or authority created pursuant to this
 450 paragraph for the initial emergency room visit, and a per-member
 451 per-month fee or capitation for those members enrolled in their
 452 service area, as compensation for the services rendered
 453 following the initial emergency visit. Except for provisions of
 454 emergency services, upon determination of eligibility,
 455 enrollment shall be deemed to have occurred at the time services
 456 were rendered. The provisions for specific reimbursement of
 457 emergency services shall be repealed on July 1, 2001, unless
 458 otherwise reenacted by the Legislature. The capitation amount or
 459 rate shall be determined before program implementation by an
 460 independent actuarial consultant. In no event shall such
 461 reimbursement rates exceed the Medicaid rate. The plan must also
 462 provide that any hospitals owned and operated by government
 463 entities on or after the effective date of this act must, as a
 464 condition of receiving funds under this subsection, afford

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465 public access equal to that provided under s. 286.011 as to any
 466 meeting of the governing board, agency, or authority the subject
 467 of which is budgeting resources for the retention of charity
 468 care, as that term is defined in the rules of the Agency for
 469 Health Care Administration. The plan shall also include
 470 innovative health care programs that provide cost-effective
 471 alternatives to traditional methods of service and delivery
 472 funding.

473 3. The plan's benefits shall be made available to all
 474 county residents currently eligible to receive health care
 475 services as indigents or medically poor as defined in paragraph
 476 (4) (d).

477 4. Eligible residents who participate in the health care
 478 plan shall receive coverage for a period of 12 months or the
 479 period extending from the time of enrollment to the end of the
 480 current fiscal year, per enrollment period, whichever is less.

481 5. At the end of each fiscal year, the governing board,
 482 agency, or authority shall prepare an audit that reviews the
 483 budget of the plan, delivery of services, and quality of
 484 services, and makes recommendations to increase the plan's
 485 efficiency. The audit shall take into account participant
 486 hospital satisfaction with the plan and assess the amount of
 487 poststabilization patient transfers requested, and accepted or
 488 denied, by the county public general hospital.

489 Section 8. Subsection (3) of section 394.495, Florida
 490 Statutes, is amended to read:

491 394.495 Child and adolescent mental health system of care;
 492 programs and services.-

493 (3) Assessments must be performed by:

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494 (a) A professional as defined in s. 394.455(5), (7), (33)
 495 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

496 (b) A professional licensed under chapter 491; or

497 (c) A person who is under the direct supervision of a
 498 qualified professional as defined in s. 394.455(5), (7), (33)
 499 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
 500 chapter 491.

501 Section 9. Subsection (5) of section 394.496, Florida
 502 Statutes, is amended to read:

503 394.496 Service planning.-

504 (5) A professional as defined in s. 394.455(5), (7), (33)
 505 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
 506 chapter 491 must be included among those persons developing the
 507 services plan.

508 Section 10. Subsection (6) of section 394.9085, Florida
 509 Statutes, is amended to read:

510 394.9085 Behavioral provider liability.-

511 (6) For purposes of this section, the term ~~terms~~
 512 "detoxification services," has the same meaning as
 513 detoxification in s. 397.311(26) (a), "addictions receiving
 514 facility," has the same meaning as provided in s.
 515 397.311(26) (a), and "receiving facility" has ~~have~~ the same
 516 meaning ~~meanings~~ as those provided in s. 394.455 ~~ss.~~
 517 ~~397.311(26) (a) 4., 397.311(26) (a) 1., and 394.455(39),~~
 518 ~~respectively.~~

519 Section 11. Section 397.416, Florida Statutes, is amended
 520 to read:

521 397.416 Substance use disorder ~~abuse~~ treatment services;
 522 qualified professional.-Notwithstanding any other provision of

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523 law, a person who was certified through a certification process
 524 recognized by the former Department of Health and Rehabilitative
 525 Services before January 1, 1995, may perform the duties of a
 526 qualified professional with respect to substance ~~use abuse~~
 527 treatment services as defined in this chapter, and need not meet
 528 the certification requirements contained in s. 397.311(35) ~~s.~~
 529 ~~397.311(34)~~.

530 Section 12. Paragraph (b) of subsection (1) of section
 531 409.972, Florida Statutes, is amended to read:

532 409.972 Mandatory and voluntary enrollment.—

533 (1) The following Medicaid-eligible persons are exempt from
 534 mandatory managed care enrollment required by s. 409.965, and
 535 may voluntarily choose to participate in the managed medical
 536 assistance program:

537 (b) Medicaid recipients residing in residential commitment
 538 facilities operated through the Department of Juvenile Justice
 539 or in a treatment facility as defined in s. 394.455 ~~s.~~
 540 ~~394.455(47)~~.

541 Section 13. Paragraphs (d) and (g) of subsection (1) of
 542 section 440.102, Florida Statutes, are amended to read:

543 440.102 Drug-free workplace program requirements.—The
 544 following provisions apply to a drug-free workplace program
 545 implemented pursuant to law or to rules adopted by the Agency
 546 for Health Care Administration:

547 (1) DEFINITIONS.—Except where the context otherwise
 548 requires, as used in this act:

549 (d) "Drug rehabilitation program" means a service provider
 550 as defined in s. 397.311 which, established pursuant to s.
 551 ~~397.311(43), that~~ provides confidential, timely, and expert

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552 identification, assessment, and resolution of employee drug
 553 abuse.

554 (g) "Employee assistance program" means an established
 555 program capable of providing expert assessment of employee
 556 personal concerns; confidential and timely identification
 557 services with regard to employee drug abuse; referrals of
 558 employees for appropriate diagnosis, treatment, and assistance;
 559 and followup services for employees who participate in the
 560 program or require monitoring after returning to work. If, in
 561 addition to the above activities, an employee assistance program
 562 provides diagnostic and treatment services, these services shall
 563 in all cases be provided by service providers as defined in s.
 564 397.311 pursuant to s. 397.311(43).

565 Section 14. Subsection (7) of section 744.2007, Florida
 566 Statutes, is amended to read:

567 744.2007 Powers and duties.—

568 (7) A public guardian may not commit a ward to a treatment
 569 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an
 570 involuntary placement proceeding as provided by law.

571 Section 15. This act shall take effect July 1, 2018.



The Florida Senate
State Senator René García
36th District

Please reply to:

District Office:

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

November 15, 2017

The Honorable Anitere Flores
Chair, Health and Human Services Appropriations Committee
201 Capitol Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Senator Flores,

Please have this letter serve as my formal request to have **CS/SB 450: Mental Health and Substance Use Disorders** be heard during the next scheduled Health and Human Services Appropriations Committee Meeting. Should you have any questions or concerns, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "René García".

State Senator René García
District 36

CC: Phil Williams
Tonya Kidd

Committees: Children, Families, and Elder Affairs, Chair, Appropriations Subcommittee on Finance and Tax, Vice Chair, Appropriations Subcommittee on the Environment and Natural Resources, Appropriations Subcommittee on General Government, Banking and Insurance, Judiciary, Joint Administrative Procedures Committee.

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/10/18
Meeting Date

450
Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

Name Alisa LaPolit (Ah LEE sa)

Job Title Executive Director

Address PO Box 961
Street

Phone 671-4445

Tallahassee FL
City State Zip

Email alisa@namiFlorida.org

Speaking: For Against Information

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

Representing National Alliance on Mental Illness

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)

1/10/2018

SB 450

Meeting DateBill Number (if applicable)Topic mental health and substance useAmendment Barcode (if applicable)Name Shane MesserJob Title Legislative Affairs DirectorAddress 316 East ParkPhone 850-322-6693*Street*TallahasseeFL32301Email shane@fccmh.org*City**State**Zip*Speaking: For Against InformationWaive Speaking: In Support Against
(The Chair will read this information into the record.)Representing Florida Council for Behavioral HealthcareAppearing at request of Chair: Yes NoLobbyist 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)

1-10-18

Meeting Date

SB 450

Bill Number (if applicable)

Topic SB 450

Amendment Barcode (if applicable)

Name MAUC FONTAINE

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Speaking: For Against Information

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

Representing FLORIDA Behavioral Health 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.

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 622 (452688)

INTRODUCER: Appropriations Subcommittee on Health and Human Services and Senator Grimsley

SUBJECT: Health Care Facility Regulation

DATE: January 12, 2018 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Stovall</u>	<u>HP</u>	Favorable
2.	<u>Kidd</u>	<u>Williams</u>	<u>AHS</u>	Recommend: Fav/CS
3.	_____	_____	<u>AP</u>	_____
4.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:
 COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 622 amends numerous provisions related to the regulation of health care facilities by the Agency for Health Care Administration (AHCA or agency). The bill’s provisions include, but are not limited to:

- Eliminating obsolete language and terms such as mobile surgical facility and provisions related to specialty definitions for rural hospitals, and certificate of need requirements for hospitals wanting to add adult open-heart services.
- Eliminating the requirement that health care facility risk managers be licensed by the state.
- Amending various statutes related to home health agencies, nurse registries, assisted living facilities (ALF), and general licensing requirements.
- Exempting certain hospitals from volume requirements needed to provide Level I adult cardiovascular services (ACS).
- Specifying training that staff must have in hospitals providing ACS if the experience was not obtained in a hospital with a surgical center.
- Repealing the subscriber assistance program.
- Repealing state licensure of clinical laboratories in favor of deferring to federal requirements.
- Eliminating both statewide and district Ombudsman Committees.

The bill will reduce state revenues by approximately \$2.05 million annually as a result of the elimination of the risk manager application fees and the clinical laboratory licensing fees. This

includes reductions of \$1.6 million from the Health Care Trust Fund in ACHA, \$0.3 million from the Grants and Donations Trust Fund in the Department of Health and \$0.15 million from the General Revenue Fund.

The bill becomes effective on July 1, 2018.

II. Present Situation:

The Agency for Health Care Administration (AHCA) is created in s. 20.42, F.S, as the chief health policy and planning entity for the state and is responsible for, among other things, health facility licensure, inspection, and regulatory enforcement. AHCA licenses or certifies and regulates 40 different types of health care providers, including hospitals, nursing homes, ALFs, and home health agencies. In total, the agency licenses, certifies, regulates or provides exemptions for more than 42,000 providers.¹

Generally applicable provisions of health care provider licensure are addressed in the Health Care Licensing Procedures Act in part II of ch. 408, F.S. Additional chapters or sections in the Florida Statutes provide specific licensure or regulatory requirements pertaining to health care providers in this state.²

Due to the many diverse issues addressed by the bill, pertinent background is provided within the **Effect of Proposed Changes** portion of this analysis for the reader's convenience.

III. Effect of Proposed Changes:

SB 622 amends numerous statutes related to the AHCA.

Public Health Trust Facilities

Section 2 creates s. 154.13, F.S., to specify that any designated facility owned or operated by a public health trust and located within the boundaries of a municipality is under the exclusive jurisdiction of the county creating the public health trust and not within the municipality's jurisdiction. The Public Health Trust of Miami-Dade County is the only public health trust which owns/operates health care providers. Jackson Health System consists of three hospitals: Jackson Memorial, Jackson North Medical Center and Jackson South Community Hospital. These are the only hospitals owned by a public health trust, Public Health Trust of Miami-Dade County. According to the license information, there is also a nursing home, Jackson Memorial Perdue Medical Center and five hospital-based clinical laboratories that are part of Jackson Health System.³

¹ See the Agency for Health Care Administration, *Division of Health Quality Assurance*, available at: <http://ahca.myflorida.com/MCHQ/index.shtml> (last visited Nov. 29, 2017).

² See s. 408.802, F.S., for the health care provider types and applicable licensure statutes.

³ Agency for Health Care Administration, *Senate Bill 622 Analysis* (Nov. 15, 2017) (on file with the Senate Committee on Health Policy.)

Birth Centers

Section 16 amends s. 383.313, F.S., to require that any birthing center that performs laboratory tests on its patients must be federally certified by the Federal Centers for Medicare and Medicaid Services (CMS) under the federal Clinical Laboratory Improvement Amendments (CLIA) and federal rules adopted thereunder. Currently, birthing centers are exempt from the requirement to be licensed as a clinical laboratory under part I of ch. 483, F.S.,⁴ if the birth center has no more than five physicians and the tests are conducted exclusively for the diagnosis and treatment of clients of the birth center.

Section 18 repeals s. 383.335, F.S., which provides obsolete exemptions to certain rules related to birth centers. Currently, no providers meet these exemptions.⁵

Mobile Surgical Facilities

Sections 22, 23, 24, 27, 28, 60, and 122 amend ss. 395.001, 395.002, 395.003, 395.0161, 395.0163, 408.036, and 766.118, F.S., respectively, to repeal obsolete provisions related to mobile surgical facilities. No license has been issued for a mobile surgical facility and none are anticipated. The Florida Department of Corrections operates one hospital: Reception and Medical Center Hospital in Lake Butler. The hospital does not offer surgical services directly to its inmates, but contracts with U.S. Medical Group, Inc., via its licensed Ambulatory Surgical Center, Modular Freestanding Surgery Center. This Ambulatory Surgical Center has been licensed since September, 24, 2002, and is stationary on the premises of the correctional facility. A separate license type is not needed in order to meet the surgical needs of the inmate population.⁶

Alternate-Site Testing

Section 26 creates s. 395.0091, F.S., to define the term “alternate-site testing” to mean any laboratory testing done under the administrative control of a hospital, but performed out the of physical or administrative confines of the hospital’s central laboratory. This section also requires the AHCA, in consultation with the Board of Clinical Laboratory Personnel, to adopt rules for criteria for alternate-site testing. The section establishes minimum criteria the rules must address and requires alternate-site testing locations to register when the associated hospital applies to renew its license. This change will keep the requirements in place for alternate-site testing after the repeal of provisions related to clinical laboratory state licensure.⁷

Deregulation of Risk Managers

Current law requires every hospital, ambulatory surgical center, and Health Maintenance Organization providing direct services to employ a state licensed health care risk manager to oversee the facility’s risk management program. No other state requires licensure of risk managers. Other Florida licensed facilities such as nursing homes are not required to employ a licensed risk manager and can employ anyone meeting the facility’s qualifications for their risk manager positions.

⁴ Part I of ch. 483, F.S., is repealed in this bill.

⁵ Supra note 3

⁶ Supra note 3

⁷ Supra note 3

The health care risk manager licensure requirements have multiple pathways, including being licensed as a health care professional such as a nurse, respiratory therapist, physical therapist or emergency medical technician. Physician assistants and other professions licensed by the Florida Department of Health may not qualify unless they also meet another pathway. There are no licensure examinations, no continuing education requirements, and no method for the agency to determine a licensee's continued competency in health care risk management. Licensees are required to renew their license biennially. As there are no requalification requirements to renew a license, the process involves verification of contact information, employment, if applicable, and background screening status. Professional certification is available through the American Society for Healthcare Risk Management, but is not required for licensure.

The agency currently licenses 2,458 health care risk managers, of which only 602 (24.5 percent) report working in a licensed capacity for at least one hospital or ambulatory surgical center. A licensed health care risk manager may also appoint an unlicensed delegate to assist with risk management functions. On-the-job training is a common pathway to licensure. On average for the past 5 years, approximately 174 initial applications are received and 181 licensees fail to renew each year. Roughly 50 of the 1,200 applications (initial and renewal) reviewed each year are withdrawn from consideration because the applicant does not submit all of the required documentation.⁸

Sections 29, 34, 92, and 115 amend ss. 395.0197, 395.10973, 458.307, and 641.55, F.S., respectively and **sections 32, 33, 35, and 36** repeal ss. 395.10971, 395.10972, 395.10974, and 395.10975, F.S., respectively, to eliminate the requirement that health care facility risk managers be licensed by the state. The bill continues to require risk managers and that risk managers demonstrate competence in specified areas, as determined by each health care facility. The bill eliminates all provisions related to licensure of risk managers by the AHCA but continues to require the AHCA to develop a model risk management program for health care facilities that will satisfy the requirements of s. 395.0197, F.S.

Complaint Investigation Procedures

Section 30 repeals s. 395.1046, F.S., relating to the complaint investigation procedures for alleged violation of the emergency access to care provisions found in s. 395.1041, F.S. The state's emergency access to care provisions are similar to the federal Emergency Medical Treatment and Labor Act, commonly known as EMTALA.⁹ The agency enforces the emergency access to care requirements through the uniform complaint investigation procedure used for all license types and these complaints are given top priority. Section 395.1046, F.S., duplicates the complaint investigation procedures found in the general licensing provisions in part II of ch. 408, F.S. Also, s. 395.1046, F.S., provides confidentiality protections and a public records exemption

⁸ Supra note 3

⁹ EMTALA, also known as the patient antidumping statute, was passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272. Section 1867 of the Act sets forth requirements for medical screening examinations for individuals who come to the emergency department of a hospital and request examination or treatment for an emergency medical condition, regardless of ability to pay. The statute further provides that, if a hospital finds that such an individual has an emergency medical condition, it is obligated to provide that individual with either necessary stabilizing treatment or an appropriate transfer to another medical facility. See the CMS.gov website at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html> (last visited Dec. 1, 2017).

for the results in the investigation report, which the agency proposes is an unnecessary level of confidentiality.¹⁰

AHCA Rules for Certain Healthcare Services

Section 31 amends s. 395.1055, F.S., to require the agency to adopt rules to ensure that all hospitals providing organ transplantation, neonatal intensive care services, inpatient psychiatric services, inpatient substance abuse services, or comprehensive medical rehabilitation meet the minimum licensure requirements adopted by the agency. The licensure requirement must include quality of care, nurse staffing, physician staffing, physical plant, equipment, emergency transportation, and data reporting standards. The section also requires the AHCA to mandate level 2 background screening for personnel of distinct part nursing units of hospitals.

Repealing Obsolete Provisions Relating to Rural Hospitals

Section 37 amends s. 395.602, F.S., relating to rural hospitals, to remove the definitions of “emergency care hospital,” “essential access community hospital,” “inactive rural hospital bed,” and “rural primary care hospital.” These definitions relate to obsolete rural hospital programs that are no longer available or applicable to rural hospitals. Hospitals are authorized to make changes to their bed inventory at will so there is no longer a need to maintain an inventory of inactive rural hospital beds for CON purposes.¹¹ Additionally, this section amends the definition of “rural hospital” to limit the number of beds to 175 that a hospital classified as a sole community hospital under 42 C.F.R. s. 412.92 may have in order to be considered a rural hospital. Current law classifies a sole community hospital as a rural hospital regardless of the number of beds.¹²

Section 38 amends s. 395.603, F.S., to remove provisions relating to the deactivation of general hospital beds in order to seek licensure for programs that are now obsolete.

Section 39 repeals s. 395.604, F.S., relating to licensing hospitals for these obsolete programs.

Section 40 repeals s. 395.605, F.S., relating to licensing emergency care hospitals which is now an obsolete program.

Hospital Annual Assessments

Sections 41 and 64 amend ss. 395.701 and 408.20, F.S., relating to hospital assessments on inpatient and outpatient services. Current law excludes hospitals operated by the agency or the DOC. The bill expands the exclusion to any hospital operated by a state agency, to specifically exclude hospitals operated by the Department of Children and Families.¹³

¹⁰ Supra note 3

¹¹ Supra note 3

¹² Currently, no rural hospital has over 100 beds. See Florida Health Finder list of rural hospitals, available at <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx>, (last visited on Dec. 1, 2017).

¹³ Supra note 3.

Nursing Homes

Section 43 amends s. 400.0625, F.S., to delete language that required a nursing home to accept clinical laboratory tests performed by a clinical laboratory prior to admission in lieu of routine examinations and any clinical laboratory tests ordered by a physician as required upon admission. This section also conforms provisions to the repeal of part I of ch. 483, F.S.

Section 44 amends s. 400.191, F.S., to require the AHCA to post nursing home survey and deficiency information that is older than 30 months in its nursing home guide.

Home Health Agencies

Home health agencies are health care providers that provide skilled services (by nurses, therapists, and social workers) and/or unskilled services (by home health aides, certified nursing assistants, homemaker, and companions) to patients in their homes. A home health agency may also provide staffing to health care facilities on a temporary basis.¹⁴

Section 45 amends s. 400.464, F.S., to require that any license issued for a home health agency on or after July 1, 2018, must specify the services that the home health agency is authorized to perform. Any advertising or provision of services by the home health agency that the home health agency is not licensed to perform constitutes unlicensed activity. The section eliminates a 10-day grace period for the cessation of unlicensed activity after receiving notification of such from the AHCA and ties penalties for unlicensed activity to s. 408.812, F.S.¹⁵ The section also authorizes a voluntary process for applying for a certificate of exemption from licensure for a person providing home health services who is exempt from licensure as a home health agency. The agency may charge a fee of \$100 or the actual cost of processing this certificate. The certificate of exemption is valid for up to 2 years.

Section 46 amends s. 400.471, F.S., to require application for a change of ownership or for the addition of skilled services. Applicants for license renewal no longer need to provide volume data. Under this section, evidence of contingency funding refers to the general licensing provisions in part II of ch. 408, F.S., to eliminate an inconsistency between the two chapters. Under current law, a home health agency that is not Medicare or Medicaid certified and does not provide skilled care is exempt from providing proof of accreditation. This section provides the exemption only if the home health agency does not provide skilled care. The section further clarifies that the accrediting organization must be recognized by the agency, the survey must demonstrate compliance with Florida laws pertaining to home health agencies and must be continuously maintained.

Sections 46 and 47 amend ss. 400.471 and 400.474, F.S., respectively, to clarify that a licensed home health agency must provide the services specified in the written agreement with the patient except in emergency situations that are beyond the provider's control that make it impossible to provide the services.

¹⁴ Home Health Agencies, AHCA webpage, available at http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Home_Care/HHA/index.shtml, (last visited on Nov. 29, 2017).

¹⁵ Section 408.812, F.S., prohibits unlicensed activity and provides penalties for violations including fines of up to \$1,000 a day, injunctive relief, and potential application of licensure violations as if the operator were licensed.

Section 48 amends s. 400.476, F.S., to require a home health agency that provides skilled nursing care to have a director of nursing. Current law exempts a home health agency from this requirement if it is Medicare or Medicaid certified or provides only physical, occupational, or speech therapy. This exemption is repealed.

Section 49 amends s. 400.484, F.S., renaming deficiencies as violations with respect to providing care by home health agencies and tying these violations to the general licensing provisions for health care facilities in part II of ch. 408, F.S.

Nurse Registries

As of October 1, 2017, there were 593 nurse registries licensed by the agency responsible for securing health-care-related contracts for private duty (in home) or health care facility staffing services by independently contracted caregivers within Florida.

In accordance with s. 400.506(5)(a), F.S., the continued operation of an unlicensed nurse registry for more than 10 days after agency notification is considered a second degree misdemeanor. Each day of continued non-compliance is considered a separate offense, with each offense carrying the potential for imprisonment of up to 60 days. In addition to the criminal actions, s. 400.506(5)(b), F.S., authorizes the agency to impose a \$500 fine for each day of continued non-compliance. While it does not make unlicensed activity a criminal offense, the Health Care Licensing Procedures Act of Chapter 408, Part II, F.S., prevails over s. 400.506, F.S., and authorizes the agency to impose a \$1000 per day fine for each day of continued operation after agency notification.

Agency records show that 37 complaints alleging nurse registry unlicensed activity were filed between January 1, 2012, and present. Upon investigation, 11 of the complaints were substantiated. Of the 11 substantiated complaints, the agency imposed an administrative fine of \$46,000 for one unlicensed nurse registry that failed to discontinue operations after notification.

Nurse registries are not eligible for participation in the Medicare program and are only authorized to participate in Florida Medicaid through the Long Term Care Waiver program. Currently, s. 400.506, F.S., specifically prohibits licensed nurse registries who bill Florida Medicaid or the Medicare program from giving remuneration to certain named parties who are involved in the discharge of patients from health care facilities such as hospitals and nursing homes from which the registry receives referrals. Likewise, a nurse registry is prohibited from giving remuneration to physicians, physicians' office staff members, and immediate family members of physicians if the nurse registry received a referral from the physician or his or her office within the previous 12 months.¹⁶

Section 51 amends s. 400.506, F.S., to eliminate a 10-day grace period for the cessation of unlicensed activity after receiving notification of such from the AHCA, and ties penalties for unlicensed activity to s. 408.812, F.S.¹⁷ In addition, the section removes the prohibitions on a nurse registry providing remuneration to a case manager, discharge planner, facility based staff

¹⁶ Supra note 3

¹⁷ Supra note 3

member, third party vendor, physician, member of the physician's office staff, or an immediate family member of a physician for referrals. Current law exempts nurse registries from this prohibition if they do not bill Medicare or Medicaid or share a controlling interest with any entity that bills Medicare or Medicaid. In addition to s. 400.506, F.S., s. 817.505(1)(a), F.S., makes it unlawful for any health care provider or health care facility, including nurse registries, to "offer or pay a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement whatsoever, to induce the referral of a patient or patronage to or from a health care provider or health care facility."¹⁸ The bill also clarifies that a nurse registry may not monitor, supervise, manage or train a caregiver or a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker or home health aide referred for contract under this chapter.

Hospices

Section 52 amends s. 400.606, F.S., to eliminate the requirement that applicants for hospice licensure that are existing health care providers submit a profit-loss statement and the most recent licensure inspection report. The requirement to provide a profit-loss statement is duplicative of general health care licensing statutes that require uniform proof of financial ability to operate and the requirement to provide an inspection report is unnecessary since all inspection reports are available to the public online.¹⁹

Home Medical Equipment Providers

Section 53 amends s. 400.925, F.S., to make technical clarifying changes to the definition of home medical equipment.

Section 54 amends s. 400.931, F.S., to require a licensed home medical equipment provider to notify the AHCA of a change in the general manager within the timeframes established in part II of ch. 408, F.S., which is 21 days, rather than the 45-day timeframe provided in this section of law.

Health Care Service Pools

Section 56 amends s. 400.980, F.S., to require changes of information contained on the original registration application to be submitted to the agency within the timeframes established in part II of ch. 408, F.S., rather than 14 days prior to the change as required in this section of law.

Health Care Clinic Exemptions

Section 58 amends s. 400.9935, F.S., to make certificates of exemption from licensure valid for up to 2 years. Currently, such exemptions are valid indefinitely. This change is intended to improve the integrity of the exemption process.²⁰

¹⁸ Supra note 3

¹⁹ Supra note 3

²⁰ Supra note 3

Adult Cardiovascular Services

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II of ch. 408, F.S. Hospitals are subject to the certificate of need (CON) provisions in part I of ch. 408, F.S. A CON is a written statement issued by the AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service.²¹

Adult cardiovascular services (ACS), including percutaneous coronary intervention (PCI), were previously regulated through the CON program.²² However, in 2004, the Legislature established a licensure process for adult interventional cardiology services (the predecessor terminology for ACS), dependent upon rulemaking, in lieu of the CON procedure.²³ Among other things, that law required the rules to establish two hospital program licensure levels: a Level I program authorizing the performance of adult primary PCI for emergency patients without onsite cardiac surgery, and a Level II program authorizing the performance of PCI with onsite cardiac surgery.²⁴ Additionally the rules must require compliance with the most recent guidelines of the American College of Cardiology and American Heart Association guidelines for staffing, physician training and experience, operating procedures, equipment, physical plant, and patient-selection criteria to ensure quality and safety.²⁵ Current law requires that a hospital seeking a Level I program must demonstrate that it has, in the most recent 12-month period, provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or discharged at least 300 patients with the principal diagnosis of ischemic heart disease and has a transfer agreement with a Level II hospital within 60 minutes transfer time.

The AHCA adopted rules for Level I ACS²⁶ and Level II ACS.²⁷ Staffing rules for both levels require the nursing and technical catheterization laboratory staff to meet the following:

- Be experienced in handling acutely ill patients requiring intervention or balloon pump;
- Have at least 500 hours of previous experience in dedicated cardiac interventional laboratories at a hospital with a Level II ACS program;²⁸
- Be skilled in all aspects of interventional cardiology equipment; and
- Participate in a 24-hour-per-day, 365 day-per-year call schedule.

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

²¹ Section 408.032(3), F.S.

²² See s. 408.036(3)(m) and (n), F.S., allowing for an exemption from the full review process for certain adult open-heart services and PCI services.

²³ Chapter 2004-383, s. 7, Laws of Fla.

²⁴ Level I and Level II ACS programs may also perform adult diagnostic cardiac catheterization in accordance with Rule 59A-3.2085(13), F.A.C. Adult diagnostic cardiac catheterization involves the insertion of a catheter into one or more heart chambers for the purpose of diagnosing cardiovascular diseases.

²⁵ See s. 408.0361(3), F.S.

²⁶ Rule 59A-3.2085(16), F.A.C.

²⁷ Rule 59A-3.2085(17), F.A.C.

²⁸ The standard in the CON exemption in s. 408.036(3)(n), F.S., for providing PCI in a hospital without an approved adult open-heart-surgery program required previous experience in dedicated interventional laboratories or surgical centers.

ACC/AHA/SCAI 2005 Guideline Update for PCI.²⁹ Table 15 in that report provides criteria for the performance of primary PCI at hospitals without onsite cardiac surgery. It states:

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

In 2014, the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, Inc., issued the SCAI/ACC/AHA Expert Consensus Document: 2014 Update on PCI Without On-Site Surgical Backup.³⁰ That report acknowledged advances and best practices in PCI performed in hospitals without onsite surgery. Table IV in that report addresses personnel requirements for PCI programs without onsite surgery. It recommends the program have experienced nursing and technical laboratory staff with training in interventional laboratories. The report does not reference a requirement that the training or experience should occur in a dedicated interventional laboratory at a surgical center.

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

Section 60 amends s. 408.036, F.S., to remove the exemption from certificate of need for hospitals wanting to add adult open-heart services. This exemption is no longer necessary due to the creation of licensure standards in 2004.

Section 61 amends s. 408.0361, F.S., to exempt a hospital located more than 100 road miles from the closest Level II ACS from the requirement to meet ischemic heart disease diagnosis volume requirements if the hospital demonstrates that it has, for the most recent 12-month period as reported to the agency, provided a minimum of 100 adult inpatient and outpatient diagnostic cardiac catheterizations or that, for the most recent 12-month period, it has discharged or transferred at least 300 patients with the principal diagnosis of ischemic heart disease. This change will allow Lower Keys Medical Center to become a Level I provider.³²

²⁹ Smith SC Jr, Feldman TE, Hirshfeld JW Jr, Jacobs AK, Kern MJ, King SB III, Morrison DA, O'Neill WW, Schaff HV, Whitlow PL, Williams DO. *ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention). the Society for Cardiovascular Angiography and Interventions (2005), available at http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwizrYy2zubKAhUBfSYKHafZCiAQFggvMAI&url=http%3A%2F%2Fwww.scai.org%2Fasset.axd%3Fid%3Da1d96b40-b6c7-42e7-9b71-1090e581b58c%26t%3D634128854999430000&usq=AFQjCNF0t0334L9yMm_XLA5rl0pXoCvPDw* (last visited Nov. 29, 2017).

³⁰ Gregory J. Dehmer, et.al, available at <http://circ.ahajournals.org/content/129/24/2610.full.pdf+html> (last visited Nov. 29, 2017).

³¹ See The AHCA FloridaHealthFinder.gov available at <http://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx>, (last visited Nov. 29, 2017).

³² Id.

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

- Had an annual volume of 500 or more PCI procedures;
- Achieved a demonstrated success rate of 95 percent or higher for PCI;
- Experienced a complication rate of less than 5 percent for PCI; and
- Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

Subscriber Assistance Program

The subscriber assistance panel (SAP) was created in 1985 to assist members of managed care entities whose grievances or appeals were not satisfactorily resolved by the managed care entity upon exhaustion of the managed care entity's internal grievance and appeal process. Under the federal Patient Protection and Affordable Care Act (PPACA),³³ managed care entities were given an option to either comply with the state's external review requirement or opt-out and participate in the federal external review program. The majority of health plans in Florida elected to use the federal program and the SAP program experienced a significant decrease in the number of cases being reviewed by the panel.³⁴

The SAP is currently available to members of managed care entities with coverage by: Statewide Medicaid Managed Care, Healthy Kids, Prepaid Health Clinics, or grandfathered policies³⁵ that have not elected to have all of their health insurance policies subject to an external review process by independent review organization(s). Medicaid recipients in managed care can file for an external review through a Medicaid Fair Hearing and members with grandfathered commercial policies may appeal through independent review organizations.³⁶

Repeal of the SAP eliminates this program as an external appeal option for members in Healthy Kids and Prepaid Health Clinics, although according to the agency, no Prepaid Health Clinic

³³ Pub. Law No. 111-148 (Mar. 23, 2010) amended by Pub. Law. No. 111-152 (Mar. 30, 2010).

³⁴ According to the agency, between FY 2011-2012 and FY 2012-2013, when the majority of plans opted to use the federal external review program, the number of cases received by the SAP dropped from 415 to 213. The number of cases heard by the SAP dropped from 74 to 17. There was an uptick in both number of cases received by the subscriber assistance program and the number of cases heard by the panel for FY 2014-2015 and FY 2015-2016; however, FY 2016-2017 showed a decline in the number of cases received and heard from 350 to 253 and 53 to 28, respectively. The predominant outcome of the cases in FY 2016-2017 was a determination of non-jurisdiction (165), followed by submission of an incomplete application (24) and resolved prior to panel hearing (26). See the chart prepared by the agency for activity since FY 2009-2010 at supra note 1.

³⁵ A grandfathered health plan is a plan that existed on March 23, 2010, the date that the PPACA was enacted, and that at least one person had been continuously covered for 1 year. Plans or policies may lose their "grandfathered" status if they make certain significant changes that reduce benefits or increase costs to consumers. See Healthcare.gov, *Grandfathered Health Plans*, <https://www.healthcare.gov/glossary/grandfathered-health-plan/> (last visited Nov. 28, 2017).

³⁶ Supra note 3.

members have used the SAP. At this time, these members do not have another avenue in which to file an external appeal.³⁷

Section 65 repeals s. 408.7056, F.S., relating to the subscriber assistance program.

General Licensing Provisions

Section 67 amends s. 408.803, F.S., to add a definition of “relative.” This addition is to clarify the meaning of the term when used in the newly created s. 408.810(1), F.S., (see Section 70, below).

Section 68 amends s. 408.806, F.S., to authorize a licensee that holds a license for multiple providers licensed by the agency to request alignment of all license expiration dates. In order to accomplish this, the agency is authorized to issue a license for an abbreviated licensure period with a prorated licensure fee.

Section 69 amends s. 408.809, F.S., to apply background screening provisions to all controlling interests in a health care facility. Current law only requires background screening of controlling interests if the AHCA has reason to believe that such a person has been convicted of a prohibited offense. The section also requires background screening for contractors with a licensee or provider who work for 20 hours or more per week and have access to client funds, personal property, or living areas.

Section 70 amends s. 408.810, F.S., to exempt an applicant for a change of ownership from submitting proof of financial ability to operate, if the provider has been licensed for at least 5 years and the change is the result of a corporate reorganization under which the controlling interest is unchanged or solely due to the death of a controlling interest, and the surviving controlling interest continue to hold at least 51 percent of the ownership.

The agency is authorized to adopt rules to address the circumstances under which a controlling interest, an administrator, an employee, a contractor, or a representative thereof who is not a relative of the patient or client may act as a legal representative, agent, health care surrogate, power of attorney, or guardian of a patient or client. According to the agency, licensure regulations are currently inconsistent in this area. Due to the vulnerability of persons receiving health or custodial care, allowing the paid caregiver to control finances or health care decisions of the patient can result in exploitation or abuse. In some cases, the facility has a surety bond, but this is not required for all provider types.³⁸

The section also requires that the licensee must ensure that no person holds any ownership interest who has a disqualifying offense³⁹ or who holds any ownership interest in a provider that had a license revoked or application denied. This provision does not apply to shareholders in a publicly traded corporation.

³⁷ *Id.*

³⁸ *Supra* note 1.

³⁹ Pursuant to s. 408.809, F.S.

Section 71 amends s. 408.812, F.S., relating to unlicensed activity, to specify that unlicensed activity constitutes abuse and neglect, as defined in s. 415.102, F.S.⁴⁰ The section removes the requirement that a person or entity must apply for a license after receiving notification from the agency that the person or entity is engaging in unlicensed activity. If a controlling interest or licensee has more than one provider and fails to license all providers that require licensure, the agency may impose a fine, regardless of correction, as one of the authorized sanctions.

Background Screening

Sections 74 and 87 amend ss. 409.907 and 435.04, F.S., respectively, to move certain disqualifying offenses from the Medicaid requirements into background screening standards. This move allows Medicaid applicants to apply for an exemption to a disqualifying offense in the same manner as other persons required to be screened under these provisions.⁴¹ The section also provides more specificity as to which offenses are disqualifying.

Section 87 also amends s. 435.04, F.S., to disqualify persons from employment as a health care worker who have been arrested for and are awaiting final disposition of an offense related to domestic violence. This change conforms to the language used in subsection (2) disqualifying persons from employment for all other enumerated offenses.

Assisted Living Facilities

ALFs provide full-time living arrangements in the least restrictive and most home-like setting. Facilities can include individual apartments or rooms that a resident has alone or shares with another person. These facilities can also range in size from one resident to several hundred residents.

The basic services provided by an ALF include, but are not limited to:

- Housing, nutritional meals, and special diets;
- Personal care (help with bathing, dressing, eating, walking, physical transfer);
- Give medications (by a nurse employed at the facility or arranged by contract) or help residents give themselves medications;
- Supervise residents;
- Arrange for health care services;
- Provide or arrange for transportation to health care services;
- Health monitoring;
- Respite care;
- Social and leisure activities; and
- Mental Health services.

⁴⁰ In summary, s. 415.102, F.S., defines “abuse” as any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health; and that abuse includes acts and omissions. “Neglect” is defined as the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult. Refer to s. 415.102(16), F.S., for additional acts that constitute neglect.

⁴¹ Supra n. 3

Section 78 amends s. 429.04, F.S., relating to exemptions from licensure, to clarify and expand the exemptions to include facilities licensed by the Agency for Persons with Disabilities, mental health facilities, licensed hospitals, nursing homes, inpatient hospices, homes for special services,⁴² intermediate care facilities, or transitional living facilities. Additionally, the section assigns the burden of providing documentation substantiating an exemption to the person or entity asserting an exemption in response to an agency investigation of unlicensed activity.

A current exemption includes any person who provides housing, meals, or one or more personal services on a 24-hour basis in the person's own home to not more than two adults who do not receive optional state supplementation. The section specifies that in addition to owning or renting the home, the person who provides these services must have established the home as the person's permanent residence. If the person holds a homestead exemption at a different address, a presumption exists that the person has not established permanent residence as required by this section. Furthermore, the section provides that the exemption does not apply to a person or entity who previously held licensure issued by the agency and such license was revoked or licensure renewal was denied by final order, or when the license was voluntarily relinquished during agency enforcement proceedings.

Section 79 amends s. 429.08, F.S., relating to unlicensed facilities, to clarify and create a felony of the third degree penalty for renting or otherwise maintaining a building or property that operates or maintains an unlicensed ALF. This section now provides that any person who owns, operates, or maintains an unlicensed ALF after receiving notice from the agency that licensure is required and to cease such operation commits a felony of the third degree. Current law provides a 6-month window after a statutory or rule change takes place if the change placed the person in the position of violating this provision before the violation occurs. This 6-month timeframe is repealed in the bill.

Section 80 amends s. 429.176, F.S., to prohibit an ALF from operating for more than 120 consecutive days without an administrator who has completed the core educational requirements.

Section 82 amends s. 429.24, F.S., to specify that new services added to a resident's contract for which the resident was not previously charged do not require a 30-day written notice of rate increase.

Section 83 amends s. 429.28, F.S., to specify that residents in an ALF have the right to "assistance with" obtaining access to adequate and appropriate health care. Current law provides the resident with the right to "access to adequate and appropriate health care." The section further specifies that "adequate and appropriate health care" includes management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255, F.S.⁴³

⁴² Homes for special services is defined in s. 400.801, F.S., as a site licensed by the agency prior to January 1, 2006, where specialized health care services are provided, including personal and custodial care, but not continuous nursing services.

⁴³ Section 429.255, F.S., specifies the types of care that may be provided by various staff in an ALF, including nursing and medical staff, and includes provisions for emergency situations.

Sections 83 and 85 amend ss. 429.28 and 429.34, F.S., to strike provisions from the “resident’s bill of rights” section that are related to AHCA inspections of ALFs and move the provisions into the section related to AHCA right of entry and inspection powers.

Section 84 amends s. 429.294, F.S., to conform the requirement that ALFs provide copies of medical records to the provisions requiring nursing homes to provide such records. Current law requires ALFs to provide the records within 10 days while nursing homes have 30 days to provide the records.⁴⁴

Section 86 amends s. 429.52, F.S., to specify that an ALF administrator must complete staff training, including passing the competency test, within 90 days of the date of employment.

Clinical Laboratories

The CMS regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA).⁴⁵ Facilities that provide clinical laboratory services are required to be certified by the CMS CLIA laboratory certification program which operates in conjunction with the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Certain laboratories may qualify as a waived testing laboratory and receive a CLIA Certificate of Waiver.⁴⁶

Clinical laboratories in the state performing non-waived tests must also obtain a state license from the AHCA and comply with part I of ch. 483, F.S., relating to clinical laboratories, and the general licensing provisions in part II of ch. 408, F.S. This requirement also applies to a clinical laboratory operated by one or more practitioners such as physicians, chiropractors, podiatrists, optometrists, or dentists, exclusively in connection with the diagnosis and treatment of their own patients.⁴⁷

As of July 1, 2017, the agency licenses 3,904 clinical laboratories and collects an average of \$1,540,000 per year in recurring licensure fees and an average of \$321,900 per year in recurring biennial assessments required by s. 408.033, F.S. In addition, the CLIA program certifies another 18,446 Florida based laboratories that only perform “waived” testing and therefore, are exempt from state licensure requirements.⁴⁸

Section 89 amends s. 456.054, F.S., to move anti-kickback language for clinical laboratories from s. 483.245, F.S., which is being repealed, into the general provisions for healthcare practitioners.

⁴⁴ See s. 400.145, F.S.

⁴⁵ CMS.gov, *Clinical Laboratory Improvement Amendments (CLIA)* (April 5, 2017) <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/CLIA> (last visited Nov. 29, 2017).

⁴⁶ Waived testing laboratories: employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible, pose no reasonable risk of harm to the patient if the test is performed incorrectly, use tests that are cleared by the FDA for home use, and conduct testing that is considered non-technical requiring little or no difficulty. *See* Agency for Health Care Administration, Waived Laboratories: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Laboratory_Licensure/waived_apps.shtml (last visited Nov. 29, 2017).

⁴⁷ Section 483.035(1), F.S.

⁴⁸ *Supra* note 3.

Section 95 repeals part I of ch. 483, F.S., relating to the licensure and regulation of clinical laboratories by the agency. Part I includes ss. 483.011 - 483.26, F.S. Laboratories will continue to be certified by, or receive a certificate of waiver from, the CMS under the CLIA. Included within the repeal is a requirement that laboratory results must be reported directly to the licensed practitioner or other authorized person who requested it, and the authorization for a laboratory to disclose the results without a patient's consent to other health care practitioners and providers involved in the care or treatment of the patient as specified in s. 456.057(7)(a), F.S.

Section 97 amends s. 483.801, F.S., to exempt from licensure persons engaged in testing performed by laboratories that are wholly owned and operated by one or more practitioners who are licensed under Florida law as allopathic or osteopathic physicians, chiropractors, podiatrists, optometrists, or dentists and who practice in the same group practice, and in which no clinical laboratory work is performed for patients referred by a health care provider who is not a member of the same group.

Managed Care Ombudsman Committees

The Statewide Managed Care Ombudsman Committee (statewide committee) and the district managed care ombudsman committees (district committees) were established in 1996.⁴⁹ The statewide committee is created within the agency as a consumer protection and advocacy organization on behalf of managed care subscribers. The statewide committee has administrative authority over the district committees and consists of the chairpersons of the district committees.

A district committee is created in s. 641.65, F.S., in each district of the agency that has staff assigned for the regulation of managed care programs. Each district committee must have no fewer than nine members or more than 16 members, including at least four physicians, one licensed under each of chs. 458, 459, 460, and 461; one psychologist; one registered nurse; one clinical social worker; one attorney; and one consumer.⁵⁰

According to the agency, due to the very stringent committee composition requirements, the majority of districts could not form district committees. The first committee was established in 1999 and only three other districts were able to meet committee requirements. The last activity on record was in 2010, and there are currently no active committees.⁵¹

Sections 116-121 repeal ss. 641.60, 641.65, 641.67, 641.68, 641.70, and 641.75, F.S., to eliminate the statewide and district Managed Care Ombudsman Committees.

Miscellaneous Provision

Section 62 amends s. 408.061, F.S., relating to data collection by the agency from health care facilities, to conform cross-references and to exclude hospitals operated by state agencies from the requirement to submit certain financial reports.

⁴⁹ Chapter 96-391, Laws of Fla.

⁵⁰ Section 641.65(2), F.S.

⁵¹ Supra note 3

Technical and Conforming Sections

The following sections make technical changes to the Florida statutes to conform its provisions to other changes made by this bill:

Section 55 amends s. 400.933, F.S., to make a technical change specifying that it is the Department of Business and Professional Regulation, not the DOH, that issues medical oxygen retail establishment permits.

Section 77 amends s. 492.02, F.S., to make technical grammatical changes to the section.

Sections 1, 3-15, 17, 19, 20-22, 25, 42, 50, 57, 59, 63, 66, 72, 73, 75-76, 81, 88, 90-94, 96, 98-115, and 122-126.

These sections amend ss. 20.43, 220.1845, 376.30781, 376.86, 381.0031, 381.0034, 381.004, 381.0405, 383.14, 383.30, 383.301, 383.302, 383.305, 383.309, 383.33, 384.31, 385.211, 394.4787, 395.001, 395.009, 395.7015, 400.497, 400.9905, 408.033, 408.07, 408.802, 408.820, 409.905, 409.9116, 409.975, 429.19, 456.001, 456.057, 456.076, 458.307, 458.345, 459.021, 483.294, 483.803, 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406, 627.64194, 627.6513, 627.6574, 641.185, 641.31, 641.312, 641.3154, 641.51, 641.511, 641.515, 641.55, 766.118, 766.202, 945.36, 1009.65, and 1011.52, F.S., respectively.

Effective Date

Section 127 provides the bill takes effect July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Repealing the licensure requirement for health care risk managers will save each risk manager the cost of the licensure fee, which is \$104.54 for initial applicants and \$52.78 for renewal applicants.⁵²

Repealing clinical laboratory licensure will save each clinical laboratory that was required to be licensed and is accredited \$100 biennially. If not accredited the fee is between \$400 - \$3,919 biennially, depending upon the annual volume of non-waived tests performed.⁵³

C. Government Sector Impact:***State Revenues***

With the elimination of the risk manager application fees and the laboratory licensure application fees, overall revenue to the state will decrease by approximately \$2.05 million annually. This includes reductions of \$1.6 million from the Health Care Trust Fund in ACHA, \$0.3 million from the Grants and Donations Trust Fund in the Department of Health and \$0.15 million from the General Revenue Fund.

Of the \$2.05 million reductions noted above, \$64,866 per year is attributable to the elimination of the risk manager application fees and \$1,540,000 per year is attributable to the laboratory licensure application fees.⁵⁴ The AHCA collects assessments pursuant to s. 408.033, F.S., and transfers these assessments to the Grants and Donations Trust Fund within the Department of Health (DOH) to fund the Local Health Councils. The estimated reduction to the transfer to DOH associated with the laboratory assessments is \$304,950. The estimated reduction to General Revenue is \$152,785 relating to the General Revenue surcharge in s. 215.20, F.S.

State Expenditures

The bill reduces the workload on AHCA staff relating to the licensure of clinical laboratories. The AHCA anticipates reallocating such resources to other areas of AHCA providing regulatory functions.

VI. Technical Deficiencies:

The title of the bill does not include language stricken from s. 400.0625, F.S., on lines 1182-1186.

The bill amends s. 408.0361, F.S., to mandate the establishment of rules to require nursing and technical staff in hospitals performing adult cardiovascular services to have specified experience. This change appears to apply to both hospitals providing Level I and Level II services, however,

⁵² See the Application checklist available at:

http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/risk_manager.shtml (last visited Nov. 29, 2017).

⁵³ See AHCA Clinical laboratory fees, available at:

http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Laboratory_Licensure/fees.shtml (last visited Nov. 29, 2017).

⁵⁴ Supra n. 3

this is placed within a statutory paragraph only relating to a hospital seeking a Level I program license. As such, it is unclear whether the staff training requirement applies to both hospitals providing Level I and Level II services or only to hospitals providing Level I services. The bill may need to be amended to clearly indicate to which hospitals the requirement applies.

The bill amends s. 491.003, F.S., to make technical grammatical changes to the bill. Line 2941 eliminates parentheses around the phrase “mental dysfunctions or disorders (whether cognitive, affective, or behavioral).” This phrase is part of a list and as such, the list should also be amended to use semicolons rather than commas in order to adequately distinguish the individual parts of the list from the phrase within the deleted parentheses. Additionally, the parenthetical phrase is used on lines 2838-2839, 2847-2848, 2882, 2893-2894, and 2951-2952 and these instances have not been amended. The bill should be amended to be consistent in its usage throughout the section.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.43, 220.1845, 376.30781, 376.86, 381.0031, 381.0034, 381.004, 381.0405, 383.14, 383.30, 383.301, 383.302, 383.305, 383.309, 383.313, 383.33, 384.31, 385.211, 394.4787, 395.001, 395.002, 395.003, 395.009, 395.0161, 395.0163, 395.0197, 395.1055, 395.10973, 395.602, 395.603, 395.701, 395.7015, 400.0625, 400.191, 400.464, 400.471, 400.474, 400.476, 400.484, 400.497, 400.506, 400.606, 400.925, 400.931, 400.933, 400.980, 400.9905, 400.9935, 408.033, 408.036, 408.0361, 408.061, 408.07, 408.20, 408.7056, 408.802, 408.803, 408.806, 408.809, 408.810, 408.812, 408.820, 409.905, 409.907, 409.9116, 409.975, 429.02, 429.04, 429.08, 429.176, 429.19, 429.24, 429.28, 429.294, 429.34, 429.52, 435.04, 456.001, 456.054, 456.057, 456.076, 458.307, 458.345, 459.021, 483.294, 483.801, 483.803, 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406, 627.64194, 627.6513, 627.6574, 641.185, 641.31, 641.312, 641.3154, 641.51, 641.511, 641.515, 641.55, 766.118, 766.202, 945.36, 1009.65, and 1011.52.

This bill creates the following sections of the Florida Statutes: 154.13 and 395.0091.

This bill repeals the following sections of the Florida Statutes: 383.335, 395.1046, 395.10971, 395.10972, 395.10974, 395.10975, 395.604, 395.605, 483.011, 483.021, 483.031, 483.035, 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172, 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, 483.26, 641.60, 641.65, 641.67, 641.68, 641.70, and 641.75.

IX. Additional Information:

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

Recommended PCS by Appropriations Subcommittee on Health and Human Services on January 10, 2018:

The PCS clarifies the duties of nurse registries, removes obsolete language related to adult open-heart surgery certificate of need requirements, and removes section 88 of the bill relating to background screening.

B. Amendments:

None.

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



486176

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
	.	
	.	
	.	

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

Senate Amendment (with directory amendment)

Between lines 1533 and 1534

insert:

(6)

(e) Upon referral of a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide for contract in a private residence or facility, the nurse registry shall advise the patient, the patient's family, or any other person acting on behalf of the



486176

11 patient, at the time of the contract for services, that the
12 caregiver referred by the nurse registry is an independent
13 contractor and that the ~~it is not the obligation of a nurse~~
14 registry may not ~~to~~ monitor, supervise, manage, or train a
15 caregiver referred for contract under this chapter.

16
17 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

18 And the directory clause is amended as follows:

19 Delete line 1520

20 and insert:

21 Section 51. Subsection (5), paragraph (e) of subsection
22 (6), and paragraph (a) of subsection



848950

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
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	.	
	.	

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

Senate Amendment (with directory and title amendments)

Between lines 1564 and 1565

insert:

(19) ~~It is not the obligation of~~ A nurse registry may not
~~to~~ monitor, supervise, manage, or train a registered nurse,
licensed practical nurse, certified nursing assistant, companion
or homemaker, or home health aide referred for contract under
this chapter. In the event of a violation of this chapter or a
violation of any other law of this state by a referred



11 registered nurse, licensed practical nurse, certified nursing
12 assistant, companion or homemaker, or home health aide, or a
13 deficiency in credentials which comes to the attention of the
14 nurse registry, the nurse registry shall advise the patient to
15 terminate the referred person's contract, providing the reason
16 for the suggested termination; cease referring the person to
17 other patients or facilities; and, if practice violations are
18 involved, notify the licensing board. This section does not
19 affect or negate any other obligations imposed on a nurse
20 registry under chapter 408.

21
22 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

23 And the directory clause is amended as follows:

24 Delete lines 1520 - 1521

25 and insert:

26 Section 51. Subsection (5), paragraph (a) of subsection
27 (15), and subsection (19) of section 400.506, Florida Statutes,
28 are amended to read:

29
30 ===== T I T L E A M E N D M E N T =====

31 And the title is amended as follows:

32 Delete line 108

33 and insert:

34 registry; prohibiting a nurse registry from
35 monitoring, supervising, managing, or training a
36 certain caregiver who is an independent contractor;
37 amending s. 400.606, F.S.; removing a



693974

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
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	.	
	.	

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

Senate Amendment (with directory amendment)

Delete line 1791

and insert:

~~(m)1. For the provision of adult open-heart services in a hospital located within the boundaries of a health service planning district, as defined in s. 408.032(5), which has experienced an annual net out-migration of at least 600 open-heart surgery cases for 3 consecutive years according to the most recent data reported to the agency, and the districts~~



693974

11 ~~population per licensed and operational open heart programs~~
12 ~~exceeds the state average of population per licensed and~~
13 ~~operational open heart programs exceeds the state average of~~
14 ~~population per licensed and operational open heart programs by~~
15 ~~at least 25 percent. All hospitals within a health service~~
16 ~~planning district which meet the criteria reference in sub-~~
17 ~~subparagraphs 2.a. h. shall be eligible for this exemption on~~
18 ~~July 1, 2004, and shall receive the exemption upon filing for it~~
19 ~~and subject to the following:~~

20 ~~a. A hospital that has received a notice of intent to grant~~
21 ~~a certificate of need or a final order of the agency granting a~~
22 ~~certificate of need for the establishment of an open-heart~~
23 ~~surgery program is entitled to receive a letter of exemption for~~
24 ~~the establishment of an adult open-heart-surgery program upon~~
25 ~~filing a request for exemption and complying with the criteria~~
26 ~~enumerated in sub-subparagraphs 2.a. h., and is entitled to~~
27 ~~immediately commence operation of the program.~~

28 ~~b. An otherwise eligible hospital that has not received a~~
29 ~~notice of intent to grant a certificate of need or a final order~~
30 ~~of the agency granting a certificate of need for the~~
31 ~~establishment of an open-heart-surgery program is entitled to~~
32 ~~immediately receive a letter of exemption for the establishment~~
33 ~~of an adult open-heart-surgery program upon filing a request for~~
34 ~~exemption and complying with the criteria enumerated in sub-~~
35 ~~subparagraphs 2.a. h., but is not entitled to commence operation~~
36 ~~of its program until December 31, 2006.~~

37 ~~2. A hospital shall be exempt from the certificate-of-need~~
38 ~~review for the establishment of an open-heart-surgery program~~
39 ~~when the application for exemption submitted under this~~



693974

40 ~~paragraph complies with the following criteria:~~

41 ~~a. The applicant must certify that it will meet and~~
42 ~~continuously maintain the minimum licensure requirements adopted~~
43 ~~by the agency governing adult open heart programs, including the~~
44 ~~most current guidelines of the American College of Cardiology~~
45 ~~and American Heart Association Guidelines for Adult Open Heart~~
46 ~~Programs.~~

47 ~~b. The applicant must certify that it will maintain~~
48 ~~sufficient appropriate equipment and health personnel to ensure~~
49 ~~quality and safety.~~

50 ~~e. The applicant must certify that it will maintain~~
51 ~~appropriate times of operation and protocols to ensure~~
52 ~~availability and appropriate referrals in the event of~~
53 ~~emergencies.~~

54 ~~d. The applicant can demonstrate that it has discharged at~~
55 ~~least 300 inpatients with a principal diagnosis of ischemic~~
56 ~~heart disease for the most recent 12-month period as reported to~~
57 ~~the agency.~~

58 ~~e. The applicant is a general acute care hospital that is~~
59 ~~in operation for 3 years or more.~~

60 ~~f. The applicant is performing more than 300 diagnostic~~
61 ~~cardiac catheterization procedures per year, combined inpatient~~
62 ~~and outpatient.~~

63 ~~g. The applicant's payor mix at a minimum reflects the~~
64 ~~community average for Medicaid, charity care, and self-pay~~
65 ~~patients or the applicant must certify that it will provide a~~
66 ~~minimum of 5 percent of Medicaid, charity care, and self-pay to~~
67 ~~open-heart surgery patients.~~

68 ~~h. If the applicant fails to meet the established criteria~~



693974

69 ~~for open heart programs or fails to reach 300 surgeries per year~~
70 ~~by the end of its third year of operation, it must show cause~~
71 ~~why its exemption should not be revoked.~~

72 ~~3. By December 31, 2004, and annually thereafter, the~~
73 ~~agency shall submit a report to the Legislature providing~~
74 ~~information concerning the number of requests for exemption it~~
75 ~~has received under this paragraph during the calendar year and~~
76 ~~the number of exemptions it has granted or denied during the~~
77 ~~calendar year.~~

78 ~~(n) For the provision of percutaneous coronary intervention~~
79 ~~for patients presenting with emergency myocardial infarctions in~~
80 ~~a hospital without an approved adult open-heart-surgery program.~~
81 ~~In addition to any other documentation required by the agency, a~~
82 ~~request for an exemption submitted under this paragraph must~~
83 ~~comply with the following:~~

84 ~~1. The applicant must certify that it will meet and~~
85 ~~continuously maintain the requirements adopted by the agency for~~
86 ~~the provision of these services. These licensure requirements~~
87 ~~shall be adopted by rule and must be consistent with the~~
88 ~~guidelines published by the American College of Cardiology and~~
89 ~~the American Heart Association for the provision of percutaneous~~
90 ~~coronary interventions in hospitals without adult open-heart~~
91 ~~services. At a minimum, the rules must require the following:~~

92 ~~a. Cardiologists must be experienced interventionalists who~~
93 ~~have performed a minimum of 75 interventions within the previous~~
94 ~~12 months.~~

95 ~~b. The hospital must provide a minimum of 36 emergency~~
96 ~~interventions annually in order to continue to provide the~~
97 ~~service.~~



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98 ~~e. The hospital must offer sufficient physician, nursing,~~
99 ~~and laboratory staff to provide the services 24 hours a day, 7~~
100 ~~days a week.~~

101 ~~d. Nursing and technical staff must have demonstrated~~
102 ~~experience in handling acutely ill patients requiring~~
103 ~~intervention based on previous experience in dedicated~~
104 ~~interventional laboratories or surgical centers.~~

105 ~~e. Cardiac care nursing staff must be adept in hemodynamic~~
106 ~~monitoring and Intra-aortic Balloon Pump (IABP) management.~~

107 ~~f. Formalized written transfer agreements must be developed~~
108 ~~with a hospital with an adult open-heart-surgery program, and~~
109 ~~written transport protocols must be in place to ensure safe and~~
110 ~~efficient transfer of a patient within 60 minutes. Transfer and~~
111 ~~transport agreements must be reviewed and tested, with~~
112 ~~appropriate documentation maintained at least every 3 months.~~
113 ~~However, a hospital located more than 100 road miles from the~~
114 ~~closest Level II adult cardiovascular services program does not~~
115 ~~need to meet the 60-minute transfer time protocol if the~~
116 ~~hospital demonstrates that it has a formalized, written transfer~~
117 ~~agreement with a hospital that has a Level II program. The~~
118 ~~agreement must include written transport protocols that ensure~~
119 ~~the safe and efficient transfer of a patient, taking into~~
120 ~~consideration the patient's clinical and physical~~
121 ~~characteristics, road and weather conditions, and viability of~~
122 ~~ground and air ambulance service to transfer the patient.~~

123 ~~g. Hospitals implementing the service must first undertake~~
124 ~~a training program of 3 to 6 months' duration, which includes~~
125 ~~establishing standards and testing logistics, creating quality~~
126 ~~assessment and error management practices, and formalizing~~



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127 ~~patient selection criteria.~~

128 ~~2. The applicant must certify that it will use at all times~~
129 ~~the patient selection criteria for the performance of primary~~
130 ~~angioplasty at hospitals without adult open heart surgery~~
131 ~~programs issued by the American College of Cardiology and the~~
132 ~~American Heart Association. At a minimum, these criteria would~~
133 ~~provide for the following:~~

134 ~~a. Avoidance of interventions in hemodynamically stable~~
135 ~~patients who have identified symptoms or medical histories.~~

136 ~~b. Transfer of patients who have a history of coronary~~
137 ~~disease and clinical presentation of hemodynamic instability.~~

138 ~~3. The applicant must agree to submit a quarterly report to~~
139 ~~the agency detailing patient characteristics, treatment, and~~
140 ~~outcomes for all patients receiving emergency percutaneous~~
141 ~~coronary interventions pursuant to this paragraph. This report~~
142 ~~must be submitted within 15 days after the close of each~~
143 ~~calendar quarter.~~

144 ~~4. The exemption provided by this paragraph does not apply~~
145 ~~unless the agency determines that the hospital has taken all~~
146 ~~necessary steps to be in compliance with all requirements of~~
147 ~~this paragraph, including the training program required under~~
148 ~~sub-subparagraph 1.g.~~

149 ~~5. Failure of the hospital to continuously comply with the~~
150 ~~requirements of sub-subparagraphs 1.c.-f. and subparagraphs 2.~~
151 ~~and 3. will result in the immediate expiration of this~~
152 ~~exemption.~~

153 ~~6. Failure of the hospital to meet the volume requirements~~
154 ~~of sub-subparagraphs 1.a. and b. within 18 months after the~~
155 ~~program begins offering the service will result in the immediate~~



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156 ~~expiration of the exemption.~~

157

158 ~~If the exemption for this service expires under subparagraph 5.~~
159 ~~or subparagraph 6., the agency may not grant another exemption~~
160 ~~for this service to the same hospital for 2 years and then only~~
161 ~~upon a showing that the hospital will remain in compliance with~~
162 ~~the requirements of this paragraph through a demonstration of~~
163 ~~corrections to the deficiencies that caused expiration of the~~
164 ~~exemption. Compliance with the requirements of this paragraph~~
165 ~~includes compliance with the rules adopted pursuant to this~~
166 ~~paragraph.~~

167 ~~(m)~~ ~~(p)~~ For replacement of a licensed nursing home on the

168

169 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

170 And the directory clause is amended as follows:

171 Delete lines 1780 - 1783

172 and insert:

173 Section 60. Present paragraphs (f) through (l) of
174 subsection (3) of section 408.036, Florida Statutes, are
175 redesignated as paragraphs (e) through (k), respectively,
176 present paragraphs (o) through (t) of that subsection are
177 redesignated as paragraphs (l) through (q), respectively, and
178 present paragraphs (e), (m), (n), and (p) of that subsection are
179 amended, to read:



165374

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2018	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 2569 - 2609.

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

And the title is amended as follows:

Delete lines 236 - 239

and insert:

screen for; amending s. 456.054, F.S.; prohibiting

By Senator Grimsley

26-00620-18

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1 A bill to be entitled
 2 An act relating to health care facility regulation;
 3 creating s. 154.13, F.S.; providing that a designated
 4 facility owned or operated by a public health trust
 5 and located within the boundaries of a municipality is
 6 under the exclusive jurisdiction of the county
 7 creating the public health trust; amending ss.
 8 381.0031, 381.004, 384.31, 395.009, 400.0625, and
 9 409.905, F.S.; eliminating state licensure
 10 requirements for clinical laboratories; requiring
 11 clinical laboratories to be federally certified;
 12 amending s. 383.313, F.S.; requiring a birth center to
 13 be federally certified and meet specified requirements
 14 to perform certain laboratory tests; repealing s.
 15 383.335, F.S., relating to partial exemptions from
 16 licensure requirements for certain facilities that
 17 provide obstetrical and gynecological surgical
 18 services; amending s. 395.002, F.S.; revising and
 19 deleting definitions to remove the term "mobile
 20 surgical facility"; conforming a cross-reference;
 21 creating s. 395.0091, F.S.; requiring the Agency for
 22 Health Care Administration, in consultation with the
 23 Board of Clinical Laboratory Personnel, to adopt rules
 24 establishing criteria for alternate-site laboratory
 25 testing; requiring specifications to be included in
 26 the criteria; defining the term "alternate-site
 27 testing"; amending ss. 395.0161 and 395.0163, F.S.;
 28 deleting licensure and inspection requirements for
 29 mobile surgical facilities to conform to changes made

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30 by the act; amending s. 395.0197, F.S.; requiring the
 31 manager of a hospital or ambulatory surgical center
 32 internal risk management program to demonstrate
 33 competence in specified administrative and health care
 34 service areas; conforming provisions to changes made
 35 by the act; repealing s. 395.1046, F.S., relating to
 36 hospital complaint investigation procedures; amending
 37 s. 395.1055, F.S.; requiring hospitals that provide
 38 specified services to meet agency licensure
 39 requirements; providing standards to be included in
 40 licensure requirements; conforming a provision to
 41 changes made by the act; requiring a level 2
 42 background screening for personnel of distinct part
 43 nursing units; repealing ss. 395.10971 and 395.10972,
 44 F.S., relating to the purpose and the establishment of
 45 the Health Care Risk Manager Advisory Council,
 46 respectively; amending s. 395.10973, F.S.; removing
 47 requirements relating to agency standards for health
 48 care risk managers to conform provisions to changes
 49 made by the act; repealing s. 395.10974, F.S.,
 50 relating to licensure of health care risk managers,
 51 qualifications, licensure, and fees; repealing s.
 52 395.10975, F.S., relating to grounds for denial,
 53 suspension, or revocation of a health care risk
 54 manager's license and an administrative fine; amending
 55 s. 395.602, F.S.; deleting definitions for the terms
 56 "emergency care hospital", "essential access community
 57 hospital," "inactive rural hospital bed", and "rural
 58 primary care hospital"; amending s. 395.603, F.S.;

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59 deleting provisions relating to deactivation of
 60 general hospital beds by certain rural and emergency
 61 care hospitals; repealing s. 395.604, F.S., relating
 62 to other rural hospital programs; repealing s.
 63 395.605, F.S., relating to emergency care hospitals;
 64 amending s. 395.701, F.S.; revising the definition of
 65 the term "hospital" to exclude hospitals operated by a
 66 state agency; amending s. 400.191, F.S.; removing the
 67 30-month reporting timeframe for the Nursing Home
 68 Guide; amending s. 400.464, F.S.; requiring that a
 69 license issued to a home health agency on or after a
 70 specified date specify the services the organization
 71 is authorized to perform and whether the services
 72 constitute skilled care; providing that the provision
 73 or advertising of certain services constitutes
 74 unlicensed activity under certain circumstances;
 75 authorizing certain persons, entities or organizations
 76 providing home health services to voluntarily apply
 77 for a certificate of exemption from licensure by
 78 providing certain information to the agency; providing
 79 that the certificate is valid for a specified time and
 80 is nontransferable; authorizing the agency to charge a
 81 fee for the certificate; amending s. 400.471, F.S.;
 82 revising home health agency licensure requirements;
 83 providing requirements for proof of accreditation for
 84 home health agencies applying for change of ownership
 85 or the addition of skilled care services; removing a
 86 provision prohibiting the agency from issuing a
 87 license to a home health agency that fails to satisfy

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88 the requirements of a Medicare certification survey
 89 from the agency; amending s. 400.474, F.S.; revising
 90 conditions for the imposition of a fine against a home
 91 health agency; amending s. 400.476, F.S.; requiring a
 92 home health agency providing skilled nursing care to
 93 have a director of nursing; amending s. 400.484, F.S.;
 94 imposing administrative fines on home health agencies
 95 for specified classes of violations; amending s.
 96 400.497, F.S.; requiring the agency to adopt, publish,
 97 and enforce rules establishing standards for
 98 certificates of exemption; amending s. 400.506, F.S.;
 99 specifying a criminal penalty for any person who owns,
 100 operates, or maintains an unlicensed nurse registry
 101 that fails to cease operation immediately and apply
 102 for a license after notification from the agency;
 103 revising provisions authorizing the agency to impose a
 104 fine on a nurse registry that fails to cease operation
 105 after agency notification; revising circumstances
 106 under which the agency is authorized to deny, suspend,
 107 or revoke a license or impose a fine on a nurse
 108 registry; amending s. 400.606, F.S.; removing a
 109 requirement that an existing licensed health care
 110 provider's hospice licensure application be
 111 accompanied by a copy of the most recent profit-loss
 112 statement and licensure inspection report; amending s.
 113 400.925, F.S.; revising the definition of the term
 114 "home medical equipment"; amending s. 400.931, F.S.;
 115 requiring a home medical equipment provider to notify
 116 the agency of certain personnel changes within a

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117 specified timeframe; amending s. 400.933, F.S.;

118 requiring the agency to accept the submission of a

119 valid medical oxygen retail establishment permit

120 issued by the Department of Business and Professional

121 Regulation in lieu of an agency inspection for

122 licensure; amending s. 400.980, F.S.; revising the

123 timeframe within which a health care services pool

124 registrant must provide the agency with certain

125 changes of information; amending s. 400.9935, F.S.;

126 specifying that a voluntary certificate of exemption

127 may be valid for up to 2 years; amending s. 408.0361,

128 F.S.; providing an exception for a hospital to become

129 a Level I Adult Cardiovascular provider if certain

130 requirements are met; amending s. 408.061, F.S.;

131 excluding hospitals operated by state agencies from

132 certain financial reporting requirements; conforming a

133 cross-reference; amending s. 408.07, F.S.; deleting

134 the definition for the term "clinical laboratory";

135 amending s. 408.20, F.S.; exempting hospitals operated

136 by any state agency from assessments against the

137 Health Care Trust Fund to fund certain agency

138 activities; repealing s. 408.7056, F.S., relating to

139 the Subscriber Assistance Program; amending s.

140 408.803, F.S.; defining the term "relative" for

141 purposes of the Health Care Licensing Procedures Act;

142 amending s. 408.806, F.S.; authorizing licensees who

143 hold licenses for multiple providers to request that

144 the agency align related license expiration dates;

145 authorizing the agency to issue licenses for an

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146 abbreviated licensure period and to charge a prorated

147 licensure fee; amending s. 408.809, F.S.; expanding

148 the scope of persons subject to a level 2 background

149 screening to include any employee of a licensee who is

150 a controlling interest and certain part-time

151 contractors; amending s. 408.810, F.S.; providing that

152 an applicant for change of ownership licensure is

153 exempt from furnishing proof of financial ability to

154 operate if certain conditions are met; authorizing the

155 agency to adopt rules governing circumstances under

156 which a controlling interest may act in certain legal

157 capacities on behalf of a patient or client; requiring

158 a licensee to ensure that certain persons do not hold

159 an ownership interest if the licensee is not organized

160 as or owned by a publicly traded corporation; defining

161 the term "publicly traded corporation"; amending s.

162 408.812, F.S.; providing that certain unlicensed

163 activity by a provider constitutes abuse and neglect;

164 clarifying that the agency may impose a fine or

165 penalty, as prescribed in an authorizing statute, if

166 an unlicensed provider who has received notification

167 fails to cease operation; authorizing the agency to

168 revoke all licenses and impose a fine or penalties

169 upon a controlling interest or licensee who has an

170 interest in more than one provider and who fails to

171 license a provider rendering services that require

172 licensure in certain circumstances; amending s.

173 408.820, F.S.; deleting certain exemptions from part

174 II of ch. 408, F.S., for specified providers to

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175 conform provisions to changes made by the act;
 176 amending s. 409.907, F.S.; removing the agency's
 177 authority to consider certain factors in determining
 178 whether to enter into, and in maintaining, a Medicaid
 179 provider agreement; amending s. 429.02, F.S.; revising
 180 definitions of the terms "assisted living facility"
 181 and "personal services"; amending s. 429.04, F.S.;
 182 providing additional exemptions from licensure as an
 183 assisted living facility; requiring a person or entity
 184 asserting the exemption to provide documentation that
 185 substantiates the claim upon agency investigation of
 186 unlicensed activity; amending s. 429.08, F.S.;
 187 providing criminal penalties and fines for a person
 188 who rents or otherwise maintains a building or
 189 property use as an unlicensed assisted living
 190 facility; providing criminal penalties and fines for a
 191 person who owns, operates, or maintains an unlicensed
 192 assisted living facility after receiving notice from
 193 the agency; amending s. 429.176, F.S.; prohibiting an
 194 assisted living facility from operating for more than
 195 a specified time without an administrator who has
 196 completed certain educational requirements; amending
 197 s. 429.24, F.S.; providing that 30-day written notice
 198 of rate increase for residency in an assisted living
 199 facility is not required in certain situations;
 200 amending s. 429.28, F.S.; revising the assisted living
 201 facility resident bill of rights to include assistance
 202 with obtaining access to adequate and appropriate
 203 health care; defining the term "adequate and

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204 appropriate health care"; deleting a requirement that
 205 the agency conduct at least one monitoring visit under
 206 certain circumstances; deleting provisions authorizing
 207 the agency to conduct periodic followup inspections
 208 and complaint investigations under certain
 209 circumstances; amending s. 429.294, F.S.; deleting the
 210 specified timeframe within which an assisted living
 211 facility must provide complete copies of a resident's
 212 records in an investigation of resident's rights;
 213 amending s. 429.34, F.S.; authorizing the agency to
 214 inspect and investigate assisted living facilities as
 215 necessary to determine compliance with certain laws;
 216 removing a provision requiring the agency to inspect
 217 each licensed assisted living facility at least
 218 biennially; authorizing the agency to conduct
 219 monitoring visits of each facility cited for prior
 220 violations under certain circumstances; amending s.
 221 429.52, F.S.; requiring an assisted living facility
 222 administrator to complete required training and
 223 education within a specified timeframe; amending s.
 224 435.04, F.S.; providing that security background
 225 investigations must ensure that a person has not been
 226 arrested for, and is not awaiting final disposition
 227 of, certain offenses; requiring that security
 228 background investigations for purposes of
 229 participation in the Medicaid program screen for
 230 violations of federal or state law, rule, or
 231 regulation governing any state Medicaid program, the
 232 Medicare program, or any other publicly funded federal

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233 or state health care or health insurance program;
 234 specifying offenses under federal law or any state law
 235 that the security background investigations must
 236 screen for; amending s. 435.12, F.S.; revising
 237 fingerprinting requirements for purposes of a person's
 238 inclusion in the care provider background screening
 239 clearinghouse; amending s. 456.054, F.S.; prohibiting
 240 any person or entity from paying or receiving a
 241 kickback for referring patients to a clinical
 242 laboratory; prohibiting a clinical laboratory from
 243 providing personnel to perform certain functions or
 244 duties in a health care practitioner's office or
 245 dialysis facility; providing an exception; prohibiting
 246 a clinical laboratory from leasing space in any part
 247 of a health care practitioner's office or dialysis
 248 facility; repealing part I of ch. 483, F.S., relating
 249 to clinical laboratories; amending s. 483.294, F.S.;
 250 removing a requirement that the agency inspect
 251 multiphasic health testing centers at least once
 252 annually; amending s. 483.801, F.S.; providing an
 253 exemption from regulation for certain persons employed
 254 by certain laboratories; amending s. 483.803, F.S.;
 255 revising definitions of the terms "clinical
 256 laboratory", and "clinical laboratory examination";
 257 removing a cross-reference; amending s. 641.511, F.S.;
 258 revising health maintenance organization subscriber
 259 grievance reporting requirements; repealing s. 641.60,
 260 F.S., relating to the Statewide Managed Care Ombudsman
 261 Committee; repealing s. 641.65, F.S., relating to

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262 district managed care ombudsman committees; repealing
 263 s. 641.67, F.S., relating to a district managed care
 264 ombudsman committee, exemption from public records
 265 requirements, and exceptions; repealing s. 641.68,
 266 F.S., relating to a district managed care ombudsman
 267 committee and exemption from public meeting
 268 requirements; repealing s. 641.70, F.S., relating to
 269 agency duties relating to the Statewide Managed Care
 270 Ombudsman Committee and the district managed care
 271 ombudsman committees; repealing s. 641.75, F.S.,
 272 relating to immunity from liability and limitation on
 273 testimony; amending s. 945.36, F.S.; authorizing law
 274 enforcement personnel to conduct drug tests on certain
 275 inmates and releasees; amending ss. 20.43, 220.1845,
 276 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30,
 277 383.301, 383.302, 383.305, 383.309, 383.33, 385.211,
 278 394.4787, 395.001, 395.003, 395.7015, 400.9905,
 279 408.033, 408.036, 408.802, 409.9116, 409.975, 429.19,
 280 456.001, 456.057, 456.076, 458.307, 458.345, 459.021,
 281 483.813, 483.823, 491.003, 627.351, 627.602, 627.6406,
 282 627.64194, 627.6513, 627.6574, 641.185, 641.31,
 283 641.312, 641.3154, 641.51, 641.515, 641.55, 766.118,
 284 766.202, 1009.65, and 1011.52, F.S.; conforming
 285 provisions to changes made by the act; providing an
 286 effective date.

287
288 Be It Enacted by the Legislature of the State of Florida:289
290 Section 1. Paragraph (g) of subsection (3) of section

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291 20.43, Florida Statutes, is amended to read:

292 20.43 Department of Health.—There is created a Department
293 of Health.

294 (3) The following divisions of the Department of Health are
295 established:

296 (g) Division of Medical Quality Assurance, which is
297 responsible for the following boards and professions established
298 within the division:

299 1. The Board of Acupuncture, created under chapter 457.

300 2. The Board of Medicine, created under chapter 458.

301 3. The Board of Osteopathic Medicine, created under chapter
302 459.

303 4. The Board of Chiropractic Medicine, created under
304 chapter 460.

305 5. The Board of Podiatric Medicine, created under chapter
306 461.

307 6. Naturopathy, as provided under chapter 462.

308 7. The Board of Optometry, created under chapter 463.

309 8. The Board of Nursing, created under part I of chapter
310 464.

311 9. Nursing assistants, as provided under part II of chapter
312 464.

313 10. The Board of Pharmacy, created under chapter 465.

314 11. The Board of Dentistry, created under chapter 466.

315 12. Midwifery, as provided under chapter 467.

316 13. The Board of Speech-Language Pathology and Audiology,
317 created under part I of chapter 468.

318 14. The Board of Nursing Home Administrators, created under
319 part II of chapter 468.

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320 15. The Board of Occupational Therapy, created under part
321 III of chapter 468.

322 16. Respiratory therapy, as provided under part V of
323 chapter 468.

324 17. Dietetics and nutrition practice, as provided under
325 part X of chapter 468.

326 18. The Board of Athletic Training, created under part XIII
327 of chapter 468.

328 19. The Board of Orthotists and Prosthetists, created under
329 part XIV of chapter 468.

330 20. Electrolysis, as provided under chapter 478.

331 21. The Board of Massage Therapy, created under chapter
332 480.

333 22. The Board of Clinical Laboratory Personnel, created
334 under part II ~~III~~ of chapter 483.

335 23. Medical physicists, as provided under part IV of
336 chapter 483.

337 24. The Board of Opticianry, created under part I of
338 chapter 484.

339 25. The Board of Hearing Aid Specialists, created under
340 part II of chapter 484.

341 26. The Board of Physical Therapy Practice, created under
342 chapter 486.

343 27. The Board of Psychology, created under chapter 490.

344 28. School psychologists, as provided under chapter 490.

345 29. The Board of Clinical Social Work, Marriage and Family
346 Therapy, and Mental Health Counseling, created under chapter
347 491.

348 30. Emergency medical technicians and paramedics, as

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349 provided under part III of chapter 401.

350 Section 2. Section 154.13, Florida Statutes, is created to
351 read:

352 154.13 Designated facilities; jurisdiction.—Any designated
353 facility owned or operated by a public health trust and located
354 within the boundaries of a municipality is under the exclusive
355 jurisdiction of the county creating the public health trust and
356 is not within the jurisdiction of the municipality.

357 Section 3. Paragraph (k) of subsection (2) of section
358 220.1845, Florida Statutes, is amended to read:

359 220.1845 Contaminated site rehabilitation tax credit.—

360 (2) AUTHORIZATION FOR TAX CREDIT; LIMITATIONS.—

361 (k) In order to encourage the construction and operation of
362 a new health care facility as defined in s. 408.032 or s.
363 408.07, or a health care provider as defined in s. 408.07 ~~or s.~~
364 ~~408.7056~~, on a brownfield site, an applicant for a tax credit
365 may claim an additional 25 percent of the total site
366 rehabilitation costs, not to exceed \$500,000, if the applicant
367 meets the requirements of this paragraph. In order to receive
368 this additional tax credit, the applicant must provide
369 documentation indicating that the construction of the health
370 care facility or health care provider by the applicant on the
371 brownfield site has received a certificate of occupancy or a
372 license or certificate has been issued for the operation of the
373 health care facility or health care provider.

374 Section 4. Paragraph (f) of subsection (3) of section
375 376.30781, Florida Statutes, is amended to read:

376 376.30781 Tax credits for rehabilitation of drycleaning-
377 solvent-contaminated sites and brownfield sites in designated

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378 brownfield areas; application process; rulemaking authority;
379 revocation authority.—

380 (3) (f) In order to encourage the construction and operation
381 of a new health care facility or a health care provider, as
382 defined in s. 408.032 ~~or~~ s. 408.07, ~~or s. 408.7056~~, on a
383 brownfield site, an applicant for a tax credit may claim an
384 additional 25 percent of the total site rehabilitation costs,
385 not to exceed \$500,000, if the applicant meets the requirements
386 of this paragraph. In order to receive this additional tax
387 credit, the applicant must provide documentation indicating that
388 the construction of the health care facility or health care
389 provider by the applicant on the brownfield site has received a
390 certificate of occupancy or a license or certificate has been
391 issued for the operation of the health care facility or health
392 care provider.

393 Section 5. Subsection (1) of section 376.86, Florida
394 Statutes, is amended to read:

395 376.86 Brownfield Areas Loan Guarantee Program.—

396 (1) The Brownfield Areas Loan Guarantee Council is created
397 to review and approve or deny, by a majority vote of its
398 membership, the situations and circumstances for participation
399 in partnerships by agreements with local governments, financial
400 institutions, and others associated with the redevelopment of
401 brownfield areas pursuant to the Brownfields Redevelopment Act
402 for a limited state guaranty of up to 5 years of loan guarantees
403 or loan loss reserves issued pursuant to law. The limited state
404 loan guaranty applies only to 50 percent of the primary lenders
405 loans for redevelopment projects in brownfield areas. If the
406 redevelopment project is for affordable housing, as defined in

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407 s. 420.0004, in a brownfield area, the limited state loan
 408 guaranty applies to 75 percent of the primary lender's loan. If
 409 the redevelopment project includes the construction and
 410 operation of a new health care facility or a health care
 411 provider, as defined in s. 408.032 ~~or~~ s. 408.07, ~~or~~
 412 ~~408.7056~~, on a brownfield site and the applicant has obtained
 413 documentation in accordance with s. 376.30781 indicating that
 414 the construction of the health care facility or health care
 415 provider by the applicant on the brownfield site has received a
 416 certificate of occupancy or a license or certificate has been
 417 issued for the operation of the health care facility or health
 418 care provider, the limited state loan guaranty applies to 75
 419 percent of the primary lender's loan. A limited state guaranty
 420 of private loans or a loan loss reserve is authorized for
 421 lenders licensed to operate in the state upon a determination by
 422 the council that such an arrangement would be in the public
 423 interest and the likelihood of the success of the loan is great.

424 Section 6. Subsection (2) of section 381.0031, Florida
 425 Statutes, is amended to read:

426 381.0031 Epidemiological research; report of diseases of
 427 public health significance to department.—

428 (2) Any practitioner licensed in this state to practice
 429 medicine, osteopathic medicine, chiropractic medicine,
 430 naturopathy, or veterinary medicine; any hospital licensed under
 431 part I of chapter 395; or any laboratory appropriately certified
 432 by the Centers for Medicare and Medicaid Services under the
 433 federal Clinical Laboratory Improvement Amendments and the
 434 federal rules adopted thereunder which licensed under chapter
 435 ~~483 that~~ diagnoses or suspects the existence of a disease of

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436 public health significance shall immediately report the fact to
 437 the Department of Health.

438 Section 7. Subsection (3) of section 381.0034, Florida
 439 Statutes, is amended to read:

440 381.0034 Requirement for instruction on HIV and AIDS.—

441 (3) The department shall require, as a condition of
 442 granting a license under chapter 467 or part ~~II~~ ~~III~~ of chapter
 443 483, that an applicant making initial application for licensure
 444 complete an educational course acceptable to the department on
 445 human immunodeficiency virus and acquired immune deficiency
 446 syndrome. Upon submission of an affidavit showing good cause, an
 447 applicant who has not taken a course at the time of licensure
 448 shall be allowed 6 months to complete this requirement.

449 Section 8. Paragraph (c) of subsection (4) of section
 450 381.004, Florida Statutes, is amended to read:

451 381.004 HIV testing.—

452 (4) HUMAN IMMUNODEFICIENCY VIRUS TESTING REQUIREMENTS;
 453 REGISTRATION WITH THE DEPARTMENT OF HEALTH; EXEMPTIONS FROM
 454 REGISTRATION.—No county health department and no other person in
 455 this state shall conduct or hold themselves out to the public as
 456 conducting a testing program for acquired immune deficiency
 457 syndrome or human immunodeficiency virus status without first
 458 registering with the Department of Health, reregistering each
 459 year, complying with all other applicable provisions of state
 460 law, and meeting the following requirements:

461 (c) The program shall have all laboratory procedures
 462 performed in a laboratory appropriately certified by the Centers
 463 for Medicare and Medicaid Services under the federal Clinical
 464 Laboratory Improvement Amendments and the federal rules adopted

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465 ~~thereunder licensed under the provisions of chapter 483.~~

466 Section 9. Paragraph (f) of subsection (4) of section
467 381.0405, Florida Statutes, is amended to read:

468 381.0405 Office of Rural Health.—

469 (4) COORDINATION.—The office shall:

470 (f) Assume responsibility for state coordination of the
471 Rural Hospital Transition Grant Program, ~~the Essential Access~~
472 ~~Community Hospital Program~~, and other federal rural health care
473 programs.

474 Section 10. Paragraph (a) of subsection (2) of section
475 383.14, Florida Statutes, is amended to read:

476 383.14 Screening for metabolic disorders, other hereditary
477 and congenital disorders, and environmental risk factors.—

478 (2) RULES.—

479 (a) After consultation with the Genetics and Newborn
480 Screening Advisory Council, the department shall adopt and
481 enforce rules requiring that every newborn in this state shall:

482 1. Before becoming 1 week of age, be subjected to a test
483 for phenylketonuria;

484 2. Be tested for any condition included on the federal
485 Recommended Uniform Screening Panel which the council advises
486 the department should be included under the state's screening
487 program. After the council recommends that a condition be
488 included, the department shall submit a legislative budget
489 request to seek an appropriation to add testing of the condition
490 to the newborn screening program. The department shall expand
491 statewide screening of newborns to include screening for such
492 conditions within 18 months after the council renders such
493 advice, if a test approved by the United States Food and Drug

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494 Administration or a test offered by an alternative vendor ~~which~~
495 ~~is compatible with the clinical standards established under part~~
496 ~~I of chapter 483~~ is available. If such a test is not available
497 within 18 months after the council makes its recommendation, the
498 department shall implement such screening as soon as a test
499 offered by the United States Food and Drug Administration or by
500 an alternative vendor is available; and

501 3. At the appropriate age, be tested for such other
502 metabolic diseases and hereditary or congenital disorders as the
503 department may deem necessary from time to time.

504 Section 11. Section 383.30, Florida Statutes, is amended to
505 read:

506 383.30 Birth Center Licensure Act; short title.—Sections
507 383.30-383.332 ~~383.30-383.335~~ shall be known and may be cited as
508 the "Birth Center Licensure Act."

509 Section 12. Section 383.301, Florida Statutes, is amended
510 to read:

511 383.301 Licensure and regulation of birth centers;
512 legislative intent.—It is the intent of the Legislature to
513 provide for the protection of public health and safety in the
514 establishment, maintenance, and operation of birth centers by
515 providing for licensure of birth centers and for the
516 development, establishment, and enforcement of minimum standards
517 with respect to birth centers. The requirements of part II of
518 chapter 408 shall apply to the provision of services that
519 require licensure pursuant to ss. 383.30-383.332 ~~383.30-383.335~~
520 and part II of chapter 408 and to entities licensed by or
521 applying for such licensure from the Agency for Health Care
522 Administration pursuant to ss. 383.30-383.332 ~~383.30-383.335~~. A

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523 license issued by the agency is required in order to operate a
524 birth center in this state.

525 Section 13. Section 383.302, Florida Statutes, is amended
526 to read:

527 383.302 Definitions of terms used in ss. 383.30-383.332
528 ~~383.30-383.335~~.—As used in ss. 383.30-383.332 ~~383.30-383.335~~,
529 the term:

530 (1) "Agency" means the Agency for Health Care
531 Administration.

532 (2) "Birth center" means any facility, institution, or
533 place, which is not an ambulatory surgical center or a hospital
534 or in a hospital, in which births are planned to occur away from
535 the mother's usual residence following a normal, uncomplicated,
536 low-risk pregnancy.

537 (3) "Clinical staff" means individuals employed full time
538 or part time by a birth center who are licensed or certified to
539 provide care at childbirth.

540 (4) "Consultant" means a physician licensed pursuant to
541 chapter 458 or chapter 459 who agrees to provide advice and
542 services to a birth center and who either:

543 (a) Is certified or eligible for certification by the
544 American Board of Obstetrics and Gynecology, or

545 (b) Has hospital obstetrical privileges.

546 (5) "Governing body" means any individual, group,
547 corporation, or institution which is responsible for the overall
548 operation and maintenance of a birth center.

549 (6) "Governmental unit" means the state or any county,
550 municipality, or other political subdivision or any department,
551 division, board, or other agency of any of the foregoing.

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552 (7) "Licensed facility" means a facility licensed in
553 accordance with s. 383.305.

554 (8) "Low-risk pregnancy" means a pregnancy which is
555 expected to result in an uncomplicated birth, as determined
556 through risk criteria developed by rule of the department, and
557 which is accompanied by adequate prenatal care.

558 (9) "Person" means any individual, firm, partnership,
559 corporation, company, association, institution, or joint stock
560 association and means any legal successor of any of the
561 foregoing.

562 (10) "Premises" means those buildings, beds, and facilities
563 located at the main address of the licensee and all other
564 buildings, beds, and facilities for the provision of maternity
565 care located in such reasonable proximity to the main address of
566 the licensee as to appear to the public to be under the dominion
567 and control of the licensee.

568 Section 14. Subsection (1) of section 383.305, Florida
569 Statutes, is amended to read:

570 383.305 Licensure; fees.—

571 (1) In accordance with s. 408.805, an applicant or a
572 licensee shall pay a fee for each license application submitted
573 under ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter
574 408. The amount of the fee shall be established by rule.

575 Section 15. Subsection (1) of section 383.309, Florida
576 Statutes, is amended to read:

577 383.309 Minimum standards for birth centers; rules and
578 enforcement.—

579 (1) The agency shall adopt and enforce rules to administer
580 ss. 383.30-383.332 ~~383.30-383.335~~ and part II of chapter 408,

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581 which rules shall include, but are not limited to, reasonable
582 and fair minimum standards for ensuring that:

583 (a) Sufficient numbers and qualified types of personnel and
584 occupational disciplines are available at all times to provide
585 necessary and adequate patient care and safety.

586 (b) Infection control, housekeeping, sanitary conditions,
587 disaster plan, and medical record procedures that will
588 adequately protect patient care and provide safety are
589 established and implemented.

590 (c) Licensed facilities are established, organized, and
591 operated consistent with established programmatic standards.

592 Section 16. Subsection (1) of section 383.313, Florida
593 Statutes, is amended to read:

594 383.313 Performance of laboratory and surgical services;
595 use of anesthetic and chemical agents.—

596 (1) LABORATORY SERVICES.—A birth center may collect
597 specimens for those tests that are requested under protocol. A
598 birth center must obtain and continuously maintain certification
599 by the Centers for Medicare and Medicaid Services under the
600 federal Clinical Laboratory Improvement Amendments and the
601 federal rules adopted thereunder in order to may perform simple
602 laboratory tests specified, as defined by rule of the agency,
603 and which are appropriate to meet the needs of the patient is
604 exempt from the requirements of chapter 483, provided no more
605 than five physicians are employed by the birth center and
606 testing is conducted exclusively in connection with the
607 diagnosis and treatment of clients of the birth center.

608 Section 17. Subsection (1) and paragraph (a) of subsection
609 (2) of section 383.33, Florida Statutes, are amended to read:

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610 383.33 Administrative penalties; moratorium on admissions.—

611 (1) In addition to the requirements of part II of chapter
612 408, the agency may impose an administrative fine not to exceed
613 \$500 per violation per day for the violation of any provision of
614 ss. ~~383.30-383.332~~ 383.30-383.335, part II of chapter 408, or
615 applicable rules.

616 (2) In determining the amount of the fine to be levied for
617 a violation, as provided in this section, the following factors
618 shall be considered:

619 (a) The severity of the violation, including the
620 probability that death or serious harm to the health or safety
621 of any person will result or has resulted; the severity of the
622 actual or potential harm; and the extent to which ~~the provisions~~
623 ~~of ss. 383.30-383.332~~ 383.30-383.335, part II of chapter 408, or
624 applicable rules were violated.

625 Section 18. Section 383.335, Florida Statutes, is repealed.

626 Section 19. Section 384.31, Florida Statutes, is amended to
627 read:

628 384.31 Testing of pregnant women; duty of the attendant.—
629 Every person, including every physician licensed under chapter
630 458 or chapter 459 or midwife licensed under part I of chapter
631 464 or chapter 467, attending a pregnant woman for conditions
632 relating to pregnancy during the period of gestation and
633 delivery shall cause the woman to be tested for sexually
634 transmissible diseases, including HIV, as specified by
635 department rule. Testing shall be performed by a laboratory
636 appropriately certified by the Centers for Medicare and Medicaid
637 Services under the federal Clinical Laboratory Improvement
638 Amendments and the federal rules adopted thereunder approved for

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639 such purposes ~~under part I of chapter 483~~. The woman shall be
 640 informed of the tests that will be conducted and of her right to
 641 refuse testing. If a woman objects to testing, a written
 642 statement of objection, signed by the woman, shall be placed in
 643 the woman's medical record and no testing shall occur.

644 Section 20. Subsection (2) of section 385.211, Florida
 645 Statutes, is amended to read:

646 385.211 Refractory and intractable epilepsy treatment and
 647 research at recognized medical centers.—

648 (2) Notwithstanding chapter 893, medical centers recognized
 649 pursuant to s. 381.925, or an academic medical research
 650 institution legally affiliated with a licensed children's
 651 specialty hospital as defined in s. 395.002(27) ~~s. 395.002(28)~~
 652 that contracts with the Department of Health, may conduct
 653 research on cannabidiol and low-THC cannabis. This research may
 654 include, but is not limited to, the agricultural development,
 655 production, clinical research, and use of liquid medical
 656 derivatives of cannabidiol and low-THC cannabis for the
 657 treatment for refractory or intractable epilepsy. The authority
 658 for recognized medical centers to conduct this research is
 659 derived from 21 C.F.R. parts 312 and 316. Current state or
 660 privately obtained research funds may be used to support the
 661 activities described in this section.

662 Section 21. Subsection (7) of section 394.4787, Florida
 663 Statutes, is amended to read:

664 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and
 665 394.4789.—As used in this section and ss. 394.4786, 394.4788,
 666 and 394.4789:

667 (7) "Specialty psychiatric hospital" means a hospital

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668 licensed by the agency pursuant to s. 395.002(27) ~~s. 395.002(28)~~
 669 and part II of chapter 408 as a specialty psychiatric hospital.

670 Section 22. Section 395.001, Florida Statutes, is amended
 671 to read:

672 395.001 Legislative intent.—It is the intent of the
 673 Legislature to provide for the protection of public health and
 674 safety in the establishment, construction, maintenance, and
 675 operation of hospitals and, ambulatory surgical centers, ~~and~~
 676 ~~mobile surgical facilities~~ by providing for licensure of same
 677 and for the development, establishment, and enforcement of
 678 minimum standards with respect thereto.

679 Section 23. Present subsections (22) through (33) of
 680 section 395.002, Florida Statutes, are redesignated as
 681 subsections (21) through (32), respectively, and subsections (3)
 682 and (16) of that section and present subsections (21) and (23)
 683 of that section are amended, to read:

684 395.002 Definitions.—As used in this chapter:

685 (3) "Ambulatory surgical center" ~~or "mobile surgical~~
 686 ~~facility"~~ means a facility the primary purpose of which is to
 687 provide elective surgical care, in which the patient is admitted
 688 to and discharged from such facility within the same working day
 689 and is not permitted to stay overnight, and which is not part of
 690 a hospital. However, a facility existing for the primary purpose
 691 of performing terminations of pregnancy, an office maintained by
 692 a physician for the practice of medicine, or an office
 693 maintained for the practice of dentistry may ~~shall~~ not be
 694 construed to be an ambulatory surgical center, provided that any
 695 facility or office which is certified or seeks certification as
 696 a Medicare ambulatory surgical center shall be licensed as an

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697 ambulatory surgical center pursuant to s. 395.003. ~~Any structure~~
 698 ~~or vehicle in which a physician maintains an office and~~
 699 ~~practices surgery, and which can appear to the public to be a~~
 700 ~~mobile office because the structure or vehicle operates at more~~
 701 ~~than one address, shall be construed to be a mobile surgical~~
 702 ~~facility.~~

703 (16) "Licensed facility" means a hospital or ambulatory
 704 surgical center, ~~or mobile surgical facility~~ licensed in
 705 accordance with this chapter.

706 (21) ~~"Mobile surgical facility" is a mobile facility in~~
 707 ~~which licensed health care professionals provide elective~~
 708 ~~surgical care under contract with the Department of Corrections~~
 709 ~~or a private correctional facility operating pursuant to chapter~~
 710 ~~957 and in which inmate patients are admitted to and discharged~~
 711 ~~from said facility within the same working day and are not~~
 712 ~~permitted to stay overnight. However, mobile surgical facilities~~
 713 ~~may only provide health care services to the inmate patients of~~
 714 ~~the Department of Corrections, or inmate patients of a private~~
 715 ~~correctional facility operating pursuant to chapter 957, and not~~
 716 ~~to the general public.~~

717 ~~(22)-(23)~~ "Premises" means those buildings, beds, and
 718 equipment located at the address of the licensed facility and
 719 all other buildings, beds, and equipment for the provision of
 720 hospital or ambulatory surgical, ~~or mobile surgical~~ care
 721 located in such reasonable proximity to the address of the
 722 licensed facility as to appear to the public to be under the
 723 dominion and control of the licensee. For any licensee that is a
 724 teaching hospital as defined in s. 408.07 s. 408.07(45),
 725 reasonable proximity includes any buildings, beds, services,

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726 programs, and equipment under the dominion and control of the
 727 licensee that are located at a site with a main address that is
 728 within 1 mile of the main address of the licensed facility; and
 729 all such buildings, beds, and equipment may, at the request of a
 730 licensee or applicant, be included on the facility license as a
 731 single premises.

732 Section 24. Paragraphs (a) and (b) of subsection (1) and
 733 paragraph (b) of subsection (2) of section 395.003, Florida
 734 Statutes, are amended to read:

735 395.003 Licensure; denial, suspension, and revocation.—

736 (1) (a) The requirements of part II of chapter 408 apply to
 737 the provision of services that require licensure pursuant to ss.
 738 395.001-395.1065 and part II of chapter 408 and to entities
 739 licensed by or applying for such licensure from the Agency for
 740 Health Care Administration pursuant to ss. 395.001-395.1065. A
 741 license issued by the agency is required in order to operate a
 742 hospital or ambulatory surgical center, ~~or mobile surgical~~
 743 ~~facility~~ in this state.

744 (b)1. It is unlawful for a person to use or advertise to
 745 the public, in any way or by any medium whatsoever, any facility
 746 as a "hospital," or "ambulatory surgical center," ~~or "mobile~~
 747 ~~surgical facility"~~ unless such facility has first secured a
 748 license under ~~the provisions of~~ this part.

749 2. This part does not apply to veterinary hospitals or to
 750 commercial business establishments using the word "hospital" or
 751 "ambulatory surgical center," ~~or "mobile surgical facility"~~ as a
 752 part of a trade name if no treatment of human beings is
 753 performed on the premises of such establishments.

754 (2) (b) The agency shall, at the request of a licensee that

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755 is a teaching hospital as defined in s. 408.07 ~~s. 408.07(45)~~,
 756 issue a single license to a licensee for facilities that have
 757 been previously licensed as separate premises, provided such
 758 separately licensed facilities, taken together, constitute the
 759 same premises as defined in s. 395.002 ~~s. 395.002(23)~~. Such
 760 license for the single premises shall include all of the beds,
 761 services, and programs that were previously included on the
 762 licenses for the separate premises. The granting of a single
 763 license under this paragraph ~~may shall~~ not in any manner reduce
 764 the number of beds, services, or programs operated by the
 765 licensee.

766 Section 25. Subsection (1) of section 395.009, Florida
 767 Statutes, is amended to read:

768 395.009 Minimum standards for clinical laboratory test
 769 results and diagnostic X-ray results; prerequisite for issuance
 770 or renewal of license.—

771 (1) As a requirement for issuance or renewal of its
 772 license, each licensed facility shall require that all clinical
 773 laboratory tests performed by or for the licensed facility be
 774 performed by a clinical laboratory appropriately certified by
 775 the Centers for Medicare and Medicaid Services under the federal
 776 Clinical Laboratory Improvement Amendments and the federal rules
 777 adopted thereunder ~~licensed under the provisions of chapter 483.~~

778 Section 26. Section 395.0091, Florida Statutes, is created
 779 to read:

780 395.0091 Alternate-site testing.—The agency, in
 781 consultation with the Board of Clinical Laboratory Personnel,
 782 shall adopt by rule the criteria for alternate-site testing to
 783 be performed under the supervision of a clinical laboratory

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784 director. At a minimum, the criteria must address hospital
 785 internal needs assessment; a protocol for implementation,
 786 including the identification of tests to be performed and who
 787 will perform them; selection of the method of testing to be used
 788 for alternate-site testing; minimum training and education
 789 requirements for those who will perform alternate-site testing,
 790 such as documented training, licensure, certification, or other
 791 medical professional background not limited to laboratory
 792 professionals; documented inservice training and initial and
 793 ongoing competency validation; an appropriate internal and
 794 external quality control protocol; an internal mechanism for the
 795 central laboratory to identify and track alternate-site testing;
 796 and recordkeeping requirements. Alternate-site testing locations
 797 must register when the hospital applies to renew its license.
 798 For purposes of this section, the term "alternate-site testing"
 799 includes any laboratory testing done under the administrative
 800 control of a hospital, but performed out of the physical or
 801 administrative confines of the central laboratory.

802 Section 27. Paragraph (f) of subsection (1) of section
 803 395.0161, Florida Statutes, is amended to read:

804 395.0161 Licensure inspection.—

805 (1) In addition to the requirement of s. 408.811, the
 806 agency shall make or cause to be made such inspections and
 807 investigations as it deems necessary, including:

808 ~~(f) Inspections of mobile surgical facilities at each time~~
 809 ~~a facility establishes a new location, prior to the admission of~~
 810 ~~patients. However, such inspections shall not be required when a~~
 811 ~~mobile surgical facility is moved temporarily to a location~~
 812 ~~where medical treatment will not be provided.~~

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813 Section 28. Subsection (3) of section 395.0163, Florida
814 Statutes, is amended to read:

815 395.0163 Construction inspections; plan submission and
816 approval; fees.-

817 ~~(3) In addition to the requirements of s. 408.011, the~~
818 ~~agency shall inspect a mobile surgical facility at initial~~
819 ~~licensure and at each time the facility establishes a new~~
820 ~~location, prior to admission of patients. However, such~~
821 ~~inspections shall not be required when a mobile surgical~~
822 ~~facility is moved temporarily to a location where medical~~
823 ~~treatment will not be provided.~~

824 Section 29. Subsection (2), paragraph (c) of subsection
825 (6), and subsections (16) and (17) of section 395.0197, Florida
826 Statutes, are amended to read:

827 395.0197 Internal risk management program.-

828 (2) The internal risk management program is the
829 responsibility of the governing board of the health care
830 facility. Each licensed facility shall hire a risk manager,
831 ~~licensed under s. 395.10974~~, who is responsible for
832 implementation and oversight of the such facility's internal
833 risk management program and who demonstrates competence, through
834 education or experience, in all of the following areas:

- 835 (a) Applicable standards of health care risk management.
836 (b) Applicable federal, state, and local health and safety
837 laws and rules.
838 (c) General risk management administration.
839 (d) Patient care.
840 (e) Medical care.
841 (f) Personal and social care.

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842 (g) Accident prevention.

843 (h) Departmental organization and management.

844 (i) Community interrelationships.

845 (j) Medical terminology as required by this section. ~~A risk~~
846 ~~manager must not be made responsible for more than four internal~~
847 ~~risk management programs in separate licensed facilities, unless~~
848 ~~the facilities are under one corporate ownership or the risk~~
849 ~~management programs are in rural hospitals.~~

850 (6) (c) The report submitted to the agency must ~~shall~~ also
851 contain the name and ~~license number~~ of the risk manager of the
852 licensed facility, a copy of its policy and procedures which
853 govern the measures taken by the facility and its risk manager
854 to reduce the risk of injuries and adverse incidents, and the
855 results of such measures. The annual report is confidential and
856 is not available to the public pursuant to s. 119.07(1) or any
857 other law providing access to public records. The annual report
858 is not discoverable or admissible in any civil or administrative
859 action, except in disciplinary proceedings by the agency or the
860 appropriate regulatory board. The annual report is not available
861 to the public as part of the record of investigation for and
862 prosecution in disciplinary proceedings made available to the
863 public by the agency or the appropriate regulatory board.
864 However, the agency or the appropriate regulatory board shall
865 make available, upon written request by a health care
866 professional against whom probable cause has been found, any
867 such records which form the basis of the determination of
868 probable cause.

869 (16) There shall be no monetary liability on the part of,
870 and no cause of action for damages shall arise against, any risk

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871 manager, ~~licensed under s. 395.10974,~~ for the implementation and
 872 oversight of the internal risk management program in a facility
 873 licensed under this chapter or chapter 390 as required by this
 874 section, for any act or proceeding undertaken or performed
 875 within the scope of the functions of such internal risk
 876 management program if the risk manager acts without intentional
 877 fraud.

878 (17) A privilege against civil liability is hereby granted
 879 to any ~~licensed~~ risk manager or licensed facility with regard to
 880 information furnished pursuant to this chapter, unless the
 881 ~~licensed~~ risk manager or facility acted in bad faith or with
 882 malice in providing such information.

883 Section 30. Section 395.1046, Florida Statutes, is
 884 repealed.

885 Section 31. Subsections (2) and (3) of section 395.1055,
 886 Florida Statutes, are amended, and paragraph (i) is added to
 887 subsection (1), to read:

888 395.1055 Rules and enforcement.—

889 (1) The agency shall adopt rules pursuant to ss. 120.536(1)
 890 and 120.54 to implement the provisions of this part, which shall
 891 include reasonable and fair minimum standards for ensuring that:

892 (i) All hospitals providing organ transplantation, neonatal
 893 intensive care services, inpatient psychiatric services,
 894 inpatient substance abuse services, or comprehensive medical
 895 rehabilitation meet the minimum licensure requirements adopted
 896 by the agency. Such licensure requirements must include quality
 897 of care, nurse staffing, physician staffing, physical plant,
 898 equipment, emergency transportation, and data reporting
 899 standards.

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900 (2) Separate standards may be provided for general and
 901 specialty hospitals, ambulatory surgical centers, ~~mobile~~
 902 ~~surgical facilities,~~ and statutory rural hospitals as defined in
 903 s. 395.602.

904 (3) The agency shall adopt rules with respect to the care
 905 and treatment of patients residing in distinct part nursing
 906 units of hospitals which are certified for participation in
 907 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social
 908 Security Act skilled nursing facility program. Such rules shall
 909 take into account the types of patients treated in hospital
 910 skilled nursing units, including typical patient acuity levels
 911 and the average length of stay in such units, and shall be
 912 limited to the appropriate portions of the Omnibus Budget
 913 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,
 914 1987), Title IV (Medicare, Medicaid, and Other Health-Related
 915 Programs), Subtitle C (Nursing Home Reform), as amended. The
 916 agency shall require level 2 background screening as specified
 917 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for
 918 personnel of distinct part nursing units.

919 Section 32. Section 395.10971, Florida Statutes, is
 920 repealed.

921 Section 33. Section 395.10972, Florida Statutes, is
 922 repealed.

923 Section 34. Section 395.10973, Florida Statutes, is amended
 924 to read:

925 395.10973 Powers and duties of the agency.—It is the
 926 function of the agency to:

927 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
 928 implement ~~the provisions of~~ this part and part II of chapter 408

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929 conferring duties upon it.

930 ~~(2) Develop, impose, and enforce specific standards within~~
 931 ~~the scope of the general qualifications established by this part~~
 932 ~~which must be met by individuals in order to receive licenses as~~
 933 ~~health care risk managers. These standards shall be designed to~~
 934 ~~ensure that health care risk managers are individuals of good~~
 935 ~~character and otherwise suitable and, by training or experience~~
 936 ~~in the field of health care risk management, qualified in~~
 937 ~~accordance with the provisions of this part to serve as health~~
 938 ~~care risk managers, within statutory requirements.~~

939 ~~(3) Develop a method for determining whether an individual~~
 940 ~~meets the standards set forth in s. 395.10974.~~

941 ~~(4) Issue licenses to qualified individuals meeting the~~
 942 ~~standards set forth in s. 395.10974.~~

943 ~~(5) Receive, investigate, and take appropriate action with~~
 944 ~~respect to any charge or complaint filed with the agency to the~~
 945 ~~effect that a certified health care risk manager has failed to~~
 946 ~~comply with the requirements or standards adopted by rule by the~~
 947 ~~agency or to comply with the provisions of this part.~~

948 ~~(6) Establish procedures for providing periodic reports on~~
 949 ~~persons certified or disciplined by the agency under this part.~~

950 (2)(7) Develop a model risk management program for health
 951 care facilities which will satisfy the requirements of s.
 952 395.0197.

953 (3)(8) Enforce the special-occupancy provisions of the
 954 Florida Building Code which apply to hospitals, intermediate
 955 residential treatment facilities, and ambulatory surgical
 956 centers in conducting any inspection authorized by this chapter
 957 and part II of chapter 408.

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958 Section 35. ~~Section 395.10974, Florida Statutes, is~~
 959 repealed.

960 Section 36. ~~Section 395.10975, Florida Statutes, is~~
 961 repealed.

962 Section 37. Subsection (2) of section 395.602, Florida
 963 Statutes, is amended to read:

964 395.602 Rural hospitals.—

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

966 ~~(a) "Emergency care hospital" means a medical facility~~
 967 ~~which provides:~~

- 968 1. ~~Emergency medical treatment; and~~
- 969 2. ~~Inpatient care to ill or injured persons prior to their~~
 970 ~~transportation to another hospital or provides inpatient medical~~
 971 ~~care to persons needing care for a period of up to 96 hours. The~~
 972 ~~96-hour limitation on inpatient care does not apply to respite,~~
 973 ~~skilled nursing, hospice, or other nonacute care patients.~~

974 ~~(b) "Essential access community hospital" means any~~
 975 ~~facility which:~~

- 976 1. ~~Has at least 100 beds;~~
- 977 2. ~~Is located more than 35 miles from any other essential~~
 978 ~~access community hospital, rural referral center, or urban~~
 979 ~~hospital meeting criteria for classification as a regional~~
 980 ~~referral center;~~
- 981 3. ~~Is part of a network that includes rural primary care~~
 982 ~~hospitals;~~
- 983 4. ~~Provides emergency and medical backup services to rural~~
 984 ~~primary care hospitals in its rural health network;~~
- 985 5. ~~Extends staff privileges to rural primary care hospital~~
 986 ~~physicians in its network; and~~

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987 ~~6. Accepts patients transferred from rural primary care~~
 988 ~~hospitals in its network.~~
 989 ~~(c) "Inactive rural hospital bed" means a licensed acute~~
 990 ~~care hospital bed, as defined in s. 395.002(13), that is~~
 991 ~~inactive in that it cannot be occupied by acute care inpatients.~~
 992 ~~(a)(d)~~ "Rural area health education center" means an area
 993 health education center (AHEC), as authorized by Pub. L. No. 94-
 994 484, which provides services in a county with a population
 995 density of up to no greater than 100 persons per square mile.
 996 ~~(b)(e)~~ "Rural hospital" means an acute care hospital
 997 licensed under this chapter, having 100 or fewer licensed beds
 998 and an emergency room, which is:
 999 1. The sole provider within a county with a population
 1000 density of up to 100 persons per square mile;
 1001 2. An acute care hospital, in a county with a population
 1002 density of up to 100 persons per square mile, which is at least
 1003 30 minutes of travel time, on normally traveled roads under
 1004 normal traffic conditions, from any other acute care hospital
 1005 within the same county;
 1006 3. A hospital supported by a tax district or subdistrict
 1007 whose boundaries encompass a population of up to 100 persons per
 1008 square mile;
 1009 4. A hospital classified as a sole community hospital under
 1010 42 C.F.R. s. 412.92 which has up to 175, regardless of the
 1011 ~~number of~~ licensed beds;
 1012 5. A hospital with a service area that has a population of
 1013 up to 100 persons per square mile. As used in this subparagraph,
 1014 the term "service area" means the fewest number of zip codes
 1015 that account for 75 percent of the hospital's discharges for the

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1016 most recent 5-year period, based on information available from
 1017 the hospital inpatient discharge database in the Florida Center
 1018 for Health Information and Transparency at the agency; or
 1019 6. A hospital designated as a critical access hospital, as
 1020 defined in s. 408.07.
 1021
 1022 Population densities used in this paragraph must be based upon
 1023 the most recently completed United States census. A hospital
 1024 that received funds under s. 409.9116 for a quarter beginning no
 1025 later than July 1, 2002, is deemed to have been and shall
 1026 continue to be a rural hospital from that date through June 30,
 1027 2021, if the hospital continues to have up to 100 licensed beds
 1028 and an emergency room. An acute care hospital that has not
 1029 previously been designated as a rural hospital and that meets
 1030 the criteria of this paragraph shall be granted such designation
 1031 upon application, including supporting documentation, to the
 1032 agency. A hospital that was licensed as a rural hospital during
 1033 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
 1034 rural hospital from the date of designation through June 30,
 1035 2021, if the hospital continues to have up to 100 licensed beds
 1036 and an emergency room.
 1037 ~~(f) "Rural primary care hospital" means any facility~~
 1038 ~~meeting the criteria in paragraph (c) or s. 395.605 which~~
 1039 ~~provides:~~
 1040 ~~1. Twenty-four-hour emergency medical care;~~
 1041 ~~2. Temporary inpatient care for periods of 72 hours or less~~
 1042 ~~to patients requiring stabilization before discharge or transfer~~
 1043 ~~to another hospital. The 72-hour limitation does not apply to~~
 1044 ~~respite, skilled nursing, hospice, or other nonacute care~~

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1045 ~~patients; and~~1046 ~~3. Has no more than six licensed acute care inpatient beds.~~1047 ~~(c)(g) "Swing-bed" means a bed which can be used~~1048 ~~interchangeably as either a hospital, skilled nursing facility~~1049 ~~(SNF), or intermediate care facility (ICF) bed pursuant to 42~~1050 ~~C.F.R. parts 405, 435, 440, 442, and 447.~~1051 ~~Section 38. Section 395.603, Florida Statutes, is amended~~
1052 ~~to read:~~1053 ~~395.603 Deactivation of general hospital beds; Rural~~
1054 ~~hospital impact statement.-~~1055 ~~(1) The agency shall establish, by rule, a process by which~~1056 ~~a rural hospital, as defined in s. 395.602, that seeks licensure~~1057 ~~as a rural primary care hospital or as an emergency care~~1058 ~~hospital, or becomes a certified rural health clinic as defined~~1059 ~~in Pub. L. No. 95-210, or becomes a primary care program such as~~1060 ~~a county health department, community health center, or other~~1061 ~~similar outpatient program that provides preventive and curative~~1062 ~~services, may deactivate general hospital beds. Rural primary~~1063 ~~care hospitals and emergency care hospitals shall maintain the~~1064 ~~number of actively licensed general hospital beds necessary for~~1065 ~~the facility to be certified for Medicare reimbursement.~~1066 ~~Hospitals that discontinu inpatient care to become rural health~~1067 ~~care clinics or primary care programs shall deactivate all~~1068 ~~licensed general hospital beds. All hospitals, clinics, and~~1069 ~~programs with inactive beds shall provide 24-hour emergency~~1070 ~~medical care by staffing an emergency room. Providers with~~1071 ~~inactive beds shall be subject to the criteria in s. 395.1041.~~1072 ~~The agency shall specify in rule requirements for making 24-hour~~1073 ~~emergency care available. Inactive general hospital beds shall~~

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1074 ~~be included in the acute care bed inventory, maintained by the~~1075 ~~agency for certificate-of-need purposes, for 10 years from the~~1076 ~~date of deactivation of the beds. After 10 years have elapsed,~~1077 ~~inactive beds shall be excluded from the inventory. The agency~~1078 ~~shall, at the request of the licensee, reactivate the inactive~~1079 ~~general beds upon a showing by the licensee that licensure~~1080 ~~requirements for the inactive general beds are met.~~1081 ~~(2) In formulating and implementing policies and rules that~~1082 ~~may have significant impact on the ability of rural hospitals to~~1083 ~~continue to provide health care services in rural communities,~~1084 ~~the agency, the department, or the respective regulatory board~~1085 ~~adopting policies or rules regarding the licensure or~~1086 ~~certification of health care professionals shall provide a rural~~1087 ~~hospital impact statement. The rural hospital impact statement~~1088 ~~shall assess the proposed action in light of the following~~1089 ~~questions:~~1090 ~~(1)(a) Do the health personnel affected by the proposed~~1091 ~~action currently practice in rural hospitals or are they likely~~1092 ~~to in the near future?~~1093 ~~(2)(b) What are the current numbers of the affected health~~1094 ~~personnel in this state, their geographic distribution, and the~~1095 ~~number practicing in rural hospitals?~~1096 ~~(3)(c) What are the functions presently performed by the~~1097 ~~affected health personnel, and are such functions presently~~1098 ~~performed in rural hospitals?~~1099 ~~(4)(d) What impact will the proposed action have on the~~1100 ~~ability of rural hospitals to recruit the affected personnel to~~1101 ~~practice in their facilities?~~1102 ~~(5)(e) What impact will the proposed action have on the~~

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1103 limited financial resources of rural hospitals through increased
1104 salaries and benefits necessary to recruit or retain such health
1105 personnel?

1106 ~~(6)(f)~~ Is there a less stringent requirement which could
1107 apply to practice in rural hospitals?

1108 ~~(7)(g)~~ Will this action create staffing shortages, which
1109 could result in a loss to the public of health care services in
1110 rural hospitals or result in closure of any rural hospitals?

1111 Section 39. Section 395.604, Florida Statutes, is repealed.

1112 Section 40. Section 395.605, Florida Statutes, is repealed.

1113 Section 41. Paragraph (c) of subsection (1) of section
1114 395.701, Florida Statutes, is amended to read:

1115 395.701 Annual assessments on net operating revenues for
1116 inpatient and outpatient services to fund public medical
1117 assistance; administrative fines for failure to pay assessments
1118 when due; exemption.-

1119 (1) For the purposes of this section, the term:

1120 (c) "Hospital" means a health care institution as defined
1121 in s. 395.002(12), but does not include any hospital operated by
1122 a state the agency or the Department of Corrections.

1123 Section 42. Paragraph (b) of subsection (2) of section
1124 395.7015, Florida Statutes, is amended to read:

1125 395.7015 Annual assessment on health care entities.-

1126 (2) There is imposed an annual assessment against certain
1127 health care entities as described in this section:

1128 (b) For the purpose of this section, "health care entities"
1129 include the following:

1130 1. ~~Ambulatory surgical centers and mobile surgical~~
1131 ~~facilities licensed under s. 395.003. This subsection shall only~~

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1132 ~~apply to mobile surgical facilities operating under contracts~~
1133 ~~entered into on or after July 1, 1998.~~

1134 ~~2. Clinical laboratories licensed under s. 483.091,~~
1135 ~~excluding any hospital laboratory defined under s. 483.041(6),~~
1136 ~~any clinical laboratory operated by the state or a political~~
1137 ~~subdivision of the state, any clinical laboratory which~~
1138 ~~qualifies as an exempt organization under s. 501(c)(3) of the~~
1139 ~~Internal Revenue Code of 1986, as amended, and which receives 70~~
1140 ~~percent or more of its gross revenues from services to charity~~
1141 ~~patients or Medicaid patients, and any blood, plasma, or tissue~~
1142 ~~bank procuring, storing, or distributing blood, plasma, or~~
1143 ~~tissue either for future manufacture or research or distributed~~
1144 ~~on a nonprofit basis, and further excluding any clinical~~
1145 ~~laboratory which is wholly owned and operated by 6 or fewer~~
1146 ~~physicians who are licensed pursuant to chapter 458 or chapter~~
1147 ~~459 and who practice in the same group practice, and at which no~~
1148 ~~clinical laboratory work is performed for patients referred by~~
1149 ~~any health care provider who is not a member of the same group.~~

1150 2.3. Diagnostic-imaging centers that are freestanding
1151 outpatient facilities that provide specialized services for the
1152 identification or determination of a disease through examination
1153 and also provide sophisticated radiological services, and in
1154 which services are rendered by a physician licensed by the Board
1155 of Medicine under s. 458.311, s. 458.313, or s. 458.317, or by
1156 an osteopathic physician licensed by the Board of Osteopathic
1157 Medicine under s. 459.0055 or s. 459.0075. For purposes of this
1158 paragraph, "sophisticated radiological services" means the
1159 following: magnetic resonance imaging; nuclear medicine;
1160 angiography; arteriography; computed tomography; positron

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1161 emission tomography; digital vascular imaging; bronchography;
 1162 lymphangiography; splenography; ultrasound, excluding ultrasound
 1163 providers that are part of a private physician's office practice
 1164 or when ultrasound is provided by two or more physicians
 1165 licensed under chapter 458 or chapter 459 who are members of the
 1166 same professional association and who practice in the same
 1167 medical specialties; and such other sophisticated radiological
 1168 services, excluding mammography, as adopted in rule by the
 1169 board.

1170 Section 43. Subsection (1) of section 400.0625, Florida
 1171 Statutes, is amended to read:

1172 400.0625 Minimum standards for clinical laboratory test
 1173 results and diagnostic X-ray results.-

1174 (1) Each nursing home, as a requirement for issuance or
 1175 renewal of its license, shall require that all clinical
 1176 laboratory tests performed for the nursing home be performed by
 1177 a clinical laboratory appropriately certified by the Centers for
 1178 Medicare and Medicaid Services under the federal Clinical
 1179 Laboratory Improvement Amendments and the federal rules adopted
 1180 thereunder licensed under the provisions of chapter 483, except
 1181 for such self-testing procedures as are approved by the agency
 1182 by rule. ~~Results of clinical laboratory tests performed prior to~~
 1183 ~~admission which meet the minimum standards provided in s.~~
 1184 ~~483.181(3) shall be accepted in lieu of routine examinations~~
 1185 ~~required upon admission and clinical laboratory tests which may~~
 1186 ~~be ordered by a physician for residents of the nursing home.~~

1187 Section 44. Paragraph (a) of subsection (2) of section
 1188 400.191, Florida Statutes, is amended to read:

1189 400.191 Availability, distribution, and posting of reports

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1190 and records.-

1191 (2) The agency shall publish the Nursing Home Guide
 1192 quarterly in electronic form to assist consumers and their
 1193 families in comparing and evaluating nursing home facilities.

1194 (a) The agency shall provide an Internet site which shall
 1195 include at least the following information either directly or
 1196 indirectly through a link to another established site or sites
 1197 of the agency's choosing:

1198 1. A section entitled "Have you considered programs that
 1199 provide alternatives to nursing home care?" which shall be the
 1200 first section of the Nursing Home Guide and which shall
 1201 prominently display information about available alternatives to
 1202 nursing homes and how to obtain additional information regarding
 1203 these alternatives. The Nursing Home Guide shall explain that
 1204 this state offers alternative programs that permit qualified
 1205 elderly persons to stay in their homes instead of being placed
 1206 in nursing homes and shall encourage interested persons to call
 1207 the Comprehensive Assessment Review and Evaluation for Long-Term
 1208 Care Services (CARES) Program to inquire if they qualify. The
 1209 Nursing Home Guide shall list available home and community-based
 1210 programs which shall clearly state the services that are
 1211 provided and indicate whether nursing home services are included
 1212 if needed.

1213 2. A list by name and address of all nursing home
 1214 facilities in this state, including any prior name by which a
 1215 facility was known during the previous 24-month period.

1216 3. Whether such nursing home facilities are proprietary or
 1217 nonproprietary.

1218 4. The current owner of the facility's license and the year

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1219 that that entity became the owner of the license.

1220 5. The name of the owner or owners of each facility and
1221 whether the facility is affiliated with a company or other
1222 organization owning or managing more than one nursing facility
1223 in this state.

1224 6. The total number of beds in each facility and the most
1225 recently available occupancy levels.

1226 7. The number of private and semiprivate rooms in each
1227 facility.

1228 8. The religious affiliation, if any, of each facility.

1229 9. The languages spoken by the administrator and staff of
1230 each facility.

1231 10. Whether or not each facility accepts Medicare or
1232 Medicaid recipients or insurance, health maintenance
1233 organization, Veterans Administration, CHAMPUS program, or
1234 workers' compensation coverage.

1235 11. Recreational and other programs available at each
1236 facility.

1237 12. Special care units or programs offered at each
1238 facility.

1239 13. Whether the facility is a part of a retirement
1240 community that offers other services pursuant to part III of
1241 this chapter or part I or part III of chapter 429.

1242 14. Survey and deficiency information, including all
1243 federal and state recertification, licensure, revisit, and
1244 complaint survey information, for each facility ~~for the past 30~~
1245 ~~months~~. For noncertified nursing homes, state survey and
1246 deficiency information, including licensure, revisit, and
1247 complaint survey information ~~for the past 30 months~~ shall be

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1248 provided.

1249 Section 45. Subsection (1) and paragraphs (b), (e), and (f)
1250 of subsection (4) of section 400.464, Florida Statutes, are
1251 amended, and subsection (6) is added to that section, to read:

1252 400.464 Home health agencies to be licensed; expiration of
1253 license; exemptions; unlawful acts; penalties.—

1254 (1) The requirements of part II of chapter 408 apply to the
1255 provision of services that require licensure pursuant to this
1256 part and part II of chapter 408 and entities licensed or
1257 registered by or applying for such licensure or registration
1258 from the Agency for Health Care Administration pursuant to this
1259 part. A license issued by the agency is required in order to
1260 operate a home health agency in this state. A license issued on
1261 or after July 1, 2018, must specify the home health services the
1262 organization is authorized to perform and indicate whether such
1263 specified services are considered skilled care. The provision or
1264 advertising of services that require licensure pursuant to this
1265 part without such services being specified on the face of the
1266 license issued on or after July 1, 2018, constitutes unlicensed
1267 activity as prohibited under s. 408.812.

1268 (4) (b) The operation or maintenance of an unlicensed home
1269 health agency or the performance of any home health services in
1270 violation of this part is declared a nuisance, inimical to the
1271 public health, welfare, and safety. The agency or any state
1272 attorney may, in addition to other remedies provided in this
1273 part, bring an action for an injunction to restrain such
1274 violation, or to enjoin the future operation or maintenance of
1275 the home health agency or the provision of home health services
1276 in violation of this part or part II of chapter 408, until

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1277 compliance with this part or the rules adopted under this part
1278 has been demonstrated to the satisfaction of the agency.

1279 (e) Any person who owns, operates, or maintains an
1280 unlicensed home health agency and who, ~~within 10 working days~~
1281 after receiving notification from the agency, fails to cease
1282 operation and apply for a license under this part commits a
1283 misdemeanor of the second degree, punishable as provided in s.
1284 775.082 or s. 775.083. Each day of continued operation is a
1285 separate offense.

1286 (f) Any home health agency that fails to cease operation
1287 after agency notification may be fined in accordance with s.
1288 408.812 \$500 for each day of noncompliance.

1289 (6) Any person, entity, or organization providing home
1290 health services which is exempt from licensure under subsection
1291 (5) may voluntarily apply for a certificate of exemption from
1292 licensure under its exempt status with the agency on a form that
1293 specifies its name or names and addresses, a statement of the
1294 reasons why it is exempt from licensure as a home health agency,
1295 and other information deemed necessary by the agency. A
1296 certificate of exemption is valid for a period of not more than
1297 2 years and is not transferable. The agency may charge an
1298 applicant \$100 for a certificate of exemption or charge the
1299 actual cost of processing the certificate.

1300 Section 46. Subsections (6) through (9) of section 400.471,
1301 Florida Statutes, are redesignated as subsections (5) through
1302 (8), respectively, and present subsections (2), (6), and (9) of
1303 that section are amended, to read:

1304 400.471 Application for license; fee.—

1305 (2) In addition to the requirements of part II of chapter

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1306 408, the initial applicant, the applicant for a change of
1307 ownership, and the applicant for the addition of skilled care
1308 services must file with the application satisfactory proof that
1309 the home health agency is in compliance with this part and
1310 applicable rules, including:

1311 (a) A listing of services to be provided, either directly
1312 by the applicant or through contractual arrangements with
1313 existing providers.

1314 (b) The number and discipline of professional staff to be
1315 employed.

1316 ~~(c) Completion of questions concerning volume data on the~~
1317 ~~renewal application as determined by rule.~~

1318 (c) (d) A business plan, signed by the applicant, which
1319 details the home health agency's methods to obtain patients and
1320 its plan to recruit and maintain staff.

1321 (d) (e) Evidence of contingency funding as required under s.
1322 408.8065 equal to 1 month's average operating expenses during
1323 the first year of operation.

1324 (e) (f) A balance sheet, income and expense statement, and
1325 statement of cash flows for the first 2 years of operation which
1326 provide evidence of having sufficient assets, credit, and
1327 projected revenues to cover liabilities and expenses. The
1328 applicant has demonstrated financial ability to operate if the
1329 applicant's assets, credit, and projected revenues meet or
1330 exceed projected liabilities and expenses. An applicant may not
1331 project an operating margin of 15 percent or greater for any
1332 month in the first year of operation. All documents required
1333 under this paragraph must be prepared in accordance with
1334 generally accepted accounting principles and compiled and signed

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1335 by a certified public accountant.

1336 ~~(f)(g)~~ All other ownership interests in health care
1337 entities for each controlling interest, as defined in part II of
1338 chapter 408.

1339 ~~(g)(h)~~ In the case of an application for initial licensure,
1340 an application for a change of ownership, or an application for
1341 the addition of skilled care services, documentation of
1342 accreditation, or an application for accreditation, from an
1343 accrediting organization that is recognized by the agency as
1344 having standards comparable to those required by this part and
1345 part II of chapter 408. A home health agency that ~~is not~~
1346 ~~Medicare or Medicaid certified~~ and does not provide skilled care
1347 is exempt from this paragraph. Notwithstanding s. 408.806, an
1348 initial applicant that has applied for accreditation must
1349 provide proof of accreditation that is not conditional or
1350 provisional and a survey demonstrating compliance with the
1351 requirements of this part, part II of chapter 408, and
1352 applicable rules from an accrediting organization that is
1353 recognized by the agency as having standards comparable to those
1354 required by this part and part II of chapter 408 within 120 days
1355 after the date of the agency's receipt of the application for
1356 licensure ~~or the application shall be withdrawn from further~~
1357 ~~consideration~~. Such accreditation must be continuously
1358 maintained by the home health agency to maintain licensure. The
1359 agency shall accept, in lieu of its own periodic licensure
1360 survey, the submission of the survey of an accrediting
1361 organization that is recognized by the agency if the
1362 accreditation of the licensed home health agency is not
1363 provisional and if the licensed home health agency authorizes

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1364 releases of, and the agency receives the report of, the
1365 accrediting organization.

1366 ~~(6) The agency may not issue a license designated as~~
1367 ~~certified to a home health agency that fails to satisfy the~~
1368 ~~requirements of a Medicare certification survey from the agency.~~

1369 ~~(8)(9)~~ The agency may not issue a renewal license for a
1370 home health agency in any county having at least one licensed
1371 home health agency and that has more than one home health agency
1372 per 5,000 persons, as indicated by the most recent population
1373 estimates published by the Legislature's Office of Economic and
1374 Demographic Research, if the applicant or any controlling
1375 interest has been administratively sanctioned by the agency
1376 during the 2 years prior to the submission of the licensure
1377 renewal application for one or more of the following acts:

1378 (a) An intentional or negligent act that materially affects
1379 the health or safety of a client of the provider;

1380 (b) Knowingly providing home health services in an
1381 unlicensed assisted living facility or unlicensed adult family-
1382 care home, unless the home health agency or employee reports the
1383 unlicensed facility or home to the agency within 72 hours after
1384 providing the services;

1385 (c) Preparing or maintaining fraudulent patient records,
1386 such as, but not limited to, charting ahead, recording vital
1387 signs or symptoms which were not personally obtained or observed
1388 by the home health agency's staff at the time indicated,
1389 borrowing patients or patient records from other home health
1390 agencies to pass a survey or inspection, or falsifying
1391 signatures;

1392 (d) Failing to provide at least one service directly to a

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1393 patient for a period of 60 days;

1394 (e) Demonstrating a pattern of falsifying documents
1395 relating to the training of home health aides or certified
1396 nursing assistants or demonstrating a pattern of falsifying
1397 health statements for staff who provide direct care to patients.
1398 A pattern may be demonstrated by a showing of at least three
1399 fraudulent entries or documents;

1400 (f) Demonstrating a pattern of billing any payor for
1401 services not provided. A pattern may be demonstrated by a
1402 showing of at least three billings for services not provided
1403 within a 12-month period;

1404 (g) Demonstrating a pattern of failing to provide a service
1405 specified in the home health agency's written agreement with a
1406 patient or the patient's legal representative, or the plan of
1407 care for that patient, except unless a reduction in service is
1408 ~~mandated by Medicare, Medicaid, or a state program~~ or as
1409 provided in s. 400.492(3). A pattern may be demonstrated by a
1410 showing of at least three incidents, regardless of the patient
1411 or service, in which the home health agency did not provide a
1412 service specified in a written agreement or plan of care during
1413 a 3-month period;

1414 (h) Giving remuneration to a case manager, discharge
1415 planner, facility-based staff member, or third-party vendor who
1416 is involved in the discharge planning process of a facility
1417 licensed under chapter 395, chapter 429, or this chapter from
1418 whom the home health agency receives referrals or gives
1419 remuneration as prohibited in s. 400.474(6)(a);

1420 (i) Giving cash, or its equivalent, to a Medicare or
1421 Medicaid beneficiary;

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1422 (j) Demonstrating a pattern of billing the Medicaid program
1423 for services to Medicaid recipients which are medically
1424 unnecessary as determined by a final order. A pattern may be
1425 demonstrated by a showing of at least two such medically
1426 unnecessary services within one Medicaid program integrity audit
1427 period;

1428 (k) Providing services to residents in an assisted living
1429 facility for which the home health agency does not receive fair
1430 market value remuneration; or

1431 (l) Providing staffing to an assisted living facility for
1432 which the home health agency does not receive fair market value
1433 remuneration.

1434 Section 47. Subsection (5) of section 400.474, Florida
1435 Statutes, is amended to read:

1436 400.474 Administrative penalties.—

1437 (5) The agency shall impose a fine of \$5,000 against a home
1438 health agency that demonstrates a pattern of failing to provide
1439 a service specified in the home health agency's written
1440 agreement with a patient or the patient's legal representative,
1441 or the plan of care for that patient, except unless a reduction
1442 ~~in service is mandated by Medicare, Medicaid, or a state program~~
1443 ~~or~~ as provided in s. 400.492(3). A pattern may be demonstrated
1444 by a showing of at least three incidences, regardless of the
1445 patient or service, where the home health agency did not provide
1446 a service specified in a written agreement or plan of care
1447 during a 3-month period. The agency shall impose the fine for
1448 each occurrence. The agency may also impose additional
1449 administrative fines under s. 400.484 for the direct or indirect
1450 harm to a patient, or deny, revoke, or suspend the license of

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1451 the home health agency for a pattern of failing to provide a
 1452 service specified in the home health agency's written agreement
 1453 with a patient or the plan of care for that patient.

1454 Section 48. Paragraph (c) of subsection (2) of section
 1455 400.476, Florida Statutes, is amended to read:
 1456 400.476 Staffing requirements; notifications; limitations
 1457 on staffing services.—

1458 (2) DIRECTOR OF NURSING.—

1459 (c) A home health agency that provides skilled nursing care
 1460 ~~must be not Medicare or Medicaid certified and does not provide~~
 1461 ~~skilled care or provides only physical, occupational, or speech~~
 1462 ~~therapy is not required to have a director of nursing and is~~
 1463 ~~exempt from paragraph (b).~~

1464 Section 49. Section 400.484, Florida Statutes, is amended
 1465 to read:

1466 400.484 Right of inspection; violations deficiencies;
 1467 fines.—

1468 (1) In addition to the requirements of s. 408.811, the
 1469 agency may make such inspections and investigations as are
 1470 necessary in order to determine the state of compliance with
 1471 this part, part II of chapter 408, and applicable rules.

1472 (2) The agency shall impose fines for various classes of
 1473 violations deficiencies in accordance with the following
 1474 schedule:

1475 (a) Class I violations are as provided in s. 408.813 A
 1476 ~~class I deficiency is any act, omission, or practice that~~
 1477 ~~results in a patient's death, disablement, or permanent injury,~~
 1478 ~~or places a patient at imminent risk of death, disablement, or~~
 1479 ~~permanent injury.~~ Upon finding a class I violation deficiency,

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1480 the agency shall impose an administrative fine in the amount of
 1481 \$15,000 for each occurrence and each day that the violation
 1482 ~~deficiency~~ exists.

1483 (b) Class II violations are as provided in s. 408.813 A
 1484 ~~class II deficiency is any act, omission, or practice that has a~~
 1485 ~~direct adverse effect on the health, safety, or security of a~~
 1486 ~~patient.~~ Upon finding a class II violation deficiency, the
 1487 agency shall impose an administrative fine in the amount of
 1488 \$5,000 for each occurrence and each day that the violation
 1489 ~~deficiency~~ exists.

1490 (c) Class III violations are as provided in s. 408.813 A
 1491 ~~class III deficiency is any act, omission, or practice that has~~
 1492 ~~an indirect, adverse effect on the health, safety, or security~~
 1493 ~~of a patient.~~ Upon finding an uncorrected or repeated class III
 1494 violation deficiency, the agency shall impose an administrative
 1495 fine not to exceed \$1,000 for each occurrence and each day that
 1496 the uncorrected or repeated violation deficiency exists.

1497 (d) Class IV violations are as provided in s. 408.813 A
 1498 ~~class IV deficiency is any act, omission, or practice related to~~
 1499 ~~required reports, forms, or documents which does not have the~~
 1500 ~~potential of negatively affecting patients.~~ These violations are
 1501 of a type that the agency determines do not threaten the health,
 1502 safety, or security of patients. Upon finding an uncorrected or
 1503 repeated class IV violation deficiency, the agency shall impose
 1504 an administrative fine not to exceed \$500 for each occurrence
 1505 and each day that the uncorrected or repeated violation
 1506 ~~deficiency~~ exists.

1507 (3) In addition to any other penalties imposed pursuant to
 1508 this section or part, the agency may assess costs related to an

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1509 investigation that results in a successful prosecution,
1510 excluding costs associated with an attorney's time.

1511 Section 50. Subsection (4) of section 400.497, Florida
1512 Statutes, is amended to read:

1513 400.497 Rules establishing minimum standards.—The agency
1514 shall adopt, publish, and enforce rules to implement part II of
1515 chapter 408 and this part, including, as applicable, ss. 400.506
1516 and 400.509, which must provide reasonable and fair minimum
1517 standards relating to:

1518 (4) Licensure application and renewal and certificates of
1519 exemption.

1520 Section 51. Subsection (5) and paragraph (a) of subsection
1521 (15) of section 400.506, Florida Statutes, are amended to read:

1522 400.506 Licensure of nurse registries; requirements;
1523 penalties.—

1524 (5) (a) In addition to the requirements of s. 408.812, any
1525 person who owns, operates, or maintains an unlicensed nurse
1526 registry and who, ~~within 10 working days~~ after receiving
1527 notification from the agency, fails to cease operation and apply
1528 for a license under this part commits a misdemeanor of the
1529 second degree, punishable as provided in s. 775.082 or s.
1530 775.083. Each day of continued operation is a separate offense.

1531 (b) If a nurse registry fails to cease operation after
1532 agency notification, the agency may impose a fine pursuant to s.
1533 408.812 of \$500 for each day of noncompliance.

1534 (15) (a) The agency may deny, suspend, or revoke the license
1535 of a nurse registry and shall impose a fine of \$5,000 against a
1536 nurse registry that:

1537 1. Provides services to residents in an assisted living

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1538 facility for which the nurse registry does not receive fair
1539 market value remuneration.

1540 2. Provides staffing to an assisted living facility for
1541 which the nurse registry does not receive fair market value
1542 remuneration.

1543 3. Fails to provide the agency, upon request, with copies
1544 of all contracts with assisted living facilities which were
1545 executed within the last 5 years.

1546 ~~4. Gives remuneration to a case manager, discharge planner,
1547 facility-based staff member, or third-party vendor who is
1548 involved in the discharge planning process of a facility
1549 licensed under chapter 395 or this chapter and from whom the
1550 nurse registry receives referrals. A nurse registry is exempt
1551 from this subparagraph if it does not bill the Florida Medicaid
1552 program or the Medicare program or share a controlling interest
1553 with any entity licensed, registered, or certified under part II
1554 of chapter 408 that bills the Florida Medicaid program or the
1555 Medicare program.~~

1556 ~~5. Gives remuneration to a physician, a member of the
1557 physician's office staff, or an immediate family member of the
1558 physician, and the nurse registry received a patient referral in
1559 the last 12 months from that physician or the physician's office
1560 staff. A nurse registry is exempt from this subparagraph if it
1561 does not bill the Florida Medicaid program or the Medicare
1562 program or share a controlling interest with any entity
1563 licensed, registered, or certified under part II of chapter 408
1564 that bills the Florida Medicaid program or the Medicare program.~~

1565 Section 52. Subsection (1) of section 400.606, Florida
1566 Statutes, is amended to read:

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1567 400.606 License; application; renewal; conditional license
1568 or permit; certificate of need.-

1569 (1) In addition to the requirements of part II of chapter
1570 408, the initial application and change of ownership application
1571 must be accompanied by a plan for the delivery of home,
1572 residential, and homelike inpatient hospice services to
1573 terminally ill persons and their families. Such plan must
1574 contain, but need not be limited to:

1575 (a) The estimated average number of terminally ill persons
1576 to be served monthly.

1577 (b) The geographic area in which hospice services will be
1578 available.

1579 (c) A listing of services which are or will be provided,
1580 either directly by the applicant or through contractual
1581 arrangements with existing providers.

1582 (d) Provisions for the implementation of hospice home care
1583 within 3 months after licensure.

1584 (e) Provisions for the implementation of hospice homelike
1585 inpatient care within 12 months after licensure.

1586 (f) The number and disciplines of professional staff to be
1587 employed.

1588 (g) The name and qualifications of any existing or
1589 potential contractee.

1590 (h) A plan for attracting and training volunteers.

1591

1592 ~~If the applicant is an existing licensed health care provider,~~
1593 ~~the application must be accompanied by a copy of the most recent~~
1594 ~~profit loss statement and, if applicable, the most recent~~
1595 ~~licensure inspection report.~~

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1596 Section 53. Subsection (6) of section 400.925, Florida
1597 Statutes, is amended to read:

1598 400.925 Definitions.-As used in this part, the term:

1599 (6) "Home medical equipment" includes any product as
1600 defined by the Food and Drug Administration's Federal Food,
1601 Drug, and Cosmetic Act, any products reimbursed under the
1602 Medicare Part B Durable Medical Equipment benefits, or any
1603 products reimbursed under the Florida Medicaid durable medical
1604 equipment program. Home medical equipment includes:

1605 (a) Oxygen and related respiratory equipment; manual,
1606 ~~motorized, or customized wheelchairs and related seating and~~
1607 ~~positioning, but does not include prosthetics or orthotics or~~
1608 ~~any splints, braces, or aids custom fabricated by a licensed~~
1609 ~~health care practitioner;~~

1610 (b) Motorized scooters;

1611 (c) Personal transfer systems; and

1612 (d) Specialty beds, for use by a person with a medical
1613 need; and

1614 (e) Manual, motorized, or customized wheelchairs and
1615 related seating and positioning, but does not include
1616 prosthetics or orthotics or any splints, braces, or aids custom
1617 fabricated by a licensed health care practitioner.

1618 Section 54. Subsection (4) of section 400.931, Florida
1619 Statutes, is amended to read:

1620 400.931 Application for license; fee.-

1621 (4) When a change of the general manager of a home medical
1622 equipment provider occurs, the licensee must notify the agency
1623 of the change within the timeframes established in part II of
1624 chapter 408 and applicable rules 45 days.

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1625 Section 55. Subsection (2) of section 400.933, Florida
1626 Statutes, is amended to read:

1627 400.933 Licensure inspections and investigations.—

1628 (2) The agency shall accept, in lieu of its own periodic
1629 inspections for licensure, submission of the following:

1630 (a) The survey or inspection of an accrediting
1631 organization, provided the accreditation of the licensed home
1632 medical equipment provider is not provisional and provided the
1633 licensed home medical equipment provider authorizes release of,
1634 and the agency receives the report of, the accrediting
1635 organization; or

1636 (b) A copy of a valid medical oxygen retail establishment
1637 permit issued by the Department of Business and Professional
1638 Regulation Health, pursuant to chapter 499.

1639 Section 56. Subsection (2) of section 400.980, Florida
1640 Statutes, is amended to read:

1641 400.980 Health care services pools.—

1642 (2) The requirements of part II of chapter 408 apply to the
1643 provision of services that require licensure or registration
1644 pursuant to this part and part II of chapter 408 and to entities
1645 registered by or applying for such registration from the agency
1646 pursuant to this part. Registration or a license issued by the
1647 agency is required for the operation of a health care services
1648 pool in this state. In accordance with s. 408.805, an applicant
1649 or licensee shall pay a fee for each license application
1650 submitted using this part, part II of chapter 408, and
1651 applicable rules. The agency shall adopt rules and provide forms
1652 required for such registration and shall impose a registration
1653 fee in an amount sufficient to cover the cost of administering

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1654 this part and part II of chapter 408. In addition to the
1655 requirements in part II of chapter 408, the registrant must
1656 provide the agency with any change of information contained on
1657 the original registration application within the timeframes
1658 established in this part, part II of chapter 408, and applicable
1659 rules 14 days prior to the change.

1660 Section 57. Paragraphs (a) through (d) of subsection (4) of
1661 section 400.9905, Florida Statutes, are amended to read:

1662 400.9905 Definitions.—

1663 (4) "Clinic" means an entity where health care services are
1664 provided to individuals and which tenders charges for
1665 reimbursement for such services, including a mobile clinic and a
1666 portable equipment provider. As used in this part, the term does
1667 not include and the licensure requirements of this part do not
1668 apply to:

1669 (a) Entities licensed or registered by the state under
1670 chapter 395; entities licensed or registered by the state and
1671 providing only health care services within the scope of services
1672 authorized under their respective licenses under ss. 383.30-
1673 383.332 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397,
1674 this chapter except part X, chapter 429, chapter 463, chapter
1675 465, chapter 466, chapter 478, ~~part I of chapter 483~~, chapter
1676 484, or chapter 651; end-stage renal disease providers
1677 authorized under 42 C.F.R. part 405, subpart U; providers
1678 certified under 42 C.F.R. part 485, subpart B or subpart H; or
1679 any entity that provides neonatal or pediatric hospital-based
1680 health care services or other health care services by licensed
1681 practitioners solely within a hospital licensed under chapter
1682 395.

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1683 (b) Entities that own, directly or indirectly, entities
 1684 licensed or registered by the state pursuant to chapter 395;
 1685 entities that own, directly or indirectly, entities licensed or
 1686 registered by the state and providing only health care services
 1687 within the scope of services authorized pursuant to their
 1688 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,
 1689 chapter 390, chapter 394, chapter 397, this chapter except part
 1690 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
 1691 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-
 1692 stage renal disease providers authorized under 42 C.F.R. part
 1693 405, subpart U; providers certified under 42 C.F.R. part 485,
 1694 subpart B or subpart H; or any entity that provides neonatal or
 1695 pediatric hospital-based health care services by licensed
 1696 practitioners solely within a hospital licensed under chapter
 1697 395.

1698 (c) Entities that are owned, directly or indirectly, by an
 1699 entity licensed or registered by the state pursuant to chapter
 1700 395; entities that are owned, directly or indirectly, by an
 1701 entity licensed or registered by the state and providing only
 1702 health care services within the scope of services authorized
 1703 pursuant to their respective licenses under ss. 383.30-383.332
 1704 ~~383.30-383.335~~, chapter 390, chapter 394, chapter 397, this
 1705 chapter except part X, chapter 429, chapter 463, chapter 465,
 1706 chapter 466, chapter 478, ~~part I of chapter 483~~, chapter 484, or
 1707 chapter 651; end-stage renal disease providers authorized under
 1708 42 C.F.R. part 405, subpart U; providers certified under 42
 1709 C.F.R. part 485, subpart B or subpart H; or any entity that
 1710 provides neonatal or pediatric hospital-based health care
 1711 services by licensed practitioners solely within a hospital

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1712 under chapter 395.

1713 (d) Entities that are under common ownership, directly or
 1714 indirectly, with an entity licensed or registered by the state
 1715 pursuant to chapter 395; entities that are under common
 1716 ownership, directly or indirectly, with an entity licensed or
 1717 registered by the state and providing only health care services
 1718 within the scope of services authorized pursuant to their
 1719 respective licenses under ss. 383.30-383.332 ~~383.30-383.335~~,
 1720 chapter 390, chapter 394, chapter 397, this chapter except part
 1721 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
 1722 478, ~~part I of chapter 483~~, chapter 484, or chapter 651; end-
 1723 stage renal disease providers authorized under 42 C.F.R. part
 1724 405, subpart U; providers certified under 42 C.F.R. part 485,
 1725 subpart B or subpart H; or any entity that provides neonatal or
 1726 pediatric hospital-based health care services by licensed
 1727 practitioners solely within a hospital licensed under chapter
 1728 395.

1729

1730 Notwithstanding this subsection, an entity shall be deemed a
 1731 clinic and must be licensed under this part in order to receive
 1732 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
 1733 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1734 Section 58. Subsection (6) of section 400.9935, Florida
 1735 Statutes, is amended to read:

1736 400.9935 Clinic responsibilities.—

1737 (6) Any person or entity providing health care services
 1738 which is not a clinic, as defined under s. 400.9905, may
 1739 voluntarily apply for a certificate of exemption from licensure
 1740 under its exempt status with the agency on a form that sets

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1741 forth its name or names and addresses, a statement of the
 1742 reasons why it cannot be defined as a clinic, and other
 1743 information deemed necessary by the agency. An exemption may be
 1744 valid for up to 2 years and is not transferable. The agency may
 1745 charge an applicant for a certificate of exemption in an amount
 1746 equal to \$100 or the actual cost of processing the certificate,
 1747 whichever is less. An entity seeking a certificate of exemption
 1748 must publish and maintain a schedule of charges for the medical
 1749 services offered to patients. The schedule must include the
 1750 prices charged to an uninsured person paying for such services
 1751 by cash, check, credit card, or debit card. The schedule must be
 1752 posted in a conspicuous place in the reception area of the
 1753 entity and must include, but is not limited to, the 50 services
 1754 most frequently provided by the entity. The schedule may group
 1755 services by three price levels, listing services in each price
 1756 level. The posting must be at least 15 square feet in size. As a
 1757 condition precedent to receiving a certificate of exemption, an
 1758 applicant must provide to the agency documentation of compliance
 1759 with these requirements.

1760 Section 59. Paragraph (a) of subsection (2) of section
 1761 408.033, Florida Statutes, is amended to read:

1762 408.033 Local and state health planning.—

1763 (2) FUNDING.—

1764 (a) The Legislature intends that the cost of local health
 1765 councils be borne by assessments on selected health care
 1766 facilities subject to facility licensure by the Agency for
 1767 Health Care Administration, including abortion clinics, assisted
 1768 living facilities, ambulatory surgical centers, birth birthing
 1769 centers, ~~clinical laboratories except community nonprofit blood~~

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1770 ~~banks and clinical laboratories operated by practitioners for~~
 1771 ~~exclusive use regulated under s. 483.035,~~ home health agencies,
 1772 hospices, hospitals, intermediate care facilities for the
 1773 developmentally disabled, nursing homes, health care clinics,
 1774 and multiphasic testing centers and by assessments on
 1775 organizations subject to certification by the agency pursuant to
 1776 chapter 641, part III, including health maintenance
 1777 organizations and prepaid health clinics. Fees assessed may be
 1778 collected prospectively at the time of licensure renewal and
 1779 prorated for the licensure period.

1780 Section 60. Paragraphs (f) through (t) of subsection (3) of
 1781 section 408.036, Florida Statutes, are redesignated as
 1782 paragraphs (e) through (s), respectively, and present paragraphs
 1783 (e) and (p) of that subsection are amended, to read:

1784 408.036 Projects subject to review; exemptions.—

1785 (3) EXEMPTIONS.—Upon request, the following projects are
 1786 subject to exemption from the provisions of subsection (1):

1787 ~~(e) For mobile surgical facilities and related health care~~
 1788 ~~services provided under contract with the Department of~~
 1789 ~~Corrections or a private correctional facility operating~~
 1790 ~~pursuant to chapter 957.~~

1791 (o) ~~(p)~~ For replacement of a licensed nursing home on the
 1792 same site, or within 5 miles of the same site if within the same
 1793 subdistrict, if the number of licensed beds does not increase
 1794 except as permitted under paragraph (e) ~~(f)~~.

1795 Section 61. Paragraph (b) of subsection (3) of section
 1796 408.0361, Florida Statutes, is amended to read:

1797 408.0361 Cardiovascular services and burn unit licensure.—

1798 (3) In establishing rules for adult cardiovascular

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1799 services, the agency shall include provisions that allow for:

1800 (b) 1. For a hospital seeking a Level I program,
 1801 demonstration that, for the most recent 12-month period as
 1802 reported to the agency, it has provided a minimum of 300 adult
 1803 inpatient and outpatient diagnostic cardiac catheterizations or,
 1804 for the most recent 12-month period, has discharged or
 1805 transferred at least 300 ~~patients inpatients~~ with the principal
 1806 diagnosis of ischemic heart disease and that it has a
 1807 formalized, written transfer agreement with a hospital that has
 1808 a Level II program, including written transport protocols to
 1809 ensure safe and efficient transfer of a patient within 60
 1810 minutes.

1811 2.a. A hospital located more than 100 road miles from the
 1812 closest Level II adult cardiovascular services program does not
 1813 need to meet the diagnostic cardiac catheterization volume and
 1814 ischemic heart disease diagnosis volume requirements in
 1815 subparagraph 1., if the hospital demonstrates that it has, for
 1816 the most recent 12-month period as reported to the agency,
 1817 provided a minimum of 100 adult inpatient and outpatient
 1818 diagnostic cardiac catheterizations or that, for the most recent
 1819 12-month period, it has discharged or transferred at least 300
 1820 patients with the principal diagnosis of ischemic heart disease.

1821 b. However, A hospital located more than 100 road miles
 1822 from the closest Level II adult cardiovascular services program
 1823 does not need to meet the 60-minute transfer time protocol
 1824 requirement in subparagraph 1., if the hospital demonstrates
 1825 that it has a formalized, written transfer agreement with a
 1826 hospital that has a Level II program. The agreement must include
 1827 written transport protocols to ensure the safe and efficient

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1828 transfer of a patient, taking into consideration the patient's
 1829 clinical and physical characteristics, road and weather
 1830 conditions, and viability of ground and air ambulance service to
 1831 transfer the patient.

1832 3. At a minimum, the rules for adult cardiovascular
 1833 services must require nursing and technical staff to have
 1834 demonstrated experience in handling acutely ill patients
 1835 requiring intervention, based on the staff member's previous
 1836 experience in dedicated cardiac interventional laboratories or
 1837 surgical centers. If a staff member's previous experience is in
 1838 a dedicated cardiac interventional laboratory at a hospital that
 1839 does not have an approved adult open-heart-surgery program, the
 1840 staff member's previous experience qualifies only if, at the
 1841 time the staff member acquired his or her experience, the
 1842 dedicated cardiac interventional laboratory:

1843 a. Had an annual volume of 500 or more percutaneous cardiac
 1844 intervention procedures;

1845 b. Achieved a demonstrated success rate of 95 percent or
 1846 greater for percutaneous cardiac intervention procedures;

1847 c. Experienced a complication rate of less than 5 percent
 1848 for percutaneous cardiac intervention procedures; and

1849 d. Performed diverse cardiac procedures, including, but not
 1850 limited to, balloon angioplasty and stenting, rotational
 1851 atherectomy, cutting balloon atheroma remodeling, and procedures
 1852 relating to left ventricular support capability.

1853 Section 62. Subsection (4) of section 408.061, Florida
 1854 Statutes, is amended to read:

1855 408.061 Data collection; uniform systems of financial
 1856 reporting; information relating to physician charges;

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1857 confidential information; immunity.-

1858 (4) Within 120 days after the end of its fiscal year, each
 1859 health care facility, excluding continuing care facilities,
 1860 hospitals operated by state agencies, and nursing homes as those
 1861 terms are defined in s. 408.07 ~~s. 408.07(14) and (37)~~, shall
 1862 file with the agency, on forms adopted by the agency and based
 1863 on the uniform system of financial reporting, its actual
 1864 financial experience for that fiscal year, including
 1865 expenditures, revenues, and statistical measures. Such data may
 1866 be based on internal financial reports which are certified to be
 1867 complete and accurate by the provider. However, hospitals'
 1868 actual financial experience shall be their audited actual
 1869 experience. Every nursing home shall submit to the agency, in a
 1870 format designated by the agency, a statistical profile of the
 1871 nursing home residents. The agency, in conjunction with the
 1872 Department of Elderly Affairs and the Department of Health,
 1873 shall review these statistical profiles and develop
 1874 recommendations for the types of residents who might more
 1875 appropriately be placed in their homes or other noninstitutional
 1876 settings.

1877 Section 63. Subsection (11) of section 408.07, Florida
 1878 Statutes, is amended to read:

1879 408.07 Definitions.—As used in this chapter, with the
 1880 exception of ss. 408.031-408.045, the term:

1881 ~~(11) "Clinical laboratory" means a facility licensed under~~
 1882 ~~s. 483.091, excluding: any hospital laboratory defined under s.~~
 1883 ~~483.041(6); any clinical laboratory operated by the state or a~~
 1884 ~~political subdivision of the state; any blood or tissue bank~~
 1885 ~~where the majority of revenues are received from the sale of~~

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1886 ~~blood or tissue and where blood, plasma, or tissue is procured~~
 1887 ~~from volunteer donors and donated, processed, stored, or~~
 1888 ~~distributed on a nonprofit basis; and any clinical laboratory~~
 1889 ~~which is wholly owned and operated by physicians who are~~
 1890 ~~licensed pursuant to chapter 458 or chapter 459 and who practice~~
 1891 ~~in the same group practice, and at which no clinical laboratory~~
 1892 ~~work is performed for patients referred by any health care~~
 1893 ~~provider who is not a member of that same group practice.~~

1894 Section 64. Subsection (4) of section 408.20, Florida
 1895 Statutes, is amended to read:

1896 408.20 Assessments; Health Care Trust Fund.—

1897 (4) Hospitals operated by a state agency ~~the Department of~~
 1898 ~~Children and Families, the Department of Health, or the~~
 1899 ~~Department of Corrections~~ are exempt from the assessments
 1900 required under this section.

1901 Section 65. Section 408.7056, Florida Statutes, is
 1902 repealed.

1903 Section 66. Subsections (10), (11), and (27) of section
 1904 408.802, Florida Statutes, are amended to read:

1905 408.802 Applicability.—The provisions of this part apply to
 1906 the provision of services that require licensure as defined in
 1907 this part and to the following entities licensed, registered, or
 1908 certified by the agency, as described in chapters 112, 383, 390,
 1909 394, 395, 400, 429, 440, 483, and 765:

1910 ~~(10) Mobile surgical facilities, as provided under part I~~
 1911 ~~of chapter 395.~~

1912 ~~(11) Health care risk managers, as provided under part I of~~
 1913 ~~chapter 395.~~

1914 ~~(27) Clinical laboratories, as provided under part I of~~

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1915 ~~chapter 483.~~

1916 Section 67. Subsections (12) and (13) of section 408.803,

1917 Florida Statutes, are redesignated as subsections (13) and (14),

1918 respectively, and a new subsection (12) is added to that

1919 section, to read:

1920 408.803 Definitions.—As used in this part, the term:

1921 (12) "Relative" means an individual who is the father,

1922 mother, stepfather, stepmother, son, daughter, brother, sister,

1923 grandmother, grandfather, great-grandmother, great-grandfather,

1924 grandson, granddaughter, uncle, aunt, first cousin, nephew,

1925 niece, husband, wife, father-in-law, mother-in-law, son-in-law,

1926 daughter-in-law, brother-in-law, sister-in-law, stepson,

1927 stepdaughter, stepbrother, stepsister, half-brother, or half-

1928 sister of a patient or client.

1929 Section 68. Paragraph (c) of subsection (7) of section

1930 408.806, Florida Statutes, is amended, and subsection (9) is

1931 added to that section, to read:

1932 408.806 License application process.—

1933 (7) (c) If an inspection is required by the authorizing

1934 statute for a license application other than an initial

1935 application, the inspection must be unannounced. This paragraph

1936 does not apply to inspections required pursuant to ss. 383.324,

1937 395.0161(4) ~~and~~, 429.67(6), ~~and 483.061(2).~~

1938 (9) A licensee that holds a license for multiple providers

1939 licensed by the agency may request that all related license

1940 expiration dates be aligned. Upon such request, the agency may

1941 issue a license for an abbreviated licensure period with a

1942 prorated licensure fee.

1943 Section 69. Paragraphs (d) and (e) of subsection (1) of

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1944 section 408.809, Florida Statutes, are amended to read:

1945 408.809 Background screening; prohibited offenses.—

1946 (1) Level 2 background screening pursuant to chapter 435

1947 must be conducted through the agency on each of the following

1948 persons, who are considered employees for the purposes of

1949 conducting screening under chapter 435:

1950 (d) Any person who is a controlling interest ~~if the agency~~

1951 ~~has reason to believe that such person has been convicted of any~~

1952 ~~offense prohibited by s. 435.04. For each controlling interest~~

1953 ~~who has been convicted of any such offense, the licensee shall~~

1954 ~~submit to the agency a description and explanation of the~~

1955 ~~conviction at the time of license application.~~

1956 (e) Any person, as required by authorizing statutes,

1957 seeking employment with a licensee or provider who is expected

1958 to, or whose responsibilities may require him or her to, provide

1959 personal care or services directly to clients or have access to

1960 client funds, personal property, or living areas; and any

1961 person, as required by authorizing statutes, contracting with a

1962 licensee or provider whose responsibilities require him or her

1963 to provide personal care or personal services directly to

1964 clients, or contracting with a licensee or provider to work 20

1965 hours a week or more who will have access to client funds,

1966 personal property, or living areas. Evidence of contractor

1967 screening may be retained by the contractor's employer or the

1968 licensee.

1969 Section 70. Subsection (8) of section 408.810, Florida

1970 Statutes, is amended, and subsections (11), (12), and (13) are

1971 added to that section, to read:

1972 408.810 Minimum licensure requirements.—In addition to the

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1973 licensure requirements specified in this part, authorizing
 1974 statutes, and applicable rules, each applicant and licensee must
 1975 comply with the requirements of this section in order to obtain
 1976 and maintain a license.

1977 (8) Upon application for initial licensure or change of
 1978 ownership licensure, the applicant shall furnish satisfactory
 1979 proof of the applicant's financial ability to operate in
 1980 accordance with the requirements of this part, authorizing
 1981 statutes, and applicable rules. The agency shall establish
 1982 standards for this purpose, including information concerning the
 1983 applicant's controlling interests. The agency shall also
 1984 establish documentation requirements, to be completed by each
 1985 applicant, that show anticipated provider revenues and
 1986 expenditures, the basis for financing the anticipated cash-flow
 1987 requirements of the provider, and an applicant's access to
 1988 contingency financing. A current certificate of authority,
 1989 pursuant to chapter 651, may be provided as proof of financial
 1990 ability to operate. The agency may require a licensee to provide
 1991 proof of financial ability to operate at any time if there is
 1992 evidence of financial instability, including, but not limited
 1993 to, unpaid expenses necessary for the basic operations of the
 1994 provider. An applicant applying for change of ownership
 1995 licensure is exempt from furnishing proof of financial ability
 1996 to operate if the provider has been licensed for at least 5
 1997 years, and:

1998 (a) The ownership change is a result of a corporate
 1999 reorganization under which the controlling interest is unchanged
 2000 and the applicant submits organizational charts that represent
 2001 the current and proposed structure of the reorganized

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2002 corporation; or

2003 (b) The ownership change is due solely to the death of a
 2004 person holding a controlling interest, and the surviving
 2005 controlling interests continue to hold at least 51 percent of
 2006 ownership after the change of ownership.

2007 (11) The agency may adopt rules that govern the
 2008 circumstances under which a controlling interest, an
 2009 administrator, an employee, or a contractor, or a representative
 2010 thereof, who is not a relative of the client may act as an agent
 2011 of the client in authorizing consent for medical treatment,
 2012 assignment or benefits, and release of information. Such rules
 2013 may include requirements related to disclosure, bonding,
 2014 restrictions, and client protections.

2015 (12) The licensee shall ensure that no person holds any
 2016 ownership interest, either directly or indirectly, regardless of
 2017 ownership structure, who:

2018 (a) Has a disqualifying offense pursuant to s. 408.809; or
 2019 (b) Holds or has held any ownership interest, either
 2020 directly or indirectly, regardless of ownership structure, in a
 2021 provider that had a license revoked or an application denied
 2022 pursuant to s. 408.815.

2023 (13) If the licensee is a publicly traded corporation or is
 2024 wholly owned, directly or indirectly, by a publicly traded
 2025 corporation, subsection (12) does not apply to those persons
 2026 whose sole relationship with the corporation is as a shareholder
 2027 of publicly traded shares. As used in this subsection, a
 2028 "publicly traded corporation" is a corporation that issues
 2029 securities traded on an exchange registered with the United
 2030 States Securities and Exchange Commission as a national

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2031 securities exchange.

2032 Section 71. Section 408.812, Florida Statutes, is amended
2033 to read:

2034 408.812 Unlicensed activity.—

2035 (1) A person or entity may not offer or advertise services
2036 that require licensure as defined by this part, authorizing
2037 statutes, or applicable rules to the public without obtaining a
2038 valid license from the agency. A licenseholder may not advertise
2039 or hold out to the public that he or she holds a license for
2040 other than that for which he or she actually holds the license.

2041 (2) The operation or maintenance of an unlicensed provider
2042 or the performance of any services that require licensure
2043 without proper licensure is a violation of this part and
2044 authorizing statutes. Unlicensed activity constitutes harm that
2045 materially affects the health, safety, and welfare of clients,
2046 and constitutes abuse and neglect, as defined in s. 415.102. The
2047 agency or any state attorney may, in addition to other remedies
2048 provided in this part, bring an action for an injunction to
2049 restrain such violation, or to enjoin the future operation or
2050 maintenance of the unlicensed provider or the performance of any
2051 services in violation of this part and authorizing statutes,
2052 until compliance with this part, authorizing statutes, and
2053 agency rules has been demonstrated to the satisfaction of the
2054 agency.

2055 (3) It is unlawful for any person or entity to own,
2056 operate, or maintain an unlicensed provider. If after receiving
2057 notification from the agency, such person or entity fails to
2058 cease operation ~~and apply for a license under this part and~~
2059 ~~authorizing statutes,~~ the person or entity is ~~shall be~~ subject

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2060 to penalties as prescribed by authorizing statutes and
2061 applicable rules. Each day of ~~continued~~ operation is a separate
2062 offense.

2063 (4) Any person or entity that fails to cease operation
2064 after agency notification may be fined \$1,000 for each day of
2065 noncompliance.

2066 (5) When a controlling interest or licensee has an interest
2067 in more than one provider and fails to license a provider
2068 rendering services that require licensure, the agency may revoke
2069 all licenses, and impose actions under s. 408.814, and
2070 regardless of correction, impose a fine of \$1,000 per day,
2071 unless otherwise specified by authorizing statutes, against each
2072 licensee until such time as the appropriate license is obtained
2073 or the unlicensed activity ceases for the unlicensed operation.

2074 (6) In addition to granting injunctive relief pursuant to
2075 subsection (2), if the agency determines that a person or entity
2076 is operating or maintaining a provider without obtaining a
2077 license and determines that a condition exists that poses a
2078 threat to the health, safety, or welfare of a client of the
2079 provider, the person or entity is subject to the same actions
2080 and fines imposed against a licensee as specified in this part,
2081 authorizing statutes, and agency rules.

2082 (7) Any person aware of the operation of an unlicensed
2083 provider must report that provider to the agency.

2084 Section 72. Subsections (10), (11) and (26) of section
2085 408.820, Florida Statutes, are amended, and subsections (12)
2086 through (25) and (27) and (28) are redesignated as subsections
2087 (10) through (23) and (24) and (25), respectively, to read:
2088 408.820 Exemptions.—Except as prescribed in authorizing

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2089 statutes, the following exemptions shall apply to specified
2090 requirements of this part:

2091 ~~(10) Mobile surgical facilities, as provided under part I~~
2092 ~~of chapter 395, are exempt from s. 408.810(7)-(10).~~

2093 ~~(11) Health care risk managers, as provided under part I of~~
2094 ~~chapter 395, are exempt from ss. 408.806(7), 408.810(4)-(10),~~
2095 ~~and 408.811.~~

2096 ~~(26) Clinical laboratories, as provided under part I of~~
2097 ~~chapter 483, are exempt from s. 408.810(5)-(10).~~

2098 Section 73. Subsection (7) of section 409.905, Florida
2099 Statutes, is amended to read:

2100 409.905 Mandatory Medicaid services.—The agency may make
2101 payments for the following services, which are required of the
2102 state by Title XIX of the Social Security Act, furnished by
2103 Medicaid providers to recipients who are determined to be
2104 eligible on the dates on which the services were provided. Any
2105 service under this section shall be provided only when medically
2106 necessary and in accordance with state and federal law.
2107 Mandatory services rendered by providers in mobile units to
2108 Medicaid recipients may be restricted by the agency. Nothing in
2109 this section shall be construed to prevent or limit the agency
2110 from adjusting fees, reimbursement rates, lengths of stay,
2111 number of visits, number of services, or any other adjustments
2112 necessary to comply with the availability of moneys and any
2113 limitations or directions provided for in the General
2114 Appropriations Act or chapter 216.

2115 (7) INDEPENDENT LABORATORY SERVICES.—The agency shall pay
2116 for medically necessary diagnostic laboratory procedures ordered
2117 by a licensed physician or other licensed practitioner of the

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2118 healing arts which are provided for a recipient in a laboratory
2119 that meets the requirements for Medicare participation and is
2120 appropriately certified by the Centers for Medicare and Medicaid
2121 Services under the federal Clinical Laboratory Improvement
2122 Amendments and the federal rules adopted thereunder licensed
2123 under chapter 483, if required.

2124 Section 74. Subsection (10) of section 409.907, Florida
2125 Statutes, is amended to read:

2126 409.907 Medicaid provider agreements.—The agency may make
2127 payments for medical assistance and related services rendered to
2128 Medicaid recipients only to an individual or entity who has a
2129 provider agreement in effect with the agency, who is performing
2130 services or supplying goods in accordance with federal, state,
2131 and local law, and who agrees that no person shall, on the
2132 grounds of handicap, race, color, or national origin, or for any
2133 other reason, be subjected to discrimination under any program
2134 or activity for which the provider receives payment from the
2135 agency.

2136 (10) The agency may consider whether the provider, or any
2137 officer, director, agent, managing employee, or affiliated
2138 person, or any partner or shareholder having an ownership
2139 interest equal to 5 percent or greater in the provider if the
2140 provider is a corporation, partnership, or other business
2141 entity, has:

2142 (a) Made a false representation or omission of any material
2143 fact in making the application, including the submission of an
2144 application that conceals the controlling or ownership interest
2145 of any officer, director, agent, managing employee, affiliated
2146 person, or partner or shareholder who may not be eligible to

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2147 participate;

2148 (b) Been or is currently excluded, suspended, terminated
 2149 from, or has involuntarily withdrawn from participation in,
 2150 Florida's Medicaid program or any other state's Medicaid
 2151 program, or from participation in any other governmental or
 2152 private health care or health insurance program;

2153 ~~(c) Been convicted of a criminal offense relating to the~~
 2154 ~~delivery of any goods or services under Medicaid or Medicare or~~
 2155 ~~any other public or private health care or health insurance~~
 2156 ~~program including the performance of management or~~
 2157 ~~administrative services relating to the delivery of goods or~~
 2158 ~~services under any such program;~~

2159 ~~(d) Been convicted under federal or state law of a criminal~~
 2160 ~~offense relating to the neglect or abuse of a patient in~~
 2161 ~~connection with the delivery of any health care goods or~~
 2162 ~~services;~~

2163 ~~(e) Been convicted under federal or state law of a criminal~~
 2164 ~~offense relating to the unlawful manufacture, distribution,~~
 2165 ~~prescription, or dispensing of a controlled substance;~~

2166 ~~(f) Been convicted of any criminal offense relating to~~
 2167 ~~fraud, theft, embezzlement, breach of fiduciary responsibility,~~
 2168 ~~or other financial misconduct;~~

2169 ~~(g) Been convicted under federal or state law of a crime~~
 2170 ~~punishable by imprisonment of a year or more which involves~~
 2171 ~~moral turpitude;~~

2172 ~~(h) Been convicted in connection with the interference or~~
 2173 ~~obstruction of any investigation into any criminal offense~~
 2174 ~~listed in this subsection;~~

2175 ~~(i) Been found to have violated federal or state laws,~~

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2176 ~~rules, or regulations governing Florida's Medicaid program or~~
 2177 ~~any other state's Medicaid program, the Medicare program, or any~~
 2178 ~~other publicly funded federal or state health care or health~~
 2179 ~~insurance program, and been sanctioned accordingly;~~

2180 ~~(c) (j)~~ Been previously found by a licensing, certifying, or
 2181 professional standards board or agency to have violated the
 2182 standards or conditions relating to licensure or certification
 2183 or the quality of services provided; or

2184 ~~(d) (k)~~ Failed to pay any fine or overpayment properly
 2185 assessed under the Medicaid program in which no appeal is
 2186 pending or after resolution of the proceeding by stipulation or
 2187 agreement, unless the agency has issued a specific letter of
 2188 forgiveness or has approved a repayment schedule to which the
 2189 provider agrees to adhere.

2190 Section 75. Subsection (6) of section 409.9116, Florida
 2191 Statutes, is amended to read:

2192 409.9116 Disproportionate share/financial assistance
 2193 program for rural hospitals.—In addition to the payments made
 2194 under s. 409.911, the Agency for Health Care Administration
 2195 shall administer a federally matched disproportionate share
 2196 program and a state-funded financial assistance program for
 2197 statutory rural hospitals. The agency shall make
 2198 disproportionate share payments to statutory rural hospitals
 2199 that qualify for such payments and financial assistance payments
 2200 to statutory rural hospitals that do not qualify for
 2201 disproportionate share payments. The disproportionate share
 2202 program payments shall be limited by and conform with federal
 2203 requirements. Funds shall be distributed quarterly in each
 2204 fiscal year for which an appropriation is made. Notwithstanding

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2205 the provisions of s. 409.915, counties are exempt from
 2206 contributing toward the cost of this special reimbursement for
 2207 hospitals serving a disproportionate share of low-income
 2208 patients.

2209 (6) This section applies only to hospitals that were
 2210 defined as statutory rural hospitals, or their successor-in-
 2211 interest hospital, prior to January 1, 2001. Any additional
 2212 hospital that is defined as a statutory rural hospital, or its
 2213 successor-in-interest hospital, on or after January 1, 2001, is
 2214 not eligible for programs under this section unless additional
 2215 funds are appropriated each fiscal year specifically to the
 2216 rural hospital disproportionate share and financial assistance
 2217 programs in an amount necessary to prevent any hospital, or its
 2218 successor-in-interest hospital, eligible for the programs prior
 2219 to January 1, 2001, from incurring a reduction in payments
 2220 because of the eligibility of an additional hospital to
 2221 participate in the programs. A hospital, or its successor-in-
 2222 interest hospital, which received funds pursuant to this section
 2223 before January 1, 2001, and which qualifies under s.
 2224 395.602(2)(b) ~~s. 395.602(2)(e)~~, shall be included in the
 2225 programs under this section and is not required to seek
 2226 additional appropriations under this subsection.

2227 Section 76. Paragraphs (a) and (b) of subsection (1) of
 2228 section 409.975, Florida Statutes, are amended to read:

2229 409.975 Managed care plan accountability.—In addition to
 2230 the requirements of s. 409.967, plans and providers
 2231 participating in the managed medical assistance program shall
 2232 comply with the requirements of this section.

2233 (1) PROVIDER NETWORKS.—Managed care plans must develop and

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2234 maintain provider networks that meet the medical needs of their
 2235 enrollees in accordance with standards established pursuant to
 2236 s. 409.967(2)(c). Except as provided in this section, managed
 2237 care plans may limit the providers in their networks based on
 2238 credentials, quality indicators, and price.

2239 (a) Plans must include all providers in the region that are
 2240 classified by the agency as essential Medicaid providers, unless
 2241 the agency approves, in writing, an alternative arrangement for
 2242 securing the types of services offered by the essential
 2243 providers. Providers are essential for serving Medicaid
 2244 enrollees if they offer services that are not available from any
 2245 other provider within a reasonable access standard, or if they
 2246 provided a substantial share of the total units of a particular
 2247 service used by Medicaid patients within the region during the
 2248 last 3 years and the combined capacity of other service
 2249 providers in the region is insufficient to meet the total needs
 2250 of the Medicaid patients. The agency may not classify physicians
 2251 and other practitioners as essential providers. The agency, at a
 2252 minimum, shall determine which providers in the following
 2253 categories are essential Medicaid providers:

- 2254 1. Federally qualified health centers.
- 2255 2. Statutory teaching hospitals as defined in s. 408.07(44)
 2256 ~~s. 408.07(45)~~.
- 2257 3. Hospitals that are trauma centers as defined in s.
 2258 395.4001(14).
- 2259 4. Hospitals located at least 25 miles from any other
 2260 hospital with similar services.

2261 Managed care plans that have not contracted with all essential
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2263 providers in the region as of the first date of recipient
 2264 enrollment, or with whom an essential provider has terminated
 2265 its contract, must negotiate in good faith with such essential
 2266 providers for 1 year or until an agreement is reached, whichever
 2267 is first. Payments for services rendered by a nonparticipating
 2268 essential provider shall be made at the applicable Medicaid rate
 2269 as of the first day of the contract between the agency and the
 2270 plan. A rate schedule for all essential providers shall be
 2271 attached to the contract between the agency and the plan. After
 2272 1 year, managed care plans that are unable to contract with
 2273 essential providers shall notify the agency and propose an
 2274 alternative arrangement for securing the essential services for
 2275 Medicaid enrollees. The arrangement must rely on contracts with
 2276 other participating providers, regardless of whether those
 2277 providers are located within the same region as the
 2278 nonparticipating essential service provider. If the alternative
 2279 arrangement is approved by the agency, payments to
 2280 nonparticipating essential providers after the date of the
 2281 agency's approval shall equal 90 percent of the applicable
 2282 Medicaid rate. Except for payment for emergency services, if the
 2283 alternative arrangement is not approved by the agency, payment
 2284 to nonparticipating essential providers shall equal 110 percent
 2285 of the applicable Medicaid rate.

2286 (b) Certain providers are statewide resources and essential
 2287 providers for all managed care plans in all regions. All managed
 2288 care plans must include these essential providers in their
 2289 networks. Statewide essential providers include:

- 2290 1. Faculty plans of Florida medical schools.
- 2291 2. Regional perinatal intensive care centers as defined in

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2292 s. 383.16(2).

2293 3. Hospitals licensed as specialty children's hospitals as
 2294 defined in s. 395.002(27) ~~s. 395.002(28)~~.

2295 4. Accredited and integrated systems serving medically
 2296 complex children which comprise separately licensed, but
 2297 commonly owned, health care providers delivering at least the
 2298 following services: medical group home, in-home and outpatient
 2299 nursing care and therapies, pharmacy services, durable medical
 2300 equipment, and Prescribed Pediatric Extended Care.

2301 Managed care plans that have not contracted with all statewide
 2302 essential providers in all regions as of the first date of
 2303 recipient enrollment must continue to negotiate in good faith.
 2304 Payments to physicians on the faculty of nonparticipating
 2305 Florida medical schools shall be made at the applicable Medicaid
 2306 rate. Payments for services rendered by regional perinatal
 2307 intensive care centers shall be made at the applicable Medicaid
 2308 rate as of the first day of the contract between the agency and
 2309 the plan. Except for payments for emergency services, payments
 2310 to nonparticipating specialty children's hospitals shall equal
 2311 the highest rate established by contract between that provider
 2312 and any other Medicaid managed care plan.

2314 Section 77. Subsections (5) and (17) of section 429.02,
 2315 Florida Statutes, are amended to read:

2316 429.02 Definitions.—When used in this part, the term:

2317 (5) "Assisted living facility" means any building or
 2318 buildings, section or distinct part of a building, private home,
 2319 boarding home, home for the aged, or other residential facility,
 2320 regardless of whether operated for profit ~~or not~~, which

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2321 ~~undertakes~~ through its ownership or management provides ~~to~~
 2322 ~~provide~~ housing, meals, and one or more personal services for a
 2323 period exceeding 24 hours to one or more adults who are not
 2324 relatives of the owner or administrator.

2325 (17) "Personal services" means direct physical assistance
 2326 with or supervision of the activities of daily living, ~~and~~ the
 2327 self-administration of medication, ~~or and~~ other similar services
 2328 which the department may define by rule. ~~The term may "Personal~~
 2329 ~~services"~~ shall not be construed to mean the provision of
 2330 medical, nursing, dental, or mental health services.

2331 Section 78. Paragraphs (b) and (d) of subsection (2) of
 2332 section 429.04, Florida Statutes, are amended, and subsection
 2333 (3) is added that section, to read:

2334 429.04 Facilities to be licensed; exemptions.-

2335 (2) The following are exempt from licensure under this
 2336 part:

2337 (b) Any facility or part of a facility licensed by the
 2338 Agency for Persons with Disabilities under chapter 393, a mental
 2339 health facility licensed under ~~or~~ chapter 394, a hospital
 2340 licensed under chapter 395, a nursing home licensed under part
 2341 II of chapter 400, an inpatient hospice licensed under part IV
 2342 of chapter 400, a home for special services licensed under part
 2343 V of chapter 400, an intermediate care facility licensed under
 2344 part VIII of chapter 400, or a transitional living facility
 2345 licensed under part XI of chapter 400.

2346 (d) Any person who provides housing, meals, and one or more
 2347 personal services on a 24-hour basis in the person's own home to
 2348 not more than two adults who do not receive optional state
 2349 supplementation. The person who provides the housing, meals, and

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2350 personal services must own or rent the home and must have
 2351 established the home as his or her permanent residence. For
 2352 purposes of this paragraph, any person holding a homestead
 2353 exemption at an address other than that at which the person
 2354 asserts this exemption is presumed to not have established
 2355 permanent residence ~~reside therein. This exemption does not~~
 2356 apply to a person or entity that previously held a license
 2357 issued by the agency which was revoked or for which renewal was
 2358 denied by final order of the agency, or when the person or
 2359 entity voluntarily relinquished the license during agency
 2360 enforcement proceedings.

2361 (3) Upon agency investigation of unlicensed activity, any
 2362 person or entity that claims that it is exempt under this
 2363 section must provide documentation substantiating entitlement to
 2364 the exemption.

2365 Section 79. Paragraphs (b) and (d) of subsection (1) of
 2366 section 429.08, Florida Statutes, are amended to read:

2367 429.08 Unlicensed facilities; referral of person for
 2368 residency to unlicensed facility; penalties.-

2369 (1) (b) ~~Except as provided under paragraph (d),~~ Any person
 2370 who owns, rents, or otherwise maintains a building or property
 2371 used as ~~operates, or maintains~~ an unlicensed assisted living
 2372 facility commits a felony of the third degree, punishable as
 2373 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
 2374 continued operation is a separate offense.

2375 (d) In addition to the requirements of s. 408.812, any
 2376 person who owns, operates, or maintains an unlicensed assisted
 2377 living facility after receiving notice from the agency ~~due to a~~
 2378 ~~change in this part or a modification in rule within 6 months~~

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2379 ~~after the effective date of such change and who, within 10~~
 2380 ~~working days after receiving notification from the agency, fails~~
 2381 ~~to cease operation or apply for a license under this part~~
 2382 commits a felony of the third degree, punishable as provided in
 2383 s. 775.082, s. 775.083, or s. 775.084. Each day of continued
 2384 operation is a separate offense.

2385 Section 80. Section 429.176, Florida Statutes, is amended
 2386 to read:

2387 429.176 Notice of change of administrator.—If, during the
 2388 period for which a license is issued, the owner changes
 2389 administrators, the owner must notify the agency of the change
 2390 within 10 days and provide documentation within 90 days that the
 2391 new administrator has completed the applicable core educational
 2392 requirements under s. 429.52. A facility may not be operated for
 2393 more than 120 consecutive days without an administrator who has
 2394 completed the core educational requirements.

2395 Section 81. Subsection(7) of section 429.19, Florida
 2396 Statutes, is amended to read:

2397 429.19 Violations; imposition of administrative fines;
 2398 grounds.—

2399 (7) In addition to any administrative fines imposed, the
 2400 agency may assess a survey fee, equal to the lesser of one half
 2401 of the facility's biennial license and bed fee or \$500, to cover
 2402 the cost of conducting initial complaint investigations that
 2403 result in the finding of a violation that was the subject of the
 2404 complaint or monitoring visits conducted ~~under s. 429.28(3)(c)~~
 2405 to verify the correction of the violations.

2406 Section 82. Subsection (2) of section 429.24, Florida
 2407 Statutes, is amended to read:

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2408 429.24 Contracts.—

2409 (2) Each contract must contain express provisions
 2410 specifically setting forth the services and accommodations to be
 2411 provided by the facility; the rates or charges; provision for at
 2412 least 30 days' written notice of a rate increase; the rights,
 2413 duties, and obligations of the residents, other than those
 2414 specified in s. 429.28; and other matters that the parties deem
 2415 appropriate. A new service or accommodation added to, or
 2416 implemented in, a resident's contract for which the resident was
 2417 not previously charged does not require a 30-day written notice
 2418 of a rate increase. Whenever money is deposited or advanced by a
 2419 resident in a contract as security for performance of the
 2420 contract agreement or as advance rent for other than the next
 2421 immediate rental period:

2422 (a) Such funds shall be deposited in a banking institution
 2423 in this state that is located, if possible, in the same
 2424 community in which the facility is located; shall be kept
 2425 separate from the funds and property of the facility; may not be
 2426 represented as part of the assets of the facility on financial
 2427 statements; and shall be used, or otherwise expended, only for
 2428 the account of the resident.

2429 (b) The licensee shall, within 30 days of receipt of
 2430 advance rent or a security deposit, notify the resident or
 2431 residents in writing of the manner in which the licensee is
 2432 holding the advance rent or security deposit and state the name
 2433 and address of the depository where the moneys are being held.
 2434 The licensee shall notify residents of the facility's policy on
 2435 advance deposits.

2436 Section 83. Paragraphs (e) and (j) of subsection (1) and

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2437 paragraphs (c), (d), and (e) of subsection (3) of section
2438 429.28, Florida Statutes, are amended to read:

2439 429.28 Resident bill of rights.—

2440 (1) No resident of a facility shall be deprived of any
2441 civil or legal rights, benefits, or privileges guaranteed by
2442 law, the Constitution of the State of Florida, or the
2443 Constitution of the United States as a resident of a facility.
2444 Every resident of a facility shall have the right to:

2445 (e) Freedom to participate in and benefit from community
2446 services and activities and to pursue achieve the highest
2447 possible level of independence, autonomy, and interaction within
2448 the community.

2449 (j) Assistance with obtaining access to adequate and
2450 appropriate health care. For purposes of this paragraph, the
2451 term "adequate and appropriate health care" means the management
2452 of medications, assistance in making appointments for health
2453 care services, the provision of or arrangement of transportation
2454 to health care appointments, and the performance of health care
2455 services in accordance with s. 429.255 which are consistent with
2456 established and recognized standards within the community.

2457 (3) ~~(e) During any calendar year in which no survey is~~
2458 ~~conducted, the agency shall conduct at least one monitoring~~
2459 ~~visit of each facility cited in the previous year for a class I~~
2460 ~~or class II violation, or more than three uncorrected class III~~
2461 ~~violations.~~

2462 ~~(d) The agency may conduct periodic followup inspections as~~
2463 ~~necessary to monitor the compliance of facilities with a history~~
2464 ~~of any class I, class II, or class III violations that threaten~~
2465 ~~the health, safety, or security of residents.~~

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2466 ~~(e) The agency may conduct complaint investigations as~~
2467 ~~warranted to investigate any allegations of noncompliance with~~
2468 ~~requirements required under this part or rules adopted under~~
2469 ~~this part.~~

2470 Section 84. Subsection (1) of section 429.294, Florida
2471 Statutes, is amended to read:

2472 429.294 Availability of facility records for investigation
2473 of resident's rights violations and defenses; penalty.—

2474 (1) Failure to provide complete copies of a resident's
2475 records, including, but not limited to, all medical records and
2476 the resident's chart, within the control or possession of the
2477 facility ~~within 10 days~~, in accordance with the provisions of s.
2478 400.145, shall constitute evidence of failure of that party to
2479 comply with good faith discovery requirements and shall waive
2480 the good faith certificate and presuit notice requirements under
2481 this part by the requesting party.

2482 Section 85. Subsection (2) of section 429.34, Florida
2483 Statutes, is amended to read:

2484 429.34 Right of entry and inspection.—

2485 (2) (a) In addition to the requirements of s. 408.811, the
2486 agency may inspect and investigate facilities as necessary to
2487 determine compliance with this part, part II of chapter 408, and
2488 rules adopted thereunder. The agency shall inspect each licensed
2489 assisted living facility at least once every 24 months to
2490 determine compliance with this chapter and related rules. If an
2491 assisted living facility is cited for a class I violation or
2492 three or more class II violations arising from separate surveys
2493 within a 60-day period or due to unrelated circumstances during
2494 the same survey, the agency must conduct an additional licensure

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2495 inspection within 6 months.

2496 (b) During any calendar year in which a survey is not
 2497 conducted, the agency may conduct monitoring visits of each
 2498 facility cited in the previous year for a class I or class II
 2499 violation or for more than three uncorrected class III
 2500 violations.

2501 Section 86. Subsection (4) of section 429.52, Florida
 2502 Statutes, is amended to read:

2503 429.52 Staff training and educational programs; core
 2504 educational requirement.—

2505 (4) Effective January 1, 2004, a new facility administrator
 2506 must complete the required training and education, including the
 2507 competency test, within 90 days of the date of employment a
 2508 ~~reasonable time after being employed as an administrator, as~~
 2509 ~~determined by the department.~~ Failure to do so is a violation of
 2510 this part and subjects the violator to an administrative fine as
 2511 prescribed in s. 429.19. Administrators licensed in accordance
 2512 with part II of chapter 468 are exempt from this requirement.
 2513 Other licensed professionals may be exempted, as determined by
 2514 the department by rule.

2515 Section 87. Subsection (3) of section 435.04, Florida
 2516 Statutes, is amended, and subsection (4) is added to that
 2517 section, to read:

2518 435.04 Level 2 screening standards.—

2519 (3) The security background investigations under this
 2520 section must ensure that no person subject to this section has
 2521 been arrested for and is awaiting final disposition of, been
 2522 found guilty of, regardless of adjudication, or entered a plea
 2523 of nolo contendere or guilty to, any offense that constitutes

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2524 domestic violence as defined in s. 741.28, whether such act was
 2525 committed in this state or in another jurisdiction.

2526 (4) For the purpose of screening applicability to
 2527 participate in the Medicaid program, the security background
 2528 investigations under this section must ensure that a person
 2529 subject to screening under this section has not been arrested
 2530 for and is not awaiting final disposition of; has not been found
 2531 guilty of, regardless of adjudication, or entered a plea of nolo
 2532 contendere or guilty to; and has not been adjudicated delinquent
 2533 and the record sealed or expunged for, any of the following
 2534 offenses:

2535 (a) Violation of a federal law or a law in any state which
 2536 creates a criminal offense relating to:

2537 1. The delivery of any goods or services under Medicaid or
 2538 Medicare or any other public or private health care or health
 2539 insurance program, including the performance of management or
 2540 administrative services relating to the delivery of goods or
 2541 services under any such program;

2542 2. Neglect or abuse of a patient in connection with the
 2543 delivery of any health care good or service;

2544 3. Unlawful manufacture, distribution, prescription, or
 2545 dispensing of a controlled substance;

2546 4. Fraud, theft, embezzlement, breach of fiduciary
 2547 responsibility, or other financial misconduct; or

2548 5. Moral turpitude, if punishable by imprisonment of a year
 2549 or more.

2550 6. Interference with or obstruction of an investigation
 2551 into any criminal offense identified in this subsection.

2552 (b) Violation of the following state laws or laws of

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2553 another jurisdiction:2554 1. Section 817.569, criminal use of a public record or
2555 information contained in a public record;2556 2. Section 838.016, unlawful compensation or reward for
2557 official behavior;2558 3. Section 838.021, corruption by threat against a public
2559 servant;2560 4. Section 838.022, official misconduct;2561 5. Section 838.22, bid tampering;2562 6. Section 839.13, falsifying records;2563 7. Section 839.26, misuse of confidential information; or
2564 (c) Violation of a federal or state law, rule, or2565 regulation governing the Florida Medicaid program or any other
2566 state Medicaid program, the Medicare program, or any other
2567 publicly funded federal or state health care or health insurance
2568 program.2569 Section 88. Paragraph (a) of subsection (2) of section
2570 435.12, Florida Statutes, is amended to read:

2571 435.12 Care Provider Background Screening Clearinghouse.—

2572 (2) (a) To ensure that the information in the clearinghouse
2573 is current, the fingerprints of an employee required to be
2574 screened by a specified agency and included in the clearinghouse
2575 must be:2576 1. Retained by the Department of Law Enforcement pursuant
2577 to s. 943.05(2)(g) and (h) and (3), and the Department of Law
2578 Enforcement must report the results of searching those
2579 fingerprints against state incoming arrest fingerprint
2580 submissions to the Agency for Health Care Administration for
2581 inclusion in the clearinghouse.

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2582 2. Retained by the Federal Bureau of Investigation in the
2583 national retained print arrest notification program as soon as
2584 the Department of Law Enforcement begins participation in such
2585 program. Arrest prints will be searched against retained prints
2586 at the Federal Bureau of Investigation and notification of
2587 arrests will be forwarded to the Florida Department of Law
2588 Enforcement and reported to the Agency for Health Care
2589 Administration for inclusion in the clearinghouse.2590 3. Resubmitted for a Federal Bureau of Investigation
2591 national criminal history check every 5 years until such time as
2592 the fingerprints are retained by the Federal Bureau of
2593 Investigation.2594 4. Subject to retention on a 5-year renewal basis with fees
2595 collected at the time of initial submission or resubmission of
2596 fingerprints.2597 a. A person who passed a level 2 screening under s. 435.04
2598 after December 31, 2012, by a specified agency may extend the
2599 screening renewal period until January 1, 2020, unless the
2600 Department of Law Enforcement begins participation in the
2601 national retained print arrest notification program before that
2602 date.2603 b. The retention of fingerprints by the Department of Law
2604 Enforcement pursuant to s. 943.05(2)(g) and (h) and (3) is
2605 extended until the earlier of January 1, 2021, or the date that
2606 the Department of Law Enforcement begins participation in the
2607 national retained print arrest notification program.2608 5. Submitted with a photograph of the person taken at the
2609 time the fingerprints are submitted.

2610 Section 89. Subsection (4) of section 456.001, Florida

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2611 Statutes, is amended to read:

2612 456.001 Definitions.—As used in this chapter, the term:

2613 (4) "Health care practitioner" means any person licensed
2614 under chapter 457; chapter 458; chapter 459; chapter 460;
2615 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;
2616 chapter 466; chapter 467; part I, part II, part III, part V,
2617 part X, part XIII, or part XIV of chapter 468; chapter 478;
2618 chapter 480; part II or part III ~~or part IV~~ of chapter 483;
2619 chapter 484; chapter 486; chapter 490; or chapter 491.

2620 Section 90. Subsection (3) of section 456.054, Florida
2621 Statutes, is redesignated as subsection (4), and a new
2622 subsection (3) is added to that section, to read:

2623 456.054 Kickbacks prohibited.—

2624 (3) (a) It is unlawful for any person or any entity to pay
2625 or receive, directly or indirectly, a commission, bonus,
2626 kickback, or rebate from, or to engage in any form of a split-
2627 fee arrangement with, a dialysis facility, health care
2628 practitioner, surgeon, person, or entity for referring patients
2629 to a clinical laboratory as defined in s. 483.803.

2630 (b) It is unlawful for any clinical laboratory to:

2631 1. Provide personnel to perform any functions or duties in
2632 a health care practitioner's office or dialysis facility for any
2633 purpose, including for the collection or handling of specimens,
2634 directly or indirectly through an employee, contractor,
2635 independent staffing company, lease agreement, or otherwise,
2636 unless the laboratory and the practitioner's office, or dialysis
2637 facility, are wholly owned and operated by the same entity.

2638 2. Lease space within any part of a health care
2639 practitioner's office or dialysis facility for any purpose,

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2640 including for the purpose of establishing a collection station
2641 where materials or specimens are collected or drawn from
2642 patients.

2643 Section 91. Paragraphs (h) and (i) of subsection (2) of
2644 section 456.057, Florida Statutes, are amended to read:

2645 456.057 Ownership and control of patient records; report or
2646 copies of records to be furnished; disclosure of information.—

2647 (2) As used in this section, the terms "records owner,"
2648 "health care practitioner," and "health care practitioner's
2649 employer" do not include any of the following persons or
2650 entities; furthermore, the following persons or entities are not
2651 authorized to acquire or own medical records, but are authorized
2652 under the confidentiality and disclosure requirements of this
2653 section to maintain those documents required by the part or
2654 chapter under which they are licensed or regulated:

2655 (h) Clinical laboratory personnel licensed under part II
2656 ~~III~~ of chapter 483.

2657 (i) Medical physicists licensed under part III ~~IV~~ of
2658 chapter 483.

2659 Section 92. Paragraph (j) of subsection (1) of section
2660 456.076, Florida Statutes, is amended to read:

2661 456.076 Impaired practitioner programs.—

2662 (1) As used in this section, the term:

2663 (j) "Practitioner" means a person licensed, registered,
2664 certified, or regulated by the department under part III of
2665 chapter 401; chapter 457; chapter 458; chapter 459; chapter 460;
2666 chapter 461; chapter 462; chapter 463; chapter 464; chapter 465;
2667 chapter 466; chapter 467; part I, part II, part III, part V,
2668 part X, part XIII, or part XIV of chapter 468; chapter 478;

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2669 chapter 480; part II or part III ~~or part IV~~ of chapter 483;
 2670 chapter 484; chapter 486; chapter 490; or chapter 491; or an
 2671 applicant for a license, registration, or certification under
 2672 the same laws.

2673 Section 93. Subsection (2) of section 458.307, Florida
 2674 Statutes, is amended to read:
 2675 458.307 Board of Medicine.—
 2676 (2) Twelve members of the board must be licensed physicians
 2677 in good standing in this state who are residents of the state
 2678 and who have been engaged in the active practice or teaching of
 2679 medicine for at least 4 years immediately preceding their
 2680 appointment. One of the physicians must be on the full-time
 2681 faculty of a medical school in this state, and one of the
 2682 physicians must be in private practice and on the full-time
 2683 staff of a statutory teaching hospital in this state as defined
 2684 in s. 408.07. At least one of the physicians must be a graduate
 2685 of a foreign medical school. The remaining three members must be
 2686 residents of the state who are not, and never have been,
 2687 licensed health care practitioners. One member must be a health
 2688 care risk manager ~~licensed under s. 395.10974~~. At least one
 2689 member of the board must be 60 years of age or older.

2690 Section 94. Subsection (1) of section 458.345, Florida
 2691 Statutes, is amended to read:
 2692 458.345 Registration of resident physicians, interns, and
 2693 fellows; list of hospital employees; prescribing of medicinal
 2694 drugs; penalty.—
 2695 (1) Any person desiring to practice as a resident
 2696 physician, assistant resident physician, house physician,
 2697 intern, or fellow in fellowship training which leads to

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2698 subspecialty board certification in this state, or any person
 2699 desiring to practice as a resident physician, assistant resident
 2700 physician, house physician, intern, or fellow in fellowship
 2701 training in a teaching hospital in this state as defined in s.
 2702 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold a
 2703 valid, active license issued under this chapter shall apply to
 2704 the department to be registered and shall remit a fee not to
 2705 exceed \$300 as set by the board. The department shall register
 2706 any applicant the board certifies has met the following
 2707 requirements:
 2708 (a) Is at least 21 years of age.
 2709 (b) Has not committed any act or offense within or without
 2710 the state which would constitute the basis for refusal to
 2711 certify an application for licensure pursuant to s. 458.331.
 2712 (c) Is a graduate of a medical school or college as
 2713 specified in s. 458.311(1)(f).

2714 Section 95. Subsection (1) of s. 459.021, Florida Statutes,
 2715 is amended to read:
 2716 459.021 Registration of resident physicians, interns, and
 2717 fellows; list of hospital employees; penalty.—
 2718 (1) Any person who holds a degree of Doctor of Osteopathic
 2719 Medicine from a college of osteopathic medicine recognized and
 2720 approved by the American Osteopathic Association who desires to
 2721 practice as a resident physician, intern, or fellow in
 2722 fellowship training which leads to subspecialty board
 2723 certification in this state, or any person desiring to practice
 2724 as a resident physician, intern, or fellow in fellowship
 2725 training in a teaching hospital in this state as defined in s.
 2726 408.07 ~~s. 408.07(45)~~ or s. 395.805(2), who does not hold an

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2727 active license issued under this chapter shall apply to the
 2728 department to be registered, on an application provided by the
 2729 department, before commencing such a training program and shall
 2730 remit a fee not to exceed \$300 as set by the board.

2731 Section 96. Part I of chapter 483, Florida Statutes,
 2732 consisting of sections 483.011, 483.021, 483.031, 483.035,
 2733 483.041, 483.051, 483.061, 483.091, 483.101, 483.111, 483.172,
 2734 483.181, 483.191, 483.201, 483.221, 483.23, 483.245, and 483.26,
 2735 is repealed.

2736 Section 97. Section 483.294, Florida Statutes, is amended
 2737 to read:

2738 483.294 Inspection of centers.—In accordance with s.
 2739 408.811, the agency shall, ~~at least once annually,~~ inspect the
 2740 premises and operations of all centers subject to licensure
 2741 under this part.

2742 Section 98. Subsections (3) and (5) of section 483.801,
 2743 Florida Statutes, are amended, and subsection (6) is added to
 2744 that section, to read:

2745 483.801 Exemptions.—This part applies to all clinical
 2746 laboratories and clinical laboratory personnel within this
 2747 state, except:

2748 (3) Persons engaged in testing performed by laboratories
 2749 that are wholly owned and operated by one or more practitioners
 2750 licensed under chapter 458, chapter 459, chapter 460, chapter
 2751 461, chapter 462, chapter 463, or chapter 466 who practice in
 2752 the same group practice, and in which no clinical laboratory
 2753 work is performed for patients referred by any health care
 2754 provider who is not a member of that group practice regulated
 2755 under s. 483.035(1) or exempt from regulation under s.

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2756 ~~483.031(2).~~

2757 (5) Advanced registered nurse practitioners licensed under
 2758 part I of chapter 464 who perform provider-performed microscopy
 2759 procedures (PPMP) in a an-exclusive-use laboratory setting
 2760 pursuant to subsection (3).

2761 (6) Persons performing laboratory testing within a
 2762 physician office practice for patients referred by a health care
 2763 provider who is a member of the same physician office practice,
 2764 if the laboratory or entity operating the laboratory within a
 2765 physician office practice is under common ownership, directly or
 2766 indirectly, with an entity licensed pursuant to chapter 395.

2767 Section 99. Subsections (2), (3), and (4) of section
 2768 483.803, Florida Statutes, are amended to read:

2769 483.803 Definitions.—As used in this part, the term:

2770 (2) "Clinical laboratory" means the physical location in
 2771 which one or more of the following services are performed to
 2772 provide information or materials for use in the diagnosis,
 2773 prevention, or treatment of a disease or the identification or
 2774 assessment of a medical or physical condition:

2775 (a) Clinical laboratory services, which entail the
 2776 examination of fluids or other materials taken from the human
 2777 body.

2778 (b) Anatomic laboratory services, which entail the
 2779 examination of tissue taken from the human body.

2780 (c) Cytology laboratory services, which entail the
 2781 examination of cells from individual tissues or fluid taken from
 2782 the human body ~~a clinical laboratory as defined in s. 483.041.~~

2783 (3) "Clinical laboratory examination" means a procedure
 2784 performed to deliver the services identified in subsection (2),

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2785 including the oversight or interpretation of such services
 2786 ~~clinical laboratory examination as defined in s. 483.041.~~

2787 (4) "Clinical laboratory personnel" includes a clinical
 2788 laboratory director, supervisor, technologist, blood gas
 2789 analyst, or technician who performs or is responsible for
 2790 laboratory test procedures, but the term does not include
 2791 trainees, persons who perform screening for blood banks or
 2792 plasmapheresis centers, phlebotomists, or persons employed by a
 2793 clinical laboratory to perform manual pretesting duties or
 2794 clerical, personnel, or other administrative responsibilities,
 2795 ~~or persons engaged in testing performed by laboratories~~
 2796 ~~regulated under s. 483.035(1) or exempt from regulation under s.~~
 2797 ~~483.031(2).~~

2798 Section 100. Section 483.813, Florida Statutes, is amended
 2799 to read:

2800 483.813 Clinical laboratory personnel license.—A person may
 2801 not conduct a clinical laboratory examination or report the
 2802 results of such examination unless such person is licensed under
 2803 this part to perform such procedures. However, this provision
 2804 does not apply to any practitioner of the healing arts
 2805 authorized to practice in this state ~~or to persons engaged in~~
 2806 ~~testing performed by laboratories regulated under s. 483.035(1)~~
 2807 ~~or exempt from regulation under s. 483.031(2).~~ The department
 2808 may grant a temporary license to any candidate it deems properly
 2809 qualified, for a period not to exceed 1 year.

2810 Section 101. Subsection (2) of section 483.823, Florida
 2811 Statutes, is amended to read:

2812 483.823 Qualifications of clinical laboratory personnel.—
 2813 (2) Personnel qualifications may require appropriate

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2814 education, training, or experience or the passing of an
 2815 examination in appropriate subjects or any combination of these,
 2816 but a ~~ne~~ practitioner of the healing arts licensed to practice
 2817 in this state is not required to obtain any license ~~under this~~
 2818 ~~part~~ or to pay any fee ~~under this part hereunder except the fee~~
 2819 ~~required for clinical laboratory licensure.~~

2820 Section 102. Paragraph (c) of subsection (7), and
 2821 subsections (8) and (9) of section 491.003, Florida Statutes,
 2822 are amended to read:

2823 491.003 Definitions.—As used in this chapter:

2824 (7) The "practice of clinical social work" is defined as
 2825 the use of scientific and applied knowledge, theories, and
 2826 methods for the purpose of describing, preventing, evaluating,
 2827 and treating individual, couple, marital, family, or group
 2828 behavior, based on the person-in-situation perspective of
 2829 psychosocial development, normal and abnormal behavior,
 2830 psychopathology, unconscious motivation, interpersonal
 2831 relationships, environmental stress, differential assessment,
 2832 differential planning, and data gathering. The purpose of such
 2833 services is the prevention and treatment of undesired behavior
 2834 and enhancement of mental health. The practice of clinical
 2835 social work includes methods of a psychological nature used to
 2836 evaluate, assess, diagnose, treat, and prevent emotional and
 2837 mental disorders and dysfunctions (whether cognitive, affective,
 2838 or behavioral), sexual dysfunction, behavioral disorders,
 2839 alcoholism, and substance abuse. The practice of clinical social
 2840 work includes, but is not limited to, psychotherapy,
 2841 hypnotherapy, and sex therapy. The practice of clinical social
 2842 work also includes counseling, behavior modification,

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2843 consultation, client-centered advocacy, crisis intervention, and
 2844 the provision of needed information and education to clients,
 2845 when using methods of a psychological nature to evaluate,
 2846 assess, diagnose, treat, and prevent emotional and mental
 2847 disorders and dysfunctions (whether cognitive, affective, or
 2848 behavioral), sexual dysfunction, behavioral disorders,
 2849 alcoholism, or substance abuse. The practice of clinical social
 2850 work may also include clinical research into more effective
 2851 psychotherapeutic modalities for the treatment and prevention of
 2852 such conditions.

2853 (c) The terms "diagnose" and "treat," as used in this
 2854 chapter, when considered in isolation or in conjunction with ~~any~~
 2855 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed
 2856 to permit the performance of any act which clinical social
 2857 workers are not educated and trained to perform, including, but
 2858 not limited to, admitting persons to hospitals for treatment of
 2859 the foregoing conditions, treating persons in hospitals without
 2860 medical supervision, prescribing medicinal drugs as defined in
 2861 chapter 465, authorizing clinical laboratory procedures ~~pursuant~~
 2862 ~~to chapter 493~~, or radiological procedures, or use of
 2863 electroconvulsive therapy. In addition, this definition ~~shall~~
 2864 may not be construed to permit any person licensed,
 2865 provisionally licensed, registered, or certified pursuant to
 2866 this chapter to describe or label any test, report, or procedure
 2867 as "psychological," except to relate specifically to the
 2868 definition of practice authorized in this subsection.

2869 (8) The term "practice of marriage and family therapy"
 2870 ~~means is defined as~~ the use of scientific and applied marriage
 2871 and family theories, methods, and procedures for the purpose of

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2872 describing, evaluating, and modifying marital, family, and
 2873 individual behavior, within the context of marital and family
 2874 systems, including the context of marital formation and
 2875 dissolution, and is based on marriage and family systems theory,
 2876 marriage and family development, human development, normal and
 2877 abnormal behavior, psychopathology, human sexuality,
 2878 psychotherapeutic and marriage and family therapy theories and
 2879 techniques. The practice of marriage and family therapy includes
 2880 methods of a psychological nature used to evaluate, assess,
 2881 diagnose, treat, and prevent emotional and mental disorders or
 2882 dysfunctions (whether cognitive, affective, or behavioral),
 2883 sexual dysfunction, behavioral disorders, alcoholism, and
 2884 substance abuse. The practice of marriage and family therapy
 2885 includes, but is not limited to, marriage and family therapy,
 2886 psychotherapy, including behavioral family therapy,
 2887 hypnotherapy, and sex therapy. The practice of marriage and
 2888 family therapy also includes counseling, behavior modification,
 2889 consultation, client-centered advocacy, crisis intervention, and
 2890 the provision of needed information and education to clients,
 2891 when using methods of a psychological nature to evaluate,
 2892 assess, diagnose, treat, and prevent emotional and mental
 2893 disorders and dysfunctions (whether cognitive, affective, or
 2894 behavioral), sexual dysfunction, behavioral disorders,
 2895 alcoholism, or substance abuse. The practice of marriage and
 2896 family therapy may also include clinical research into more
 2897 effective psychotherapeutic modalities for the treatment and
 2898 prevention of such conditions.

2899 (a) Marriage and family therapy may be rendered to
 2900 individuals, including individuals affected by termination of

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2901 marriage, to couples, whether married or unmarried, to families,
2902 or to groups.

2903 (b) The use of specific methods, techniques, or modalities
2904 within the practice of marriage and family therapy is restricted
2905 to marriage and family therapists appropriately trained in the
2906 use of such methods, techniques, or modalities.

2907 (c) The terms "diagnose" and "treat," as used in this
2908 chapter, when considered in isolation or in conjunction with ~~any~~
2909 ~~provision of~~ the rules of the board, may ~~shall~~ not be construed
2910 to permit the performance of any act that ~~which~~ marriage and
2911 family therapists are not educated and trained to perform,
2912 including, but not limited to, admitting persons to hospitals
2913 for treatment of the foregoing conditions, treating persons in
2914 hospitals without medical supervision, prescribing medicinal
2915 drugs as defined in chapter 465, authorizing clinical laboratory
2916 procedures ~~pursuant to chapter 493,~~ or radiological procedures,
2917 or the use of electroconvulsive therapy. In addition, this
2918 definition may ~~shall~~ not be construed to permit any person
2919 licensed, provisionally licensed, registered, or certified
2920 pursuant to this chapter to describe or label any test, report,
2921 or procedure as "psychological," except to relate specifically
2922 to the definition of practice authorized in this subsection.

2923 (d) The definition of "marriage and family therapy"
2924 contained in this subsection includes all services offered
2925 directly to the general public or through organizations, whether
2926 public or private, and applies whether payment is requested or
2927 received for services rendered.

2928 (9) The term "practice of mental health counseling" means
2929 ~~is defined as~~ the use of scientific and applied behavioral

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2930 science theories, methods, and techniques for the purpose of
2931 describing, preventing, and treating undesired behavior and
2932 enhancing mental health and human development and is based on
2933 the person-in-situation perspectives derived from research and
2934 theory in personality, family, group, and organizational
2935 dynamics and development, career planning, cultural diversity,
2936 human growth and development, human sexuality, normal and
2937 abnormal behavior, psychopathology, psychotherapy, and
2938 rehabilitation. The practice of mental health counseling
2939 includes methods of a psychological nature used to evaluate,
2940 assess, diagnose, and treat emotional and mental dysfunctions or
2941 disorders, ~~(whether cognitive, affective, or behavioral),~~
2942 ~~behavioral disorders,~~ interpersonal relationships, sexual
2943 dysfunction, alcoholism, and substance abuse. The practice of
2944 mental health counseling includes, but is not limited to,
2945 psychotherapy, hypnotherapy, and sex therapy. The practice of
2946 mental health counseling also includes counseling, behavior
2947 modification, consultation, client-centered advocacy, crisis
2948 intervention, and the provision of needed information and
2949 education to clients, when using methods of a psychological
2950 nature to evaluate, assess, diagnose, treat, and prevent
2951 emotional and mental disorders and dysfunctions (whether
2952 cognitive, affective, or behavioral), behavioral disorders,
2953 sexual dysfunction, alcoholism, or substance abuse. The practice
2954 of mental health counseling may also include clinical research
2955 into more effective psychotherapeutic modalities for the
2956 treatment and prevention of such conditions.

2957 (a) Mental health counseling may be rendered to
2958 individuals, including individuals affected by the termination

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2959 of marriage, and to couples, families, groups, organizations,
2960 and communities.

2961 (b) The use of specific methods, techniques, or modalities
2962 within the practice of mental health counseling is restricted to
2963 mental health counselors appropriately trained in the use of
2964 such methods, techniques, or modalities.

2965 (c) The terms "diagnose" and "treat," as used in this
2966 chapter, when considered in isolation or in conjunction with any
2967 provision of the rules of the board, may ~~shall~~ not be construed
2968 to permit the performance of any act that ~~which~~ mental health
2969 counselors are not educated and trained to perform, including,
2970 but not limited to, admitting persons to hospitals for treatment
2971 of the foregoing conditions, treating persons in hospitals
2972 without medical supervision, prescribing medicinal drugs as
2973 defined in chapter 465, authorizing clinical laboratory
2974 procedures ~~pursuant to chapter 483~~, or radiological procedures,
2975 or the use of electroconvulsive therapy. In addition, this
2976 definition may ~~shall~~ not be construed to permit any person
2977 licensed, provisionally licensed, registered, or certified
2978 pursuant to this chapter to describe or label any test, report,
2979 or procedure as "psychological," except to relate specifically
2980 to the definition of practice authorized in this subsection.

2981 (d) The definition of "mental health counseling" contained
2982 in this subsection includes all services offered directly to the
2983 general public or through organizations, whether public or
2984 private, and applies whether payment is requested or received
2985 for services rendered.

2986 Section 103. Paragraph (h) of subsection (4) of section
2987 627.351, Florida Statutes, is amended to read:

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2988 627.351 Insurance risk apportionment plans.-

2989 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT.-

2990 (h) As used in this subsection:

2991 1. "Health care provider" means hospitals licensed under
2992 chapter 395; physicians licensed under chapter 458; osteopathic
2993 physicians licensed under chapter 459; podiatric physicians
2994 licensed under chapter 461; dentists licensed under chapter 466;
2995 chiropractic physicians licensed under chapter 460; naturopaths
2996 licensed under chapter 462; nurses licensed under part I of
2997 chapter 464; midwives licensed under chapter 467; ~~clinical~~
2998 ~~laboratories registered under chapter 483~~; physician assistants
2999 licensed under chapter 458 or chapter 459; physical therapists
3000 and physical therapist assistants licensed under chapter 486;
3001 health maintenance organizations certificated under part I of
3002 chapter 641; ambulatory surgical centers licensed under chapter
3003 395; other medical facilities as defined in subparagraph 2.;
3004 blood banks, plasma centers, industrial clinics, and renal
3005 dialysis facilities; or professional associations, partnerships,
3006 corporations, joint ventures, or other associations for
3007 professional activity by health care providers.

3008 2. "Other medical facility" means a facility the primary
3009 purpose of which is to provide human medical diagnostic services
3010 or a facility providing nonsurgical human medical treatment, to
3011 which facility the patient is admitted and from which facility
3012 the patient is discharged within the same working day, and which
3013 facility is not part of a hospital. However, a facility existing
3014 for the primary purpose of performing terminations of pregnancy
3015 or an office maintained by a physician or dentist for the
3016 practice of medicine may ~~shall~~ not be construed to be an "other

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3017 medical facility.”

3018 3. “Health care facility” means any hospital licensed under
 3019 chapter 395, health maintenance organization certificated under
 3020 part I of chapter 641, ambulatory surgical center licensed under
 3021 chapter 395, or other medical facility as defined in
 3022 subparagraph 2.

3023 Section 104. Paragraph (h) of subsection (1) of section
 3024 627.602, Florida Statutes, is amended to read:

3025 627.602 Scope, format of policy.—

3026 (1) Each health insurance policy delivered or issued for
 3027 delivery to any person in this state must comply with all
 3028 applicable provisions of this code and all of the following
 3029 requirements:

3030 (h) Section 641.312 and the provisions of the Employee
 3031 Retirement Income Security Act of 1974, as implemented by 29
 3032 C.F.R. s. 2560.503-1, relating to internal grievances. This
 3033 paragraph does not apply to a health insurance policy that is
 3034 ~~subject to the Subscriber Assistance Program under s. 408.7056~~
 3035 ~~or~~ to the types of benefits or coverages provided under s.
 3036 627.6513(1)-(14) issued in any market.

3037 Section 105. Subsection (1) of section 627.6406, Florida
 3038 Statutes, is amended to read:

3039 627.6406 Maternity care.—

3040 (1) Any policy of health insurance ~~which that~~ provides
 3041 coverage for maternity care must also cover the services of
 3042 certified nurse-midwives and midwives licensed pursuant to
 3043 chapter 467, and the services of birth centers licensed under
 3044 ss. 383.30-383.332 ~~383.30-383.335~~.

3045 Section 106. Paragraphs (b) and (e) of subsection (1) of

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3046 section 627.64194, Florida Statutes, are amended to read:

3047 627.64194 Coverage requirements for services provided by
 3048 nonparticipating providers; payment collection limitations.—

3049 (1) As used in this section, the term:

3050 (b) “Facility” means a licensed facility as defined in s.
 3051 395.002(16) and an urgent care center as defined in s. 395.002
 3052 ~~s. 395.002(30)~~.

3053 (e) “Nonparticipating provider” means a provider who is not
 3054 a preferred provider as defined in s. 627.6471 or a provider who
 3055 is not an exclusive provider as defined in s. 627.6472. For
 3056 purposes of covered emergency services under this section, a
 3057 facility licensed under chapter 395 or an urgent care center
 3058 defined in s. 395.002 ~~s. 395.002(30)~~ is a nonparticipating
 3059 provider if the facility has not contracted with an insurer to
 3060 provide emergency services to its insureds at a specified rate.

3061 Section 107. Section 627.6513, Florida Statutes, is amended
 3062 to read:

3063 627.6513 Scope.—Section 641.312 and the provisions of the
 3064 Employee Retirement Income Security Act of 1974, as implemented
 3065 by 29 C.F.R. s. 2560.503-1, relating to internal grievances,
 3066 apply to all group health insurance policies issued under this
 3067 part. This section does not apply to a ~~group health insurance~~
 3068 ~~policy that is subject to the Subscriber Assistance Program in~~
 3069 ~~s. 408.7056 or to:~~

3070 (1) Coverage only for accident insurance, or disability
 3071 income insurance, or any combination thereof.

3072 (2) Coverage issued as a supplement to liability insurance.

3073 (3) Liability insurance, including general liability
 3074 insurance and automobile liability insurance.

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3075 (4) Workers' compensation or similar insurance.
 3076 (5) Automobile medical payment insurance.
 3077 (6) Credit-only insurance.
 3078 (7) Coverage for onsite medical clinics, including prepaid
 3079 health clinics under part II of chapter 641.
 3080 (8) Other similar insurance coverage, specified in rules
 3081 adopted by the commission, under which benefits for medical care
 3082 are secondary or incidental to other insurance benefits. To the
 3083 extent possible, such rules must be consistent with regulations
 3084 adopted by the United States Department of Health and Human
 3085 Services.
 3086 (9) Limited scope dental or vision benefits, if offered
 3087 separately.
 3088 (10) Benefits for long-term care, nursing home care, home
 3089 health care, or community-based care, or any combination
 3090 thereof, if offered separately.
 3091 (11) Other similar, limited benefits, if offered
 3092 separately, as specified in rules adopted by the commission.
 3093 (12) Coverage only for a specified disease or illness, if
 3094 offered as independent, noncoordinated benefits.
 3095 (13) Hospital indemnity or other fixed indemnity insurance,
 3096 if offered as independent, noncoordinated benefits.
 3097 (14) Benefits provided through a Medicare supplemental
 3098 health insurance policy, as defined under s. 1882(g) (1) of the
 3099 Social Security Act, coverage supplemental to the coverage
 3100 provided under 10 U.S.C. chapter 55, and similar supplemental
 3101 coverage provided to coverage under a group health plan, which
 3102 are offered as a separate insurance policy and as independent,
 3103 noncoordinated benefits.

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3104 Section 108. Subsection (1) of section 627.6574, Florida
 3105 Statutes, is amended to read:
 3106 627.6574 Maternity care.—
 3107 (1) Any group, blanket, or franchise policy of health
 3108 insurance which ~~that~~ provides coverage for maternity care must
 3109 also cover the services of certified nurse-midwives and midwives
 3110 licensed pursuant to chapter 467, and the services of birth
 3111 centers licensed under ss. 383.30-383.332 ~~383.30-383.335~~.
 3112 Section 109. Paragraph (j) of subsection (1) of section
 3113 641.185, Florida Statutes, is amended to read:
 3114 641.185 Health maintenance organization subscriber
 3115 protections.—
 3116 (1) With respect to the provisions of this part and part
 3117 III, the principles expressed in the following statements ~~shall~~
 3118 serve as standards to be followed by the commission, the office,
 3119 the department, and the Agency for Health Care Administration in
 3120 exercising their powers and duties, in exercising administrative
 3121 discretion, in administrative interpretations of the law, in
 3122 enforcing its provisions, and in adopting rules:
 3123 ~~(j) A health maintenance organization should receive timely~~
 3124 ~~and, if necessary, urgent review by an independent state~~
 3125 ~~external review organization for unresolved grievances and~~
 3126 ~~appeals pursuant to s. 408.7056.~~
 3127 Section 110. Paragraph (a) of subsection (18) of section
 3128 641.31, Florida Statutes, is amended to read:
 3129 641.31 Health maintenance contracts.—
 3130 (18) (a) Health maintenance contracts that provide coverage,
 3131 benefits, or services for maternity care must provide, as an
 3132 option to the subscriber, the services of nurse-midwives and

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3133 midwives licensed pursuant to chapter 467, and the services of
 3134 birth centers licensed pursuant to ss. 383.30-383.332 ~~383.30-~~
 3135 ~~383.335~~, if such services are available within the service area.

3136 Section 111. Section 641.312, Florida Statutes, is amended
 3137 to read:

3138 641.312 Scope.—The Office of Insurance Regulation may adopt
 3139 rules to administer ~~the provisions of~~ the National Association
 3140 of Insurance Commissioners' Uniform Health Carrier External
 3141 Review Model Act, issued by the National Association of
 3142 Insurance Commissioners and dated April 2010. This section does
 3143 not apply to a health maintenance contract that is subject to
 3144 the Subscriber Assistance Program under s. 408.7056 or to the
 3145 types of benefits or coverages provided under s. 627.6513(1)-
 3146 (14) issued in any market.

3147 Section 112. Subsection (4) of section 641.3154, Florida
 3148 Statutes, is amended to read:

3149 641.3154 Organization liability; provider billing
 3150 prohibited.—

3151 (4) A provider or any representative of a provider,
 3152 regardless of whether the provider is under contract with the
 3153 health maintenance organization, may not collect or attempt to
 3154 collect money from, maintain any action at law against, or
 3155 report to a credit agency a subscriber of an organization for
 3156 payment of services for which the organization is liable, if the
 3157 provider in good faith knows or should know that the
 3158 organization is liable. This prohibition applies during the
 3159 pendency of any claim for payment made by the provider to the
 3160 organization for payment of the services and any legal
 3161 proceedings or dispute resolution process to determine whether

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3162 the organization is liable for the services if the provider is
 3163 informed that such proceedings are taking place. It is presumed
 3164 that a provider does not know and should not know that an
 3165 organization is liable unless:

3166 (a) The provider is informed by the organization that it
 3167 accepts liability;

3168 (b) A court of competent jurisdiction determines that the
 3169 organization is liable; or

3170 ~~(c) The office or agency makes a final determination that~~
 3171 ~~the organization is required to pay for such services subsequent~~
 3172 ~~to a recommendation made by the Subscriber Assistance Panel~~
 3173 ~~pursuant to s. 408.7056; or~~

3174 (c) (d) The agency issues a final order that the
 3175 organization is required to pay for such services subsequent to
 3176 a recommendation made by a resolution organization pursuant to
 3177 s. 408.7057.

3178 Section 113. Paragraph (c) of subsection (5) of section
 3179 641.51, Florida Statutes, is amended to read:

3180 641.51 Quality assurance program; second medical opinion
 3181 requirement.—

3182 (5) (c) For second opinions provided by contract physicians
 3183 the organization is prohibited from charging a fee to the
 3184 subscriber in an amount in excess of the subscriber fees
 3185 established by contract for referral contract physicians. The
 3186 organization shall pay the amount of all charges, which are
 3187 usual, reasonable, and customary in the community, for second
 3188 opinion services performed by a physician not under contract
 3189 with the organization, but may require the subscriber to be
 3190 responsible for up to 40 percent of such amount. The

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3191 organization may require that any tests deemed necessary by a
 3192 noncontract physician shall be conducted by the organization.
 3193 The organization may deny reimbursement rights granted under
 3194 this section in the event the subscriber seeks in excess of
 3195 three such referrals per year if such subsequent referral costs
 3196 are deemed by the organization to be evidence that the
 3197 subscriber has unreasonably overutilized the second opinion
 3198 privilege. A subscriber ~~that~~ denied reimbursement under this
 3199 section has ~~shall have~~ recourse to grievance procedures as
 3200 specified in ss. ~~408.7056~~, 641.495, and 641.511. The
 3201 organization's physician's professional judgment concerning the
 3202 treatment of a subscriber derived after review of a second
 3203 opinion is ~~shall be~~ controlling as to the treatment obligations
 3204 of the health maintenance organization. Treatment not authorized
 3205 by the health maintenance organization is ~~shall be~~ at the
 3206 subscriber's expense.

3207 Section 114. Subsection (1), paragraph (e) of subsection
 3208 (3), paragraph (d) of subsection (4), paragraphs (g) and (h) of
 3209 subsection (6), and subsections (7) through (12) of section
 3210 641.511, Florida Statutes, are amended to read:

3211 641.511 Subscriber grievance reporting and resolution
 3212 requirements.—

3213 (1) Every organization must have a grievance procedure
 3214 available to its subscribers for the purpose of addressing
 3215 complaints and grievances. Every organization must notify its
 3216 subscribers that a subscriber must submit a grievance within 1
 3217 year after the date of occurrence of the action that initiated
 3218 the grievance, ~~and may submit the grievance for review to the~~
 3219 ~~Subscriber Assistance Program panel as provided in s. 408.7056~~

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3220 ~~after receiving a final disposition of the grievance through the~~
 3221 ~~organization's grievance process.~~ An organization shall maintain
 3222 records of all grievances and shall report annually to the
 3223 agency the total number of grievances handled, a categorization
 3224 of the cases underlying the grievances, and the final
 3225 disposition of the grievances.

3226 (3) Each organization's grievance procedure, as required
 3227 under subsection (1), must include, at a minimum:

3228 (e) A notice that a subscriber may voluntarily pursue
 3229 binding arbitration in accordance with the terms of the contract
 3230 if offered by the organization, after completing the
 3231 organization's grievance procedure ~~and as an alternative to the~~
 3232 ~~Subscriber Assistance Program.~~ Such notice shall include an
 3233 explanation that the subscriber may incur some costs if the
 3234 subscriber pursues binding arbitration, depending upon the terms
 3235 of the subscriber's contract.

3236 (4) ~~(d) In any case when the review process does not resolve~~
 3237 ~~a difference of opinion between the organization and the~~
 3238 ~~subscriber or the provider acting on behalf of the subscriber,~~
 3239 ~~the subscriber or the provider acting on behalf of the~~
 3240 ~~subscriber may submit a written grievance to the Subscriber~~
 3241 ~~Assistance Program.~~

3242 (6) ~~(g) In any case when the expedited review process does~~
 3243 ~~not resolve a difference of opinion between the organization and~~
 3244 ~~the subscriber or the provider acting on behalf of the~~
 3245 ~~subscriber, the subscriber or the provider acting on behalf of~~
 3246 ~~the subscriber may submit a written grievance to the Subscriber~~
 3247 ~~Assistance Program.~~

3248 (g) ~~(h)~~ An organization shall not provide an expedited

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3249 retrospective review of an adverse determination.

3250 ~~(7) Each organization shall send to the agency a copy of~~
 3251 ~~its quarterly grievance reports submitted to the office pursuant~~
 3252 ~~to s. 408.7056(12).~~

3253 ~~(7)(8)~~ The agency shall investigate all reports of
 3254 unresolved quality of care grievances received from:

3255 ~~(a) annual and quarterly grievance reports submitted by the~~
 3256 ~~organization to the office.~~

3257 ~~(b) Review requests of subscribers whose grievances remain~~
 3258 ~~unresolved after the subscriber has followed the full grievance~~
 3259 ~~procedure of the organization.~~

3260 ~~(9)(a) The agency shall advise subscribers with grievances~~
 3261 ~~to follow their organization's formal grievance process for~~
 3262 ~~resolution prior to review by the Subscriber Assistance Program.~~
 3263 ~~The subscriber may, however, submit a copy of the grievance to~~
 3264 ~~the agency at any time during the process.~~

3265 ~~(b) Requiring completion of the organization's grievance~~
 3266 ~~process before the Subscriber Assistance Program panel's review~~
 3267 ~~does not preclude the agency from investigating any complaint or~~
 3268 ~~grievance before the organization makes its final determination.~~

3269 ~~(10) Each organization must notify the subscriber in a~~
 3270 ~~final decision letter that the subscriber may request review of~~
 3271 ~~the organization's decision concerning the grievance by the~~
 3272 ~~Subscriber Assistance Program, as provided in s. 408.7056, if~~
 3273 ~~the grievance is not resolved to the satisfaction of the~~
 3274 ~~subscriber. The final decision letter must inform the subscriber~~
 3275 ~~that the request for review must be made within 365 days after~~
 3276 ~~receipt of the final decision letter, must explain how to~~
 3277 ~~initiate such a review, and must include the addresses and toll-~~

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3278 ~~free telephone numbers of the agency and the Subscriber~~
 3279 ~~Assistance Program.~~

3280 ~~(8)(11)~~ Each organization, as part of its contract with any
 3281 provider, must require the provider to post a consumer
 3282 assistance notice prominently displayed in the reception area of
 3283 the provider and clearly noticeable by all patients. The
 3284 consumer assistance notice must state the addresses and toll-
 3285 free telephone numbers of the Agency for Health Care
 3286 Administration, ~~the Subscriber Assistance Program,~~ and the
 3287 Department of Financial Services. The consumer assistance notice
 3288 must also clearly state that the address and toll-free telephone
 3289 number of the organization's grievance department shall be
 3290 provided upon request. The agency may adopt rules to implement
 3291 this section.

3292 ~~(9)(12)~~ The agency may impose administrative sanction, in
 3293 accordance with s. 641.52, against an organization for
 3294 noncompliance with this section.

3295 Section 115. Subsection (1) of section 641.515, Florida
 3296 Statutes, is amended to read:

3297 641.515 Investigation by the agency.—

3298 (1) The agency shall investigate further any quality of
 3299 care issue contained in recommendations and reports submitted
 3300 pursuant to s. ss. 408.7056 and 641.511. The agency shall also
 3301 investigate further any information that indicates that the
 3302 organization does not meet accreditation standards or the
 3303 standards of the review organization performing the external
 3304 quality assurance assessment pursuant to reports submitted under
 3305 s. 641.512. Every organization shall submit its books and
 3306 records and take other appropriate action as may be necessary to

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3307 facilitate an examination. The agency shall have access to the
 3308 organization's medical records of individuals and records of
 3309 employed and contracted physicians, with the consent of the
 3310 subscriber or by court order, as necessary to administer ~~carry~~
 3311 ~~out the provisions of~~ this part.

3312 Section 116. Subsection (2) of section 641.55, Florida
 3313 Statutes, is amended to read:

3314 641.55 Internal risk management program.—

3315 (2) The risk management program shall be the responsibility
 3316 of the governing authority or board of the organization. Every
 3317 organization which has an annual premium volume of \$10 million
 3318 or more and which directly provides health care in a building
 3319 owned or leased by the organization shall hire a risk manager,
 3320 ~~certified under ss. 395.10971-395.10975, who is shall be~~
 3321 responsible for implementation of the organization's risk
 3322 management program required by this section. A part-time risk
 3323 manager may shall not be responsible for risk management
 3324 programs in more than four organizations or facilities. Every
 3325 organization that which does not directly provide health care in
 3326 a building owned or leased by the organization and every
 3327 organization with an annual premium volume of less than \$10
 3328 million shall designate an officer or employee of the
 3329 organization to serve as the risk manager.

3330
 3331 The gross data compiled under this section or s. 395.0197 shall
 3332 be furnished by the agency upon request to organizations to be
 3333 utilized for risk management purposes. The agency shall adopt
 3334 rules necessary to administer ~~carry out the provisions of~~ this
 3335 section.

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3336 Section 117. Section 641.60, Florida Statutes, is repealed.

3337 Section 118. Section 641.65, Florida Statutes, is repealed.

3338 Section 119. Section 641.67, Florida Statutes, is repealed.

3339 Section 120. Section 641.68, Florida Statutes, is repealed.

3340 Section 121. Section 641.70, Florida Statutes, is repealed.

3341 Section 122. Section 641.75, Florida Statutes, is repealed.

3342 Section 123. Paragraph (b) of subsection (6) of section

3343 766.118, Florida Statutes, is amended to read:

3344 766.118 Determination of noneconomic damages.—

3345 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
 3346 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
 3347 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
 3348 respect to a cause of action for personal injury or wrongful
 3349 death arising from medical negligence of a practitioner
 3350 committed in the course of providing medical services and
 3351 medical care to a Medicaid recipient, regardless of the number
 3352 of such practitioner defendants providing the services and care,
 3353 noneconomic damages may not exceed \$300,000 per claimant, unless
 3354 the claimant pleads and proves, by clear and convincing
 3355 evidence, that the practitioner acted in a wrongful manner. A
 3356 practitioner providing medical services and medical care to a
 3357 Medicaid recipient is not liable for more than \$200,000 in
 3358 noneconomic damages, regardless of the number of claimants,
 3359 unless the claimant pleads and proves, by clear and convincing
 3360 evidence, that the practitioner acted in a wrongful manner. The
 3361 fact that a claimant proves that a practitioner acted in a
 3362 wrongful manner does not preclude the application of the
 3363 limitation on noneconomic damages prescribed elsewhere in this
 3364 section. For purposes of this subsection:

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3365 (b) The term "practitioner," in addition to the meaning
 3366 prescribed in subsection (1), includes any hospital or
 3367 ambulatory surgical center, ~~or mobile surgical facility~~ as
 3368 defined and licensed under chapter 395.

3369 Section 124. Subsection (4) of section 766.202, Florida
 3370 Statutes, is amended to read:

3371 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
 3372 766.201-766.212, the term:

3373 (4) "Health care provider" means any hospital or
 3374 ambulatory surgical center, ~~or mobile surgical facility~~ as
 3375 defined and licensed under chapter 395; a birth center licensed
 3376 under chapter 383; any person licensed under chapter 458,
 3377 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
 3378 part I of chapter 464, chapter 466, chapter 467, part XIV of
 3379 chapter 468, or chapter 486; ~~a clinical lab licensed under~~
 3380 ~~chapter 483~~; a health maintenance organization certified
 3381 under part I of chapter 641; a blood bank; a plasma center; an
 3382 industrial clinic; a renal dialysis facility; or a professional
 3383 association partnership, corporation, joint venture, or other
 3384 association for professional activity by health care providers.

3385 Section 125. Section 945.36, Florida Statutes, is amended
 3386 to read:

3387 945.36 ~~Exemption from health testing regulations for~~ Law
 3388 enforcement personnel authorized to conduct ~~conducting~~ drug
 3389 tests on inmates and releasees.—

3390 (1) Any law enforcement officer, state or county probation
 3391 officer, employee of the Department of Corrections, or employee
 3392 of a contracted community correctional center who is certified
 3393 by the Department of Corrections pursuant to subsection (2) may

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3394 ~~administer, is exempt from part I of chapter 483, for the~~
 3395 ~~limited purpose of administering~~ a urine screen drug test to:

- 3396 (a) Persons during incarceration;
 3397 (b) Persons released as a condition of probation for either
 3398 a felony or misdemeanor;
 3399 (c) Persons released as a condition of community control;
 3400 (d) Persons released as a condition of conditional release;
 3401 (e) Persons released as a condition of parole;
 3402 (f) Persons released as a condition of provisional release;
 3403 (g) Persons released as a condition of pretrial release; or
 3404 (h) Persons released as a condition of control release.

3405 (2) The Department of Corrections shall develop a procedure
 3406 for certification of any law enforcement officer, state or
 3407 county probation officer, employee of the Department of
 3408 Corrections, or employee of a contracted community correctional
 3409 center to perform a urine screen drug test on the persons
 3410 specified in subsection (1).

3411 Section 126. Paragraph (b) of subsection (2) of section
 3412 1009.65, Florida Statutes, is amended to read:

3413 1009.65 Medical Education Reimbursement and Loan Repayment
 3414 Program.—

3415 (2) From the funds available, the Department of Health
 3416 shall make payments to selected medical professionals as
 3417 follows:

3418 (b) All payments are ~~shall be~~ contingent on continued proof
 3419 of primary care practice in an area defined in s. 395.602(2)(b)
 3420 ~~s. 395.602(2)(c)~~, or an underserved area designated by the
 3421 Department of Health, provided the practitioner accepts Medicaid
 3422 reimbursement if eligible for such reimbursement. Correctional

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3423 facilities, state hospitals, and other state institutions that
 3424 employ medical personnel shall be designated by the Department
 3425 of Health as underserved locations. Locations with high
 3426 incidences of infant mortality, high morbidity, or low Medicaid
 3427 participation by health care professionals may be designated as
 3428 underserved.

3429 Section 127. Subsection (2) of section 1011.52, Florida
 3430 Statutes, is amended to read:

3431 1011.52 Appropriation to first accredited medical school.—

3432 (2) In order for a medical school to qualify under ~~the~~
 3433 ~~provisions of~~ this section and to be entitled to the benefits
 3434 herein, such medical school:

3435 (a) Must be primarily operated and established to offer,
 3436 afford, and render a medical education to residents of the state
 3437 qualifying for admission to such institution;

3438 (b) Must be operated by a municipality or county of this
 3439 state, or by a nonprofit organization heretofore or hereafter
 3440 established exclusively for educational purposes;

3441 (c) Must, upon the formation and establishment of an
 3442 accredited medical school, transmit and file with the Department
 3443 of Education documentary proof evidencing the facts that such
 3444 institution has been certified and approved by the council on
 3445 medical education and hospitals of the American Medical
 3446 Association and has adequately met the requirements of that
 3447 council in regard to its administrative facilities,
 3448 administrative plant, clinical facilities, curriculum, and all
 3449 other such requirements as may be necessary to qualify with the
 3450 council as a recognized, approved, and accredited medical
 3451 school;

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3452 (d) Must certify to the Department of Education the name,
 3453 address, and educational history of each student approved and
 3454 accepted for enrollment in such institution for the ensuing
 3455 school year; and

3456 (e) Must have in place an operating agreement with a
 3457 government-owned hospital that is located in the same county as
 3458 the medical school and that is a statutory teaching hospital as
 3459 defined in s. 408.07(44) ~~s. 408.07(45)~~. The operating agreement
 3460 must shall provide for the medical school to maintain the same
 3461 level of affiliation with the hospital, including the level of
 3462 services to indigent and charity care patients served by the
 3463 hospital, which was in place in the prior fiscal year. Each
 3464 year, documentation demonstrating that an operating agreement is
 3465 in effect shall be submitted jointly to the Department of
 3466 Education by the hospital and the medical school prior to the
 3467 payment of moneys from the annual appropriation.

3468 Section 128. This act shall take effect July 1, 2018.

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The Florida Senate

Committee Agenda Request

To: Senator Anitere Flores, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: December 7, 2017

I respectfully request that **Senate Bill #622**, relating to Health Care Facility Regulation, be placed on the:

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

A handwritten signature in cursive script that reads "Denise Grimsley".

Senator Denise Grimsley
Florida Senate, District 26

cc: Phil Williams, Staff Director
Robin Jackson, Committee Administrative Assistant

No material available

No material available

Agency for Health Care Administration

Schedule VIII-B Reductions for Fiscal Year 2018-2019

Beth Kidder, Deputy Secretary for Medicaid

Senate Appropriations Subcommittee on
Health and Human Services

January 10, 2018



Reduction Target and Proposals

The following proposed reductions are presented in the event of a revenue shortfall

- The Agency's target reduction is 10% in General Revenue and State Trust Fund:

– General Revenue	\$760,982,940
– State Trust Fund	\$82,872,413
– Federal Funds	\$1,331,397,823
– Total	\$2,175,253,176
- Agency proposes the following reductions:
 - Eliminate Medicaid Hospital Rate Enhancement
 - Eliminate Medicaid Retroactive Eligibility
 - Limit Medicaid Medically Needy Program to Children and Pregnant Women
 - Eliminate Medicaid MEDS-AD Waiver
 - Reduce Prepaid Health Plan Capitation Rate (by reducing eligibility or services)
 - Companion to Issue Proposed by Agency for Persons with Disabilities



Reduction Detail

Issues	General Revenue	State Trust Funds	Federal Funds	Total All Funds
Eliminate Medicaid Hospital Rate Enhancement	(\$121,988,276)		(\$196,186,675)	(\$318,174,951)
Eliminate Medicaid Retroactive Eligibility	(\$37,538,287)	(\$257,192)	(\$60,630,375)	(\$98,425,854)
Limit Medicaid Medically Needy Program to Children and Pregnant Women	(\$206,857,973)	(\$29,354,840)	(\$353,764,227)	(\$589,977,040)
Eliminate Medicaid MEDS-AD Waiver	(\$213,131,858)	(\$1,443,742)	(\$344,225,557)	(\$558,801,157)
Reduce Prepaid Health Plan Capitation Rate (by reducing eligibility or services)	(\$181,466,546)		(\$293,257,292)	(\$474,723,838)
Companion to Issue Proposed by Agency for Persons with Disabilities		(\$51,816,639)	(\$83,333,697)	(\$135,150,336)
Total Reductions	(\$760,982,940)	(\$82,872,413)	(\$1,331,397,823)	(\$2,175,253,176)



Eliminate Medicaid Hospital Rate Enhancement

Background	<ul style="list-style-type: none">• Prior to SFY 2017-18 Medicaid hospital inpatient and outpatient rates included a combined automatic rate enhancement of over \$817 million.• The 2017 Florida Legislature reduced both the hospital inpatient and hospital outpatient automatic rate enhancements on a recurring basis by over \$499 million.<ul style="list-style-type: none">• \$86.9 million restored with non-recurring funds.• The automatic rate enhancement does not improve access to quality care for Medicaid recipients and is based on obsolete methodologies that predate current rate-setting methodologies.
Overview of Issue	<p>Eliminates the remaining recurring automatic rate enhancement for hospital inpatient and outpatient services</p> <ul style="list-style-type: none">• Includes impact on the prepaid health plans



Eliminate Medicaid Hospital Rate Enhancement

Mandatory or Optional	N/A
General Revenue Impact	Proposes a total reduction in General Revenue of \$121.9 million
Current Recipients Impacted	N/A
Statutory Changes Needed	Yes
Federal Authority Needed	No



Eliminate Medicaid Retroactive Eligibility

<p>Background</p>	<p>Retroactive eligibility: Eligibility that is granted for a time period prior to the date an individual applied for Medicaid.</p> <ul style="list-style-type: none">• Florida currently makes eligibility effective on the first day of the month the person applied and allows for up to an additional 90 days of retroactive eligibility.• Florida pays the claims during this retroactive period on a fee-for-service basis, and thus pays for uncoordinated and potentially inappropriate utilization of medical services.
<p>Overview of Issue</p>	<p>This issue eliminates coverage of retroactive eligibility except for the period during first month of eligibility</p>



Eliminate Medicaid Retroactive Eligibility

Mandatory or Optional	Mandatory: Federal Medicaid law requires states to include coverage of retroactive eligibility in their state plans.
General Revenue Impact	Proposes a total reduction in General Revenue of \$37.5 million.
Current Recipients Impacted	N/A
Statutory Changes Needed	No
Federal Authority Needed	Yes, a waiver, and a State Plan Amendment



Limit Medicaid Medically Needy Program to Children and Pregnant Women

Background	<ul style="list-style-type: none">• Medically Needy program is available to individuals who have income or assets that exceed the normal limits for Medicaid.• Individuals must incur a monthly share of cost for medical expenses before becoming Medicaid eligible for the month.<ul style="list-style-type: none">• Share of cost is similar to an insurance deductible.• Share of cost amount varies depending on the family's size and income.
Overview of Issue	Limits eligibility for Medically Needy program to pregnant women and children only.
Mandatory or Optional	Optional



Limit Medicaid Medically Needy Program to Children and Pregnant Women

General Revenue Impact	Proposes a total reduction in General Revenue of \$206.8 million.
Current Recipients Impacted	Estimated 26,954 individuals would no longer be eligible. Estimated 1,599 individuals would continue to receive services through the Medically Needy program.
Statutory Changes Needed	Yes
Federal Authority Needed	Yes, a State Plan Amendment



Eliminate Medicaid MEDS-AD Waiver

<p>Background</p>	<ul style="list-style-type: none"> • The MEDS-AD program is available to individuals: <ul style="list-style-type: none"> • With a disability or who are at least 65 years old • With an income up to 88% of the Federal Poverty Level that is within the State asset limits; and • Not eligible for Medicare or dually eligible and meet specific waiver criteria. • Many program enrollees do not otherwise qualify for Medicaid. <ul style="list-style-type: none"> • All affected individuals will be from the Supplemental Security Income (SSI) eligibility group. • These individuals are aged, blind, or disabled with incomes above the SSI level but below 88% of the Federal Poverty Level.
<p>Overview of Issue</p>	<p>Eliminates the MEDS-AD program.</p>



Eliminate Medicaid MEDS-AD Waiver

Mandatory or Optional	Optional
General Revenue Impact	Proposes a total reduction in General Revenue of \$213.1 million.
Current Recipients Impacted	Estimated 51,057 would no longer be eligible.
Statutory Changes Needed	Yes
Federal Authority Needed	Yes, approval of waiver transition plan



Reduce Prepaid Health Plan Capitation Rate (by reducing eligibility or services)

Background	The Agency pays Statewide Medicaid Managed Care health plans a fixed, monthly, per member per month, capitated payment to furnish all covered services to Medicaid recipients.
Overview of Issue	Decreases the capitation rate paid to the Medicaid Managed Care plans for providing Medicaid benefit packages to Medicaid recipients by 5.16%. Eligibility or services will need to be reduced to achieve this reduction.
Mandatory or Optional	Services provided through the health plans include both optional and mandatory services



Reduce Prepaid Health Plan Capitation Rate (by reducing eligibility or services)

General Revenue Impact	Proposes a total reduction in General Revenue of \$181.4 million.
Current Recipients Impacted	Depends on what eligibility or service reductions are enacted.
Statutory Changes Needed	Yes, a statutory change would be needed to achieve this reduction if eligibility or services are reduced or eliminated.
Federal Authority Needed	Yes, a waiver or a State Plan Amendment



Companion to Issue Proposed by Agency for Persons with Disabilities

Background	Currently, there is double budget authority in the Medical Care Trust Fund that is used for the payment of claims for individuals enrolled in the developmental disabilities iBudget waiver administered by the Agency for Persons with Disabilities.
Overview of Issue	This reduction will keep the budget authority in the Home and Community Based Services waiver category in balance based upon the federal financial participation (FFP) rate.
Mandatory or Optional	N/A



Companion to Issue Proposed by Agency for Persons with Disabilities

General Revenue Impact	Proposes a total reduction in State Trust Funds of \$51.8 million.
Current Recipients Impacted	None
Statutory Changes Needed	No
Federal Authority Needed	No



Questions?



Department of Health

**Fiscal Year 2018-2019
Schedule VIII-B**



Senate Appropriations Subcommittee on Health and Human Services
January 10, 2018

Department of Health VIII-B

The Schedule VIII-B budget reductions are pursuant to the Legislative Budget Request Instructions and presented in the event of a revenue shortfall.

These reductions are not in the Governor's Recommended Budget.

Total Target Amount

General Revenue
\$48,994,816

Trust Fund
\$90,700,775

Department of Health VIII-B

General Revenue

Children's Medical Services Specialty Contracts	\$6,692,590
Community Specific Initiatives	\$11,467,829
Ounce of Prevention	\$1,900,000
Fla Association of Free and Charitable Clinics	\$9,500,000
Healthy Start Coalitions	\$19,975,176
Family Planning Services	\$3,858,481
Primary Care Program	\$2,000,000
Full Service Schools	\$6,000,000
Crisis Counseling	\$4,000,000
Safety Net Program	\$2,500,000
Epilepsy Services including Pharmaceuticals	\$4,584,830

Department of Health VIII-B

Trust Fund

Planning & Evaluation Trust Fund Sweep in Lieu of Budget Reduction	\$8,682,810
Medical Quality Assurance Trust Fund Sweep in Lieu of Budget Reduction	\$8,540,779
	\$17,223,589

Questions?



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Agriculture, *Vice Chair*
Appropriations Subcommittee on Health and Human Services
Appropriations Subcommittee on Transportation, Tourism, and Economic Development
Governmental Oversight and Accountability
Transportation

JOINT COMMITTEE:

Joint Administrative Procedures Committee,
Alternating Chair

SENATOR KEVIN J. RADER
29th District

December 21, 2017

The Honorable Anitere Flores
404 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1300

Dear Chairwoman Flores:

In accordance with Senate Rule 1.21 I am writing to you to be excused from the Appropriations Subcommittee on Health and Human Services meeting that will be held on January 10, 2018 at 4:00pm due to a business matters that needs my immediate attention. I sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please feel free to contact me at 561-866-4020 if you have any questions.

Sincerely

A handwritten signature in cursive script that reads "Kevin Rader".

Kevin Rader
State Senator
District 29

cc: Phil Williams, Staff Director

REPLY TO:

- 5301 N. Federal Hwy, Suite 135, Boca Raton, Florida 33487
- 222 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

CourtSmart Tag Report

Room: SB 401

Case No.:

Type:

Caption: Appropriations Subcommittee on Health and Human Services

Judge:

Started: 1/10/2018 4:00:57 PM

Ends: 1/10/2018 5:20:06 PM

Length: 01:19:10

4:01:58 PM Sen. Flores (Chair)
4:02:18 PM S 450
4:02:21 PM Sen. Garcia
4:03:02 PM Sen. Flores
4:03:14 PM Alisa LaPolt, Executive Director, National Alliance on Mental Illness (waives in support)
4:03:23 PM Shane Messer, Legislative Affairs Director, Florida Council for Behavioral Healthcare (waives in support)
4:03:31 PM Sen. Flores
4:03:32 PM Mark Fontaine, CEO, Florida Behavioral Health Association (waives in support)
4:03:50 PM Sen Rouson
4:04:22 PM Sen. Garcia
4:04:44 PM Sen. Flores
4:05:12 PM S 422
4:05:21 PM Sen. Gibson
4:05:32 PM Sen. Flores
4:05:42 PM Am. 634064
4:05:44 PM Am. 145162
4:06:09 PM Sen. Gibson
4:07:30 PM Sen. Flores
4:07:36 PM Sen. Gibson
4:11:06 PM Sen. Flores
4:11:24 PM Sen. Flores
4:11:28 PM Linda Levin, CEO, Eldersource, Florida Association of Area Agencies on Aging (waived in support)
4:11:36 PM Paul Jess, Florida Justice Association (waived in support)
4:11:52 PM Zayne Smith, Associate State Director, AARP (waived in support)
4:12:04 PM Sen Gibson
4:16:27 PM Sen. Flores
4:16:34 PM S 622
4:16:37 PM Am. 486176
4:16:43 PM Sen. Grimsley
4:16:51 PM Sen. Flores
4:17:02 PM Am. 848950
4:17:08 PM Sen. Grimsley
4:17:13 PM Sen. Flores
4:17:26 PM Am. 693974
4:17:31 PM Sen Grimsley
4:18:13 PM Sen. Flores
4:18:25 PM Am. 165374
4:18:29 PM Sen. Grimsley
4:18:54 PM Sen. Flores
4:19:12 PM Sen. Grimsley
4:19:25 PM Sen. Flores
4:19:56 PM S 408
4:20:05 PM Sen Flores
4:21:03 PM Sen. Stargel
4:21:07 PM Sen. Flores
4:21:15 PM Sen. Stargel
4:21:29 PM Sen. Flores
4:21:44 PM TAB 6 - Reauthorization of the Children's Health Insurance Program
4:21:57 PM Beth Kidder, Medicaid Director, Agency for Health Care Administration
4:24:08 PM Sen. Flores
4:24:27 PM TAB 7 - Use of Low Income Pool Funding for Behavioral Health Services
4:24:37 PM B. Kidder

4:27:13 PM Sen. Flores
4:27:18 PM Sen. Stargel
4:27:35 PM B. Kidder
4:27:55 PM Sen. Stargel
4:28:14 PM B. Kidder
4:28:43 PM Sen Flores
4:29:11 PM TAB 8 - Presentations of Schedule VIII-B Reduction Proposal By Agency for Health Care Administration and the Department of Health
4:29:17 PM Sen. Flores
4:29:46 PM B. Kidder
4:36:56 PM Sen. Flores
4:37:25 PM Michele Tallent, Deputy Secretary for Operations, DOH
4:40:43 PM Sen. Flores
4:41:12 PM S 444
4:41:16 PM Sen. Bean
4:42:32 PM Sen. Book
4:44:02 PM Sen. Bean
4:45:23 PM Sen. Book
4:45:32 PM Sen. Bean
4:46:02 PM Sen. Book
4:46:27 PM Sen. Flores
4:46:46 PM Crishelle Bailey (waives against)
4:46:50 PM Leor Tai, Florida NOW (waives against)
4:46:53 PM Barbara DeVane, Florida NOW (waives against)
4:47:02 PM Charo Valero, State Policy Director, Florida Latina Advocacy Network
4:49:51 PM Sen. Flores
4:49:57 PM Ingrid Delgado, Associate for Social Concerns and Respect Life, Florida Conference of Catholic Bishops (waives in support)
4:50:04 PM Kimblery Scott, Legislative Manager, Florida Alliance of Planned Parenthood Affiliates (waives against)
4:50:14 PM Lakey Love, Student, Florida State University (waives against)
4:50:17 PM Ken Hays (waives against)
4:50:23 PM Stephen Downey (waives against)
4:50:27 PM Phil Moore, Medical Device Instructor (waives against)
4:51:07 PM Stephanie Owens, Legislative Advocate, League of Women Voters of Florida
4:53:39 PM Sen. Flores
4:53:43 PM Barbara Frey (waives against)
4:53:46 PM Rebecca Morris (waives against)
4:53:48 PM DarcyWard, Certified Nurse - Midwife (waives against)
4:53:54 PM Haley Gentile, Victim Advocate (waives against)
4:54:00 PM Shelby Mantay (waives against)
4:54:07 PM Jaye Satmus (waives against)
4:54:11 PM Paris Wilson (waives against)
4:54:27 PM Imani Hutchinson (waives against)
4:54:35 PM Sankiya Olatunji (waives against)
4:54:40 PM Asia Ronan-Johnson (waives against)
4:54:57 PM Sara Smith, Registered Nurse, Retired
4:56:44 PM Anne Wilde, Retired Educator (waives against)
4:56:51 PM Bill Bunkley, President, Florida Ethics and Religious Liberty Commission (waives in support)
4:56:59 PM Kimblery Nelson, Executive Director, PLGC (waives in support)
4:57:07 PM Danielle Bedard (waives against)
4:57:23 PM John Hedrick, Chair Legislative Committee, Leon County Democratic Party (waives against)
4:57:34 PM Ryan Sprague, CEO, Pregnancy Help and Information Center
5:03:26 PM Sen. Book
5:03:52 PM R. Sprague
5:05:07 PM Sen. Book
5:05:18 PM R. Sprague
5:05:59 PM Sen. Book
5:06:15 PM R. Sprague
5:07:00 PM Sen. Book
5:07:28 PM R. Sprague
5:08:28 PM Sen. Stargel
5:08:38 PM R. Sprague

5:09:23 PM	Sen. Flores
5:09:32 PM	Sen. Baxley
5:13:22 PM	Sen. Flores
5:13:25 PM	Sen. Book
5:15:22 PM	Sen. Stargel
5:16:14 PM	Sen. Rouson
5:16:28 PM	Sen. Flores
5:16:53 PM	Sen. Bean
5:19:10 PM	Sen. Flores
5:19:33 PM	Sen. Baxley
5:19:54 PM	Sen. Flores