

Tab 1	SB 138 by Book (CO-INTRODUCERS) Hutson ; (Compare to CS/H 00937) Perinatal Mental Health						
687318	A	S	RCS	AHS, Book	btw L.114 - 115:	01/24	01:31 PM

Tab 2	CS/SB 710 by HP, Book ; (Similar to H 00291) Prescription Drug Donation Program						
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Tab 3	SB 800 by Braynon ; (Similar to CS/H 00579) Infectious Disease Elimination Pilot Programs						
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Tab 4	CS/SB 960 by CF, Baxley ; (Similar to CS/H 00721) Mental Health and Substance Abuse						
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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 24, 2018
TIME: 11:30 a.m.—1:30 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 138 Book (Similar H 937)	Perinatal Mental Health; Citing this act as the "Florida Families First Act"; requiring the Department of Health to create public service announcements to educate the public on perinatal mental health care; revising components that are included in the postpartum evaluation and followup care provided by birth centers to include a mental health screening and the provision of certain information on postpartum depression, etc. HP 01/16/2018 Favorable AHS 01/24/2018 Fav/CS AP	Fav/CS Yeas 7 Nays 0
2	CS/SB 710 Health Policy / Book (Similar H 291)	Prescription Drug Donation Program; Renaming the Cancer Drug Donation Program as the Prescription Drug Donation Program; authorizing the donation of prescription drugs, including cancer drugs, and supplies to eligible patients; authorizing nursing home facilities to participate in the program, etc. HP 12/05/2017 Fav/CS AHS 01/24/2018 Temporarily Postponed AP	Temporarily Postponed
3	SB 800 Braynon (Identical H 579)	Infectious Disease Elimination Pilot Programs; Citing this act as the "Florida Infectious Disease Elimination Act (IDEA)"; authorizing the Department of Health to establish sterile needle and syringe exchange pilot programs upon request from eligible entities, rather than a single program established in Miami-Dade County, etc. HP 01/16/2018 Favorable AHS 01/24/2018 Favorable AP	Favorable Yeas 7 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Wednesday, January 24, 2018, 11:30 a.m.—1:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 960 Children, Families, and Elder Affairs / Baxley (Similar CS/H 721)	Mental Health and Substance Abuse; Deleting a provision requiring the Department of Children and Families to develop a certification process by rule for community substance abuse prevention coalitions; requiring the department to request a defendant's medical information from a jail within a certain timeframe after receiving a commitment order and other required documentation, etc. CF 01/09/2018 Fav/CS AHS 01/24/2018 Favorable AP	Favorable Yeas 7 Nays 0
5	Review and Discussion of Fiscal Year 2018-2019 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elderly Affairs Department of Health Department of Veterans' Affairs		Presented
6	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: PCS/SB 138 (944342)

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

SUBJECT: Perinatal Mental Health

DATE: January 26, 2018

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	Favorable
2.	Loe	Williams	AHS	Recommend: Fav/CS
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 138 directs the Department of Health (DOH) to establish two toll-free perinatal mental health care hotlines by January 1, 2019 – one accessible to the public and one for health care providers. The public hotline must provide basic information on postpartum depression and perinatal care and may refer the caller to a local qualified provider. The health care provider hotline must provide information to assist a provider in addressing the mental health of pregnant or postpartum patients. The DOH must encourage obstetrical and mental health providers to attend continuing education on perinatal mental health care. The DOH must create public service announcements on perinatal mental health care that include the telephone number of the perinatal mental health care public hotline.

The bill expands the statutory responsibilities of birth centers and hospitals to require additional infant and maternal postpartum evaluations and follow-up, including a maternal mental health assessment, information on postpartum depression, and the telephone number of the DOH public perinatal mental health care hotline.

To implement its responsibilities under the bill, the DOH estimates it will need \$1,156,520 from the General Revenue Fund in Fiscal Year 2018-2019, of which \$854,700 is nonrecurring. The bill provides a supplemental appropriation of \$1,156,520 from the General Revenue Fund, of which \$854,700 is nonrecurring, for the DOH to implement the provisions of the bill.

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

II. Present Situation:

Perinatal Mental Health Care and Child Birth

Perinatal Anxiety Disorders

There are four major mood and anxiety disorders that may affect women in the perinatal period:

- Bipolar Disorder (formerly Manic Depressive Disorder);
- Panic Disorder;
- Obsessive Compulsive Disorder; and
- Depression.¹

Depression interferes with daily life and may last for weeks or months. Depression is a common and serious illness. A recent survey conducted by the United States Centers for Disease Control and Prevention (CDC) showed that about one in ten reproductive age women between the ages of 18 to 44 experienced symptoms of major depression.² Most women, even those with the most severe forms of depression, can get better with treatment.³

Recent studies suggest that approximately 10 to 16 percent of women experience clinically significant depression during pregnancy.⁴ Particularly vulnerable are those women with histories of psychiatric illness who discontinue psychotropic medications during pregnancy. A recent study estimated that women who discontinued medication were five times as likely to relapse as compared to women who maintained treatment.⁵

While depression can occur among women with a healthy pregnancy and birth, the following experiences may put some women at a higher risk for perinatal depression:

- Symptoms of depression during or after a previous pregnancy;
- History of depression or bipolar disorder;
- Family history of depression;

¹ Altshuler, M.D., Lori L., Hendrick, M.D., Victoria & Cohen, M.D., Lee S., *An Update on Mood and Anxiety Disorders During Pregnancy and the Postpartum Period*,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC181144/pdf/i1523-5998-002-06-0217.pdf> (last visited Jan. 8, 2018).

² Journal of Women's Health, *Depression and treatment among U.S. pregnant and nonpregnant women of reproductive age, 2005-2009* (August 21, 2012), available at <https://www.ncbi.nlm.nih.gov/pubmed/22691031> (last visited Jan. 9, 2018);

Centers for Disease Control and Prevention, *Depression Among Women*, (Dec. 13, 2017), available at <https://www.cdc.gov/reproductivehealth/depression/index.htm> (last visited January 8, 2018).

³ See *Supra* note 3.

⁴ Massachusetts Center for Women's Mental Health, *Depression During Pregnancy is Often Not Treated*, (Feb. 10, 2007), available at <https://womensmentalhealth.org/posts/depression-during-pregnancy-is-often-not-treated/> (last visited Jan. 8, 2018);

Florida Department of Health, *After Pregnancy*, <http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/after-pregnancy.html> (last viewed Jan. 9, 2018); See also *Supra* note 2. This United States Centers for Disease Control and Prevention funded study indicated that 12 to 16 percent of new mothers experience postpartum depression.

⁵ New Research, *Psychiatric Disorders During Pregnancy*, by Massachusetts Center for Women's Mental Health, *Relapse of Major Depression during Pregnancy* (April 22, 2006) available at <https://womensmentalhealth.org/posts/243/> (last visited Jan. 8, 2018).

- Stressful event before, during, or shortly after childbirth such as job loss, death of a loved one, domestic violence, or personal illness;
- Medical complications during childbirth such as premature delivery or an infant with medical problems;
- Mixed emotion about pregnancy;
- Lack of emotional support from a spouse, partner, family, or friend; or
- Alcohol or drug abuse problems.⁶

Postpartum Blues vs. Depression

The “postpartum blues,” or “baby blues,” are common feelings experienced by approximately 75 to 80 percent of women in the first 10 days following childbirth. Symptoms include mood swings, crying spells, and feelings of sadness, fear, anger, irritability, or anxiety and usually go away within a few days to one to two weeks after childbirth.⁷

Postpartum depression is a major depressive episode that affects women after childbirth and commonly occurs within one and four weeks of delivery.⁸ Postpartum depression can affect any woman regardless of age, race, ethnicity, or economic status.⁹ Postpartum depression causes women to experience more intense feelings of depression and intensified feelings of sadness, fear, anger, anxiety, or despair that prevents them from being able to perform their activities of daily living.¹⁰ Postpartum depression may begin shortly before or any time after childbirth. Postpartum depression commonly begins one to four weeks after childbirth¹¹ and can persist up to a year or more after giving birth.¹² Postpartum depression usually requires treatment due to the severity of symptoms.¹³

⁶ National Institute of Mental Health, *Postpartum Depression Facts* https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/postpartum-depression-brochure_146657.pdf (last visited Jan. 9, 2018).

⁷ Florida Department of Health, After Pregnancy, *The “Baby Blues” and Postpartum Depression*, available at <http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/after-pregnancy.html> (last visited Jan. 9, 2018); United States Centers for Disease Control and Prevention, *Depression Among Women*, (Dec. 13, 2017) available at <https://www.cdc.gov/reproductivehealth/depression/index.htm> (last visited Jan. 8, 2018); Fitelson, E; Kim, Sarah; Scott-Baker, A.; and Leicht, K; International Journal of Women’s Health, *Treatment of postpartum depression: clinical, psychological and pharmacological options*, (Dec. 30, 2010) available at https://www.ncbi.nlm.nih.gov/pubmed/?term=Leight%20K%5BAuthor%5D&cauthor=true&cauthor_uid=21339932 (last visited Jan. 9, 2018).

⁸ American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Washington DC, 1994, p. 386.

⁹ See *supra* note 10.

¹⁰ United States Centers for Disease Control and Prevention, *Maternal Depression*, (May 23, 2017) available at <https://www.cdc.gov/features/maternal-depression/index.html> (last visited Jan. 9, 2018).

¹¹ See *supra* note 10; see also Fitelson, E; Kim, Sarah; Scott-Baker, A.; and Leicht, K; International Journal of Women’s Health, *Treatment of postpartum depression: clinical, psychological and pharmacological options* (Dec. 30, 2010), available at https://www.ncbi.nlm.nih.gov/pubmed/?term=Leight%20K%5BAuthor%5D&cauthor=true&cauthor_uid=21339932 (last visited Jan. 9, 2018).

¹² Fitelson, E; Kim, Sarah; Scott-Baker, A.; and Leicht, K; International Journal of Women’s Health, *Treatment of postpartum depression: clinical, psychological and pharmacological options*, (Dec. 30, 2010) available at https://www.ncbi.nlm.nih.gov/pubmed/?term=Leight%20K%5BAuthor%5D&cauthor=true&cauthor_uid=21339932 (last visited Jan. 9, 2018).

¹³ United States Centers for Disease Control and Prevention, *Depression Among Women*, (Dec. 13, 2017) available at <https://www.cdc.gov/reproductivehealth/depression/index.htm> (last visited Jan. 8, 2018).

Regulation of Perinatal Mental Health Care and Child Birth Settings

The Department of Children and Families (DCF), the Agency for Healthcare Administration (AHCA), and the DOH have responsibilities related to the regulation and delivery of perinatal mental health care and childbirth. The DCF evaluates, researches, plans, and recommends to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.¹⁴ The DCF oversees and contracts for the delivery of mental health services funded with certain federal and state funds through the Substance Abuse and Mental Health (SAMH) program office. The AHCA regulates hospitals and birthing centers.¹⁵

The DOH is responsible for the state's public health system¹⁶ and is the agency designated by the Legislature to administer and provide maternal and child health services.¹⁷

The DOH does not provide or perform mental health services.¹⁸ The DOH, through its county health departments and other state programs, refer clients in need of mental health services to providers in local areas¹⁹ and though its website provides information on the "baby blues" and postpartum depression.²⁰

The DOH contracts for the provision of a toll-free Family Health Line²¹ to provide consumers with information on community resources, pregnancy, prenatal care, childbirth, breastfeeding, family planning, infant and toddler care, parenting, smoking cessation, substance abuse and the Medicaid Family Planning Waiver Program. In 2016, the Family Health Line received 10,011 calls.^{22,23}

Childbirth Settings

The Legislature has recognized the need for a person to have the freedom to choose the manner, cost, and setting for childbirth.²⁴ A woman may choose three settings for childbirth: at home, at a licensed birthing center, or at a hospital.²⁵

¹⁴ Section 394.453, F.S.

¹⁵ Sections 395.003 and 383.301, F.S.

¹⁶ Section 381.001, F.S.

¹⁷ Section 383.011, F.S. *See also* Department of Health, *Programs and Services*, <http://www.floridahealth.gov/programs-and-services/index.html>, (last visited Jan. 9, 2018). Some of the programs the DOH administers or provides to mothers and children include Breastfeeding, Birth Certificates, Children's Medical Services (CMS), Florida's Children's Medical Services Managed Care Plan, Drowning Prevention, Early Steps, Healthy Start, Kid Care, Lead Poisoning, Newborn Screening, School Health Program, and the Woman, Infants, and Children (WIC) federal nutrition program.

¹⁸ Department of Health, *Senate Bill 138 Analysis* (August 15, 2017) (on file with the Senate Committee on Health Policy).

¹⁹ *See supra* note 22.

²⁰ Department of Health, *After Pregnancy*, <http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/after-pregnancy.html> (last viewed Jan. 9, 2018).

²¹ Department of Health, *Family Health Line*, <http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/family-health-line.html> (last visited Jan. 9, 2018).

²² *See supra* note 22; the hotline costs \$17,532.62 per month or \$210,391 per year.

²³ *See supra* note 26.

²⁴ *See s.* 467.002, F.S.

²⁵ *See chs.* 383 and 467, F.S., Rules 59A-11 and 64B24-7, F.A.C.

The home delivery setting for childbirth is not regulated like birthing centers and hospitals, but the practices of physicians, physician assistants (PAs),²⁶ Advanced Registered Nurse Practitioners (ARNPs), Certified Nurse Midwives (CNMs), and Licensed Midwives (LMs) who may attend a woman during a home delivery, are licensed and regulated by the DOH.²⁷

A licensed physician may attend any birth in any setting, including home delivery, if he or she can do so with reasonable skill and safety, and within the standard of care.²⁸ A physician may also delegate any delivery to his or her PA.²⁹ There are no specific laws or administrative rules that address the required perinatal care required for a patient choosing home delivery by physicians and PAs.³⁰

Section 464.012(4)(b), F.S., permits an ARNP-CNM to perform a postpartum examination to the extent authorized by an established protocol with a supervising physician, but does not specify that a perinatal mental health assessment is to be included in that examination or at any time during the perinatal period for a home delivery.

Licensed birth centers are places outside of the home or hospital where women with normal, uncomplicated, low risk pregnancies may choose to deliver their babies.³¹ Sections 383.330 through 383.335, F.S., establish minimum standards of care for birth centers.³² Birth centers are licensed by the AHCA, but the clinical staff of the birth centers must be physicians, ARNP-CNMs, or LMs licensed and regulated by the DOH.

In order for a pregnant woman to be accepted for childbirth by a licensed birth center, she must be initially determined to be at low maternal risk and be regularly evaluated throughout the pregnancy to assure that she remains at low risk for poor pregnancy outcomes.³³ The woman must receive specific prenatal,³⁴ intrapartum,³⁵ and postpartum care,³⁶ but regulatory rules do not include specific mental health screening or education for prenatal or postpartum depression.

The mother and infant must be discharged from the licensed birth center within 24 hours of birth except under unusual circumstances.³⁷ A postpartum examination of the mother is required to be performed within 72 hours after delivery and must include, at a minimum:

- Interval history;
- Blood pressure measurement; and
- Observation of the breasts, perineum, and abdomen.³⁸

²⁶ See ss. 458.347 and 459.022, F.S.

²⁷ See *supra* note 31.

²⁸ See ss. 458.347 and 459.022, F.S.

²⁹ See ss. 458.347 and 459.022, F.S. See also Rules 64B8-30.001 and 64B15-6.001, F.A.C.

³⁰ See chs. 458 and 459, F.S., and Rules 64B8-9 and 64B15-14, F.A.C.

³¹ Section 383.302(2), F.S.

³² Section 383.309(1), F.S.

³³ Rule 59A-11.009, F.A.C.

³⁴ Rule 59A-11.012, F.A.C.

³⁵ Rule 59A-11.013, F.A.C.

³⁶ Rule 59A-11.016, F.A.C.

³⁷ Section 383.318, F.S., and Rule 59A-11.016(6), F.A.C.

³⁸ Rule 59A-11.016(6), F.A.C.

A second postpartum examination is required at four to six weeks postpartum that includes all of the above, and:

- Weight measurement;
- Hemoglobin or hematocrit measurement; and,
- A bi-manual pelvic examination.³⁹

The mother must also be counseled at some point during the postpartum period regarding:

- Breast feeding;
- Perineal care;
- Family planning;
- Signs of common complications;
- Activities and exercises;
- Sex relations;
- Care and feeding of the newborn; and
- Changing family relationships.⁴⁰

None of the required postpartum examinations or counseling for mothers utilizing licensed birth centers require any type of mental health screening or education on postpartum depression. However, if complications occur during the postpartum period, which could include postpartum depression, a consultation or referral must be made to the appropriate source for secondary or tertiary care.⁴¹

Hospitals are regulated by the AHCA under ch. 395, F.S. Within the context of the bill, the only statutory requirement for a hospital providing birthing services is that women using the facility for childbirth must receive instruction on newborn care concerning safe sleep practices and possible causes of Sudden Unexpected Infant Death (SUID).⁴² There are no other statutory or administrative requirements that a hospital providing birthing services require its medical staff to perform any type of postpartum mental health assessment, follow-up care, or postpartum depression education.

III. Effect of Proposed Changes:

Section 1 cites the act as the “Florida Families First Act.”

Section 2 creates s. 383.014, F.S., direct the DOH to establish, by January 1, 2019, and maintain two perinatal mental health care toll-free hotlines – one accessible to the public and one for health care providers as defined in s. 408.07, F.S.⁴³ The hotline for public access:

- Provides basic information on postpartum depression and perinatal care;

³⁹ See chs. 383 and 467, F.S., Rules 59A-11 and 64B24-7, F.A.C.

⁴⁰ See chs. 383 and 467, F.S., Rules 59A-11 and 64B24-7, F.A.C.

⁴¹ See chs. 383 and 467, F.S., Rules 59A-11 and 64B24-7, F.A.C.

⁴² Section 395.1053, F.S.

⁴³ Section 408.07(25),F.S., defines *health care providers* as those licensed under chs. 458 (allopathic doctor & PA), 459 (osteopathic doctor & PA), 460 (chiropractor), 461(podiatrist), 463 (optometrist), 464 (nurses), 465 (pharmacist), 466 (dentist and hygienist), 483, 484, 486, 490, 491, or 468, parts I (speech & language pathologists & audiologists), III (occupational therapists), IV (radiological technicians), V (respiratory therapists), or X (dietician and nutritionist).

- May recommend that the caller or patient be further evaluated by a qualified health care provider; and
- May refer a caller or patient to an appropriate health care provider in the caller's or patient's local area.

The hotline for health care providers must:

- Provide information to assist health care providers in addressing the mental health of a pregnant or postpartum patient;
- Maintain and offer contact information for health care providers throughout the state who have experience in caring for pregnant or postpartum patients; and
- Compile resources to encourage the efficient and coordinated care of pregnant or postpartum patients.

The bill requires the DOH to create public service announcements (PSAs) to educate the public on perinatal mental health care. The PSAs must include the telephone number of the public perinatal mental health care hotline.

The DOH must also encourage mental health care providers, and health care providers who conduct postpartum evaluations or treat postpartum patients, to attend continuing medical education courses on perinatal mental health care.

Section 3 amends s. 383.318, F.S., to require licensed birth centers to provide the following additional postpartum services and follow-up care:

- A maternal postpartum assessment that includes mental health screening;
- Information on postpartum depression; and
- The telephone number of the public perinatal mental health care hotline.

Section 4 amends s. 395.1053, F.S., to require hospitals providing birthing services to provide similar postpartum education and care services as birthing centers, including:

- Physical examination of the infant;
- Metabolic screening tests required by s. 383.14, F.S.,⁴⁴
- Referral to sources for pediatric care;
- Maternal postpartum assessment that incorporates mental health screening;
- Information on postpartum depression and the telephone number of the perinatal mental health care hotline established in s. 383.014, F.S.;
- Instruction in child care, including immunization and breastfeeding, in addition to information on safe sleep practices and possible causes of Sudden Unexpected Infant Death;
- Family planning services; and
- Referral to secondary or tertiary care, as indicated.

⁴⁴ Section 383.14, F.S., requires the DOH to screen newborns for metabolic disorders before becoming one week of age. Currently the DOH screens for 53 total conditions. Department of Health, *Newborn Screening*, <http://www.floridahealth.gov/programs-and-services/childrens-health/newborn-screening/index.html> (last visited Jan. 8, 2018). Babies born in a hospital must be tested for metabolic disorders between 24 and 48 hours after birth. Babies discharged before 24 hours after birth must be tested before discharge, and again between 24 hours and five days after birth. Rule 64C-7.002, F.A.C.

Section 5 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:

Women who are experiencing, or may experience, perinatal mental health issues will potentially benefit if they avail themselves to the services contemplated by the bill.

Hospitals and birthing centers may incur additional costs due to the mandated evaluations and follow-up care which will likely be billed to patients, insurers, and Medicaid.

C. Government Sector Impact:

This bill requires the DOH to establish and maintain two telephone hotlines– one for the public and one for health care providers. The DOH estimates that the cost of operating the two hotlines, producing public service announcements, and developing promotional and educational materials will be \$1,156,520 from the General Revenue Fund in Fiscal Year 2018-2019, of which \$854,700 is nonrecurring.⁴⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

⁴⁵ See *supra* note 22.

VIII. Statutes Affected:

The bill substantially amends the following sections of the Florida Statutes: 383.318 and 395.1053.

The bill creates section 383.014 of the Florida Statutes.

The bill creates one undesignated section of law.

IX. Additional Information:

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

Recommended CS by Appropriations Subcommittee on Health and Human Services on January 24, 2018:

The Committee Substitute provides a supplemental appropriation of \$1,156,520 from the General Revenue Fund, of which \$854,700 is nonrecurring, for the DOH to implement the provisions of the bill.

- B. **Amendments:**

None.



687318

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/24/2018	.	
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Appropriations Subcommittee on Health and Human Services (Book)
recommended the following:

Senate Amendment (with title amendment)

Between lines 114 and 115
insert:

Section 5. For the 2018-2019 fiscal year, the sum of \$1,156,520 from the General Revenue Fund, of which \$854,700 is nonrecurring, is appropriated to the Department of Health for the purpose of implementing s. 383.014, Florida Statutes.

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



687318

11 And the title is amended as follows:
12 Between lines 20 and 21
13 insert:
14 an appropriation; providing

By Senator Book

32-00046-18

2018138__

A bill to be entitled

An act relating to perinatal mental health; providing a short title; creating s. 383.014, F.S.; requiring the Department of Health to establish and maintain a toll-free hotline accessible to the general public and a toll-free hotline accessible to health care providers; requiring the department to create public service announcements to educate the public on perinatal mental health care; requiring the department to encourage certain health care providers to attend continuing medical education courses on perinatal mental health care; amending s. 383.318, F.S.; revising components that are included in the postpartum evaluation and followup care provided by birth centers to include a mental health screening and the provision of certain information on postpartum depression; amending s. 395.1053, F.S.; requiring hospitals that provide birthing services to provide the same postpartum evaluation and followup care that is required to be provided by birth centers; providing an effective date.

WHEREAS, the Alachua County Perinatal Mental Health Coalition released its 2017 Maternal Mental Health Needs Assessment, which found that perinatal mental illness is the leading health complication related to pregnancy and birth, and

WHEREAS, as many as 1 in 5 mothers nationally will experience Perinatal Mood and Anxiety Disorder (PMD), and

WHEREAS, as many as 1 in 10 fathers will also experience

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

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symptoms of PMD, and

WHEREAS, Florida loses approximately \$900 million annually because of the failure to recognize and treat perinatal mental illnesses, and

WHEREAS, approximately 44,000 Florida babies are born to a parent experiencing a perinatal mental illness, and those babies may experience social, emotional, and cognitive detriments if their affected parents do not have access to proper care or receive treatment, NOW, THEREFORE,

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

Section 1. This act may be cited as the "Florida Families First Act."

Section 2. Section 383.014, Florida Statutes, is created to read:

383.014 Perinatal mental health care.—By January 1, 2019, the Department of Health shall:

(1) Establish and maintain a perinatal mental health care toll-free hotline, accessible to the general public, which:

(a) Provides basic information on postpartum depression and perinatal care;

(b) May recommend that a caller or patient be further evaluated by a qualified health care provider; and

(c) May refer a caller or patient to an appropriate health care provider in the caller's or patient's local area.

(2) Establish and maintain a perinatal mental health care provider toll-free hotline for health care providers, as defined in s. 408.07, which:

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59 (a) Provides information to assist health care providers in
 60 addressing the mental health of a pregnant or postpartum
 61 patient;

62 (b) Maintains and offers the contact information of health
 63 care providers throughout the state who have experience in
 64 caring for pregnant or postpartum patients; and

65 (c) Compiles resources to encourage the efficient and
 66 coordinated care of pregnant or postpartum patients.

67 (3) Create public service announcements (PSAs) to educate
 68 the public on perinatal mental health care. The PSAs must
 69 include the telephone number of the perinatal mental health care
 70 hotline established in subsection (1).

71 (4) Encourage mental health care providers, and health care
 72 providers who conduct postpartum evaluations or treat postpartum
 73 patients, to attend continuing medical education courses on
 74 perinatal mental health care.

75 Section 3. Subsection (3) of section 383.318, Florida
 76 Statutes, is amended to read:

77 383.318 Postpartum care for birth center clients and
 78 infants.—

79 (3) The birth center shall provide a postpartum evaluation
 80 and followup care that includes all of the following shall be
 81 provided, which shall include:

- 82 (a) Physical examination of the infant.
 83 (b) Metabolic screening tests required by s. 383.14.
 84 (c) Referral to sources for pediatric care.
 85 (d) Maternal postpartum assessment that incorporates mental
 86 health screening.

87 (e) Information on postpartum depression and the telephone

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2018138__

88 number of the perinatal mental health care hotline established
 89 in s. 383.014.

90 ~~(f)(e)~~ Instruction in child care, including immunization,
 91 breastfeeding, safe sleep practices, and possible causes of
 92 Sudden Unexpected Infant Death.

93 ~~(g)(f)~~ Family planning services.

94 ~~(h)(g)~~ Referral to secondary or tertiary care, as
 95 indicated.

96 Section 4. Section 395.1053, Florida Statutes, is amended
 97 to read:

98 395.1053 Postpartum care and education.—A hospital that
 99 provides birthing services shall provide a postpartum evaluation
 100 and followup care that includes all of the following:

101 (1) Physical examination of the infant.

102 (2) Metabolic screening tests required by s. 383.14.

103 (3) Referral to sources for pediatric care.

104 (4) Maternal postpartum assessment that incorporates mental
 105 health screening.

106 (5) Information on postpartum depression and the telephone
 107 number of the perinatal mental health care hotline established
 108 in s. 383.014.

109 (6) Instruction in child care, including immunization,
 110 breastfeeding, incorporate information on safe sleep practices,
 111 and the possible causes of Sudden Unexpected Infant Death into
 112 the hospital's postpartum instruction on the care of newborns.

113 (7) Family planning services.

114 (8) Referral to secondary or tertiary care, as indicated.

115 Section 5. This act shall take effect July 1, 2018.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Subcommittee on the
Environment and Natural Resources, *Chair*
Appropriations
Appropriations Subcommittee on Health and
Human Services
Education
Environmental Preservation and
Conservation
Health Policy
Rules

SENATOR LAUREN BOOK

Democratic Leader Pro Tempore
32nd District

January 17, 2018

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

Chair Flores,

I respectfully request that you place SB 138, relating to Perinatal Mental Health, on the agenda of the Appropriations Subcommittee on Health and Human Services at your earliest convenience.

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

Thank you,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book
Senate District 32

cc: Phil Williams, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 967 Nob Hill Road, Plantation, Florida 33324 (954) 424-6674
- 202 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

APPEARANCE RECORD

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

1/24/18
Meeting Date

138
Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name Doug Bell

Job Title _____

Address 119 S Monroe St
Street

Phone 205-9000

TLH
City State Zip

Email doug.bell@MHDfirm.com

Speaking: For Against Information

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

Representing Florida Chapter American Academy of Pediatrics

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)

1/24/18
Meeting Date

SB 138
Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name ~~Shane~~ Shane Messer

Job Title legislative affairs director

Address 316 E Park

Phone 850/322-6693

Tallahassee FL 32301

Email shane@fecmh.org

Speaking: For Against Information

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

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

APPEARANCE RECORD

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

SB 138

Bill Number (if applicable)

Meeting Date _____

Topic Penicillin Mestol He all

Amendment Barcode (if applicable)

Name Dr Heather Flynn

Job Title Professor FSU Medical School

Address 1115 W Cav S
Street

Phone 850 645 7367

City

State

Zip

Email _____

Speaking: For Against Information

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

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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)

1-24-18
Meeting Date

138
Bill Number (if applicable)

Topic Perinatal Health

Amendment Barcode (if applicable)

Name Barbara Devane

Job Title Ms.

Address 625 E. Brevard St

Phone 251-4280

Street Tallahassee State FL Zip 32308

Email barbaradevane1@yahoo.com

Speaking: For Against Information

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

Representing FL NOW (National Organization for Women)

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

THE FLORIDA SENATE
APPEARANCE RECORD

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

1/24/18

Meeting Date

138

Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr.

Phone 850-878-3056

Street

Tallahassee

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking: For Against Information

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

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

January 24, 2018

SB 138

Meeting Date

Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name Dr. Louise Buhrmann

Job Title Psychiatrist

Address 1035 S Semoran Blvd #1027

Phone 407-222-4962

Street

Winter Park

Florida

32792

Email lbuhrmann@aol.com

City

State

Zip

Speaking: For Against Information

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

Representing FLORIDA PSYCHIATRIC SOCIETY

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.

11:30
4015

THE FLORIDA SENATE
APPEARANCE RECORD

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

1.24.18

Meeting Date

138

Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name Barney Bishop

Job Title CEO

Address 204 South Monroe Street

Phone 510-9922

Street

Tallahassee

FL

32301

Email Barney@BarneyBishop.com

City

State

Zip

Speaking: For Against Information

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

Representing Florida Smart Justice Alliance

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)

1/24/18

Meeting Date

138

Bill Number (if applicable)

Topic Perinatal Mental Health

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Murdon Way

Phone 850 567-1202

Tallahassee FL 32309

City State Zip

Email watson.strategies@comcast.net

Speaking: [] For [] Against [] Information

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

Representing Midwife Association of Florida

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

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

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 710

INTRODUCER: Health Policy Committee and Senator Book

SUBJECT: Prescription Drug Donation Program

DATE: January 23, 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>	Pre-meeting
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 710 changes the name of the Cancer Drug Donation Program (CDDP) to the Prescription Drug Donation Program. The bill expands the program from handling only cancer drugs to permitting the donation of any prescription drug – excluding controlled substances – that meet the applicable safety criteria. The bill also extends participation in the program to certain, licensed nursing home facilities with a closed drug delivery system.

The Department of Business and Professional Regulation (DBPR) will experience an increase in workload related to the expansion of the program to include all prescription drugs that are not considered controlled substances under state law; however, these costs can be absorbed within existing resources.

The bill is effective July 1, 2018.

II. Present Situation:

State Prescription Drug Donation and Reuse Programs

State prescription drug donation and reuse programs have been in effect for two decades beginning with a pilot program in Georgia in 1997.¹ Such drug donation and reuse programs

¹ National Conference of State Legislatures, *State Prescription Drug Return, Reuse and Recycling Laws* (March 31, 2017), <http://www.ncsl.org/research/health/state-prescription-drug-return-reuse-and-recycling.aspx> (last visited Nov. 28, 2017).

permit unused prescription or non-prescription drugs to be donated and re-dispensed to patients within certain federal guidelines. More than 38 states have passed laws authorizing such programs; however, many are not currently operational.² Georgia's program started with a prescription drug reuse program only in long-term care facilities and has been expanded to a collection and donation program that accepts prescription and non-prescription drugs.³

Pharmaceutical donation programs and reuse programs involve the voluntary collection of donated, unused prescription and non-prescription drugs from patients. States vary in the types of drugs and supplies that are accepted, the number and types of sites that are considered eligible locations where patients or donors may deposit donations, participant eligibility requirements, and the dispensing fees for the donated drugs. Generally, the drugs are not controlled substances. Some programs, such as Florida's, are limited to only cancer treatment drugs. Twelve other states besides Florida - Colorado, Kentucky, Michigan, Minnesota, Montana, Nebraska, Nevada, Ohio, Pennsylvania, Utah, Washington, and Wisconsin - have prescription drug donation and reuse programs limited to only cancer treatment drugs.

Pharmacies, charitable clinics, and hospitals are locations where such donations are accepted. In Florida's Cancer Drug Donation Program,⁴ only Class II hospital pharmacies that elect or volunteer to participate in the program are eligible to accept donations of cancer drugs from designated individuals or entities.⁵

Individuals may be required to meet certain eligibility requirements beyond a cancer diagnosis to participate in the donation program such as proof of state residency (Minnesota), lack of access to other insurance coverage, or Medicaid ineligibility (Florida). Dispensing fees are set based on a maximum relative threshold above the Medicaid dispensing fee or capped at an absolute dollar amount that typically ranges from \$10 to \$15.

The statutory provisions of many pharmaceutical donation programs have several common requirements:

- No controlled substances are accepted as donations;
- No adulterated or misbranded medications are allowed;
- All pharmaceuticals must be checked by a pharmacist prior to being dispensed;
- Pharmaceuticals must not be expired and most pharmaceuticals must have at least six months or longer before expiration;
- All pharmaceuticals must be unopened and in original, sealed, tamper-evident packaging; and
- Liability protection is assured for both donors and recipients.⁶

Most states permit the donation of any non-controlled substance to a designated medical facility, clinic, or pharmacy that has elected to participate in the program. Twenty states have operational

² *Supra* note 1.

³ GA. CODE ANN. § 31-8-301-304 (2017).

⁴ Section 499.029, F.S.

⁵ *See* s. 465.019, F.S. Class II institutional pharmacies are those institutional pharmacies that employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, provide dispensing and consulting services on the premises to the patients of that institution, for use on the premises of that institution.

⁶ *Supra* note 1.

repository programs – either cancer drug programs or broader collection programs – including states such as Iowa which has served over 70,000 patients and re-distributed \$15 million in donated supplies since 2007.⁷ The Iowa program is limited to residents with incomes at or below 200 percent of the federal poverty level (FPL), or \$49,200 for a family of four under the current guidelines, who are uninsured or underinsured, and are eligible to receive the donated medications and supplies.⁸ The Iowa program accepts donations from any organization or individual in the country with the medication provided in its sealed or original, tamper-resistant packaging. Any pharmacy or medical facility with authorization to dispense under Iowa administrative rules may then re-dispense the donated medication or supplies.⁹

Wyoming has also had a long-running Medication Donation Program. The state's program filled over 150,000 prescriptions since its inception in 2007 and provided more than \$2.4 million worth of donated prescriptions in 2016.¹⁰ Assistance under the program is time-limited and recipients must have incomes under 200 percent of the FPL, and be without prescription insurance or Medicaid coverage. A dispensing site may also charge a recipient up to \$10 per prescription to cover dispensing fees. Controlled substances are not covered in the program.¹¹

Florida Cancer Drug Donation Program

The Florida Cancer Drug Donation Program (CDDP) was created in 2006¹² and is administratively housed within the DBPR. The CDDP allows eligible donors to donate cancer drugs and related supplies to participating facilities that may dispense the donations to eligible cancer patients. Eligible donors include patients, patient representatives, health care facilities, nursing home facilities, hospices, or hospitals with a closed drug delivery system; or pharmacies, drug manufacturers, medical device manufacturers, or suppliers or wholesalers of drugs or supplies.¹³

Eligible participating facilities that may collect donations are limited to only those Florida hospital pharmacies with a Class II institutional pharmacy permit.¹⁴ These pharmacies participate on a voluntary basis and must agree to accept, inspect, and dispense the donated drugs to the eligible patients in accordance with the statute. The DBPR is required to establish and maintain a participant facility registry for the CDDP. The law provides the content for the registry and a requirement for a website posting. Currently, 14 hospital pharmacies participate in the CDDP.¹⁵

Florida's recipient eligibility requirements limit participation to Florida residents who:

⁷ *Supra* note 1.

⁸ Iowa Department of Public Health, *SafeNetRx Program*, <https://idph.iowa.gov/ohds/rural-health-primary-care/repository>, (last visited Nov. 28, 2017).

⁹ *Id.*

¹⁰ Wyoming Department of Health, *Wyoming Medication Donation Program*, <https://health.wyo.gov/healthcarefin/medicationdonation/> (last visited Nov. 28, 2017).

¹¹ *Id.*

¹² Chapter 2006-310, Laws of Fla. (creating s. 499.029, effective July 1, 2006). It was originally created within the Department of Health, but was part of a programmatic transfer by the 2010 Legislature to DBPR effective October 1, 2011.

¹³ Section 499.029(3)(c), F.S.

¹⁴ Section 499.029(2)(e), F.S.

¹⁵ Florida Department of Business and Professional Regulation, *Cancer Drug Donation Program Participation Report*, <http://www.myfloridalicense.com/dbpr/ddc/documents/ParticipatingHospital.pdf> (last visited Nov. 28, 2017).

- Have been diagnosed with cancer; and
- Are ineligible for the Medicaid program, or any other prescription drug program funded in whole or in part by the federal government, or do not have third party insurance unless the benefits have been exhausted or a certain cancer drug is not covered.¹⁶

Donated drugs may only be prescribed by a licensed practitioner and dispensed by a licensed pharmacist to an eligible patient.¹⁷ Dispensed drugs and supplies under the CDDP are not eligible for reimbursement by third parties, either public or private. However, the facility may charge the recipient of the donated drug a handling fee of no more than 300 percent of the Medicaid dispensing fee or no more than \$15, whichever is less, for each cancer drug that is dispensed.¹⁸

The DBPR, Division of Drugs, Devices, and Cosmetics, maintains a list of available donated medications on its website; however, no cancer medications are currently reported on the list.¹⁹ As of November 2017, the DBPR does not require the participating facilities to report the medications that are available for inclusion on the CDDP website or the number of donated drugs that have been administered.²⁰ A facility is required to maintain its data for three years.²¹

The CDDP will only accept drugs if:

- The drug expires at least six months after the date of donation and the drug's tamper-resistant packaging is intact;
- The drug is in its original, unopened, sealed, tamper-evident unit dose packaging with lot number and expiration date, if so packaged; and
- The drug is not a substance listed on Schedule II, III, IV, or V of s. 893.03, F.S.²²

Under the act, a donor or a participant in the program who acts with reasonable care in donating, accepting, distributing, or dispensing prescription drugs or supplies is immune from civil or criminal liability or professional disciplinary action for any kind of injury, death, or loss relating to such activities.²³

Regulation of Pharmacy

The DBPR is the state agency charged with the regulation and licensure of businesses and professionals.²⁴ Under the provisions of chapter 499, F.S., the Division of Drugs, Devices, and Cosmetics safeguards the health, safety, and welfare of the state's citizens from injury due to the use of adulterated, contaminated, and misbranded drugs, drug ingredients and cosmetics. The Division oversees: the CDDP; issuance and regulation of licensure and permits for drug manufacturers, wholesalers, and distributors; controlled substance reporting requirements for

¹⁶ Rule 61N-1.026(1), F.A.C.

¹⁷ Section 499.029(5), F.S.

¹⁸ Section 409.029(7)(b), F.S. and Rule 61N-1.026(5), F.A.C.

¹⁹ Florida Department of Business and Professional Regulation, *Medication Supply Availability List*.

²⁰ Email correspondence from Colton Madill, Department of Business and Professional Regulation (Nov. 29, 2017) (on file with the Senate Committee on Health Policy).

²¹ *Id.*

²² Rule 61N-1.026(6), F.A.C.

²³ Section 409.029(11), F.S.

²⁴ Section 20.165, F.S.

certain wholesale distributors; issuance and regulation of other permits and licenses; and the Drug Wholesale Distributor Advisory Council.²⁵

The Florida Drug and Cosmetic Act (Act) is codified as ss. 499.001 – 499.081, F.S. The Act provides uniform legislation to be administered so far as practicable in conformity with the provisions of, and regulations issued under the authority of, the Federal Food, Drug, and Cosmetic Act and that portion of the Federal Trade Commission Act which expressly prohibits the false advertisement of drugs, devices, and cosmetics. The Act provides definitions for what is considered a device, drug, and, specifically, a prescription drug.²⁶

Chapter 465, F.S., governs the regulation of the practice of pharmacy by the Board of Pharmacy in the Department of Health. Section 465.019(2)(b), F.S., provides requirements for institutional pharmacies. “Class II institutional pharmacies” are those institutional pharmacies that employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, provide dispensing and consulting services on the premises to patients of that institution for use on the premises of that institution.

Section 465.015(2)(c), F.S., makes it unlawful for a pharmacist to sell or dispense drugs without first being furnished a prescription. Section 465.016(1)(l), F.S., prohibits a pharmacist from placing into stock any part of any prescription compounded or dispensed which is returned by the patient. Additionally, the Board of Pharmacy has adopted an administrative rule that prohibits a pharmacist from placing into the stock of any pharmacy any part of any prescription compounded or dispensed, which is returned by a patient, except as specified in the Board of Pharmacy rules.²⁷ There is an exception for a closed drug delivery system in which unit dose or customized patient medication packages are dispensed to in-patients. The unused medication may be returned to the pharmacy for re-dispensing only if each unit dose or customized patient medication package is individually sealed and if each unit dose or the unit dose system – or the customized patient medication package container or the customized patient medication package unit of which it is clearly a part – is labeled with the name of the drug, dosage strength, manufacturer’s control number, and expiration date, if any. In the case of controlled substances, such drugs may only be returned as permitted under federal law.²⁸ A “closed drug delivery system” means a system in which control of the unit-dose medication is maintained by the facility rather than by the individual patient. A “unit dose system” means a system in which all the individually sealed unit doses are physically connected as a unit.²⁹

For nursing facility residents, s. 400.141(1)(d), F.S., requires a pharmacist licensed in Florida that is under contract with a nursing home to repackage a resident’s bulk prescription medication which has been packaged by another pharmacist into a unit-dose system compatible with the

²⁵ Department of Business and Professional Regulation, *Division of Drugs, Devices, and Cosmetics*, <http://www.myfloridalicense.com/dbpr/ddc/index.html> (last visited Nov. 29, 2017).

²⁶ A “prescription drug” under s. 499.003(40) is defined as a “prescription, medicinal, or legend drug, including, but not limited to, finished dosage forms or active ingredients subject to, defined by, or described by, s. 503(b) of the federal act or s. 465.003(8), s. 499.007(13), subsection (31), or subsection (47), except that an active pharmaceutical ingredient is a prescription drug only if substantially all finished dosage forms in which it may be lawfully dispensed or administered in this state are also prescription drugs.

²⁷ Rule 64B16-28.118(2), F.A.C.

²⁸ Rule 64B16-28-118(2), F.A.C.

²⁹ Rule 64B16-28-118(1), F.A.C.

system used by the nursing facility, if requested by the facility. In order to be eligible for the repackaging service, the resident or the resident's spouse's prescription medication benefits must be covered through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. part 831, or a long-term care policy as defined under specified state law. A pharmacist who correctly repackages and relabels the medication, and the nursing home who correctly administers the repackaged medication, cannot be held liable in any civil or administrative action arising from the repackaging. The pharmacist may charge a reasonable fee for costs of the repackaging.

A nursing home typically has a Class I institutional permit. This permit authorizes the nursing home to have patient-specific medications that have already been dispensed to the resident. Prescription drugs may not be dispensed in a Class I pharmacy.³⁰

Federal Law and Regulations

The federal Controlled Substances Act (CSA) was enacted by Congress in 1970 and codified as 21 U.S.C. §801, et seq. The CSA regulates the manufacture and distribution of controlled substances in the United States. The federal Drug Enforcement Agency (DEA) is responsible for the enforcement of the CSA.

The CSA categorizes drugs into five "schedules" based on their potential for abuse and safety or dependence liability.³¹ The CSA provides for specific dispensing requirements for controlled substances, including written prescriptions, retention requirements, and refill restrictions, depending on the drug's schedule.³² Prescriptions must also meet specific labeling and packaging requirements. For Schedule II, III, and IV drugs, the label must clearly contain a warning that it is a crime to transfer the drug to any person other than the patient.³³

The CSA permits the delivery of controlled substances by an "ultimate user,"³⁴ who has lawfully obtained the drug, to a designated covered entity for disposal and destruction such as through a prescription drug take-back program.³⁵ An authorized covered entity is defined in federal law as:

³⁰ Section 465.019(2)(a), F.S.

³¹ U.S. Department of Justice, Diversion Control Division, *Controlled Substance Security Manual*, https://www.deadiversion.usdoj.gov/pubs/manuals/sec/app_law.htm (last visited Nov. 28, 2017). Drugs classified as Schedule I are those that are considered to have no medical use in the United States and have a high abuse potential and include drugs such as heroin, LSD, and marijuana. Schedule II substances have a high abuse potential with severe psychological or physical dependency, but have accepted medical use. Examples of Schedule II drugs include opium, morphine, codeine, and oxycodone. Schedule III drugs have an abuse potential and dependency liability less than Schedule II with an accepted medical use. Schedule III drugs may also contain limited quantities of certain narcotic and non-narcotic drugs. Schedule IV drugs have an abuse potential and dependency liability less than those drugs in Schedule III and have an accepted medical use and include drugs such as Valium, Xanax, and Darvon. The drugs in the fifth and final schedule, Schedule V, have an abuse potential less than those listed in Schedule IV, have an accepted medical use, and are often available without a prescription, including some for antitussive and antidiarrheal purposes.

³² 21 U.S.C. §829 and 21 CFR §§1306.21 and 1306.22.

³³ 21 U.S.C. §825.

³⁴ An "ultimate user" is defined under 21 U.S.C. 802(27), as the person who has lawfully obtained, and who possesses, a controlled substance for his own use or the use of a member of his household or for an animal owned by him or by a member of his household.

³⁵ 21 U.S.C. 822a.

- A specified law enforcement agency;
- A manufacturer, distributor, or reverse distributor of prescription medications;
- A retail pharmacy;
- A registered narcotic treatment program;
- A hospital or clinic with an onsite pharmacy;
- An eligible long-term care facility; or
- Any other entity authorized by the DEA to dispose of prescription medications.³⁶

The last National Prescription Take Back Day sponsored by the DEA resulted in more than 912,305 pounds of expired, unused, and unwanted prescription drugs returned at 5,300 sites on November 7, 2017.³⁷ The goal of the take-back program is to prevent the diversion of unwanted drugs to misuse and abuse and to avoid the potential safety hazard of drugs flushed down the toilet.³⁸

III. Effect of Proposed Changes:

Section 1 amends s. 499.029, F.S., to revise the name of the Cancer Drug Donation Program to the Prescription Drug Donation Program. The section expands the program to allow donations of “prescription drugs” rather than only donations of “cancer drugs” and to allow participation of certain, licensed nursing home facilities with a closed drug delivery system rather than only class II hospital pharmacies.

The term “prescription drug” is defined in the bill as having the same meaning as provided in s. 499.003, F.S., and includes cancer drugs. This definition does not include a controlled substance which includes a substance listed in Schedules II through V of s. 893.03, F.S.

The bill also redefines the term “donor” and the term “participant facility” to include a nursing home facility licensed under part II of chapter 400 that has a closed drug delivery system. This will allow a nursing home to not only donate prescription drugs, but to receive donations and dispense applicable donations to eligible patients. Nursing homes operating with a Class I permit are currently prohibited from dispensing prescription drugs under state law; however, under s. 499.0029(13), F.S., if any conflict exists between the provisions in this section and the provisions in chapters 465 or 499, the sections that control the CDDP would prevail.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

³⁶ Id.

³⁷ Drug Enforcement Administration, *Drug Enforcement Administration collects record number of unused pills as part of its 14th Prescription Drug Take Back Day* (November 7, 2017), <https://www.dea.gov/divisions/hq/2017/hq110717.shtml> (last visited Nov. 28, 2017).

³⁸ Id.

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:

Participation in the program is voluntary. Those hospitals and nursing homes volunteering to participate in the program may incur costs associated with collecting, storing, and re-dispensing of donated prescription drugs. Those same hospitals and nursing homes may enjoy cost savings to the extent their patients may be receiving needed health care services on a more timely basis. Without such donations, some patients could return as sicker, more costlier patients at a later date.

Hospitals and facilities participating in the program are permitted to recoup some costs through a small handling fee. Current state regulations permit a handling fee of up to 300 percent of the Medicaid dispensing fee or \$15, whichever is less, for each cancer drug or supply dispensed.³⁹

C. Government Sector Impact:

The DBPR will experience increased workload to process application requests for the registry. This increased workload is a result of the expansions of the program to include “prescription drugs” and to allow participation by nursing homes. The DBPR indicates that this workload increase can be handled within existing resources.⁴⁰

Public facilities that elect to participate in the program will face similar costs associated with collecting, storing, and dispensing the prescription drugs. Likewise, these public facilities may enjoy additional savings through the participation of the uninsured or underinsured from their communities.

VI. Technical Deficiencies:

None.

³⁹ Rule 61N-1.026(5), F.A.C.

⁴⁰ Department of Business and Professional Regulation, *House Bill 291 Analysis* (Nov. 3, 2017), p.4, (on file with the Senate Committee on Health Policy).

VII. Related Issues:

The bill redefines a “donor” and amends the definition of a “participant facility” to permit the participation of nursing home facilities licensed under part II of chapter 400 in the proposed Prescription Drug Donation Program. A nursing home typically has a Class I institutional pharmacy permit issued under s. 465.019(2)(a), F.S. The permit does not authorize the pharmacy to dispense medicinal drugs but to have patient-specific medications that have already been dispensed to their residents.

Under the bill, participating nursing home facilities will be authorized to collect and dispense donated prescription drugs. This change will be in conflict with the existing permit conditions for nursing home facilities; however, the current CDDP statute includes a conflict of laws provision that directs that the CDDP law controls when there is a conflict between the provisions of chapters 465 or 499 and the law governing the CDDP.⁴¹

VIII. Statutes Affected:

This bill substantially amends section 499.029 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 December 5, 2017:

The CS amends the term “prescription drug” to exclude the donation of drugs to the program which fall under Schedules II through V of s. 803.03, F.S.

- B. **Amendments:**

None.

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

⁴¹ Section 499.029(13), F.S.

By the Committee on Health Policy; and Senator Book

588-01792-18

2018710c1

1 A bill to be entitled
 2 An act relating to the Prescription Drug Donation
 3 Program; amending s. 499.029, F.S.; renaming the
 4 Cancer Drug Donation Program as the Prescription Drug
 5 Donation Program; authorizing the donation of
 6 prescription drugs, including cancer drugs, and
 7 supplies to eligible patients; revising definitions;
 8 authorizing nursing home facilities to participate in
 9 the program; providing an effective date.

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

12
 13 Section 1. Section 499.029, Florida Statutes, is amended to
 14 read:

15 499.029 Prescription ~~Cancer~~ Drug Donation Program.—
 16 (1) This section may be cited as the "Prescription ~~Cancer~~
 17 Drug Donation Program Act."
 18 (2) There is created a Prescription ~~Cancer~~ Drug Donation
 19 Program within the department for the purpose of authorizing and
 20 facilitating the donation of prescription ~~cancer~~ drugs and
 21 supplies to eligible patients.
 22 (3) As used in this section:
 23 (a) "Cancer drug" means a prescription drug that has been
 24 approved under s. 505 of the Federal Food, Drug, and Cosmetic
 25 Act and is used to treat cancer or its side effects or is used
 26 to treat the side effects of a prescription drug used to treat
 27 cancer or its side effects. The term "Cancer drug" does not
 28 include a substance listed in Schedule II, Schedule III,
 29 Schedule IV, or Schedule V of s. 893.03.

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30 (b) "Closed drug delivery system" means a system in which
 31 the actual control of the unit-dose medication package is
 32 maintained by the facility rather than by the individual
 33 patient.
 34 (c) "Donor" means a patient or patient representative who
 35 donates prescription ~~cancer~~ drugs or supplies needed to
 36 administer prescription ~~cancer~~ drugs that have been maintained
 37 within a closed drug delivery system; health care facilities,
 38 nursing home facilities ~~homes~~, hospices, or hospitals with
 39 closed drug delivery systems; or pharmacies, drug manufacturers,
 40 medical device manufacturers or suppliers, or wholesalers of
 41 drugs or supplies, in accordance with this section. The term
 42 "Donor" includes a physician licensed under chapter 458 or
 43 chapter 459 who receives prescription ~~cancer~~ drugs or supplies
 44 directly from a drug manufacturer, wholesale distributor, or
 45 pharmacy.
 46 (d) "Eligible patient" means a person who the department
 47 determines is eligible to receive prescription ~~cancer~~ drugs from
 48 the program.
 49 (e) "Participant facility" means a hospital that operates a
 50 class II institutional ~~hospital~~ pharmacy or a nursing home
 51 facility licensed under part II of chapter 400 with a closed
 52 drug delivery system that has elected to participate in the
 53 program and that accepts donated prescription ~~cancer~~ drugs and
 54 supplies under the rules adopted by the department for the
 55 program.
 56 (f) "Prescribing practitioner" means a physician licensed
 57 under chapter 458 or chapter 459 or any other medical
 58 professional with authority under state law to prescribe

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59 ~~prescription drugs cancer medication.~~

60 (g) "Prescription drug" has the same meaning as provided in
61 s. 499.003, and includes cancer drugs. The term does not include
62 a substance listed in Schedule II, Schedule III, Schedule IV, or
63 Schedule V of s. 893.03.

64 ~~(h)(g)~~ "Program" means the Prescription Cancer Drug
65 Donation Program created by this section.

66 ~~(i)(h)~~ "Supplies" means any supplies used in the
67 administration of a prescription cancer drug.

68 (4) Any donor may donate prescription cancer drugs or
69 supplies to a participant facility that elects to participate in
70 the program and meets criteria established by the department for
71 such participation. Prescription Cancer drugs or supplies may
72 not be donated to a specific ~~cancer~~ patient, and donated drugs
73 or supplies may not be resold by the program. Prescription
74 ~~Cancer~~ drugs billed to and paid for by Medicaid in long-term
75 care facilities that are eligible for return to stock under
76 federal Medicaid regulations shall be credited to Medicaid and
77 are not eligible for donation under the program. A participant
78 facility may provide dispensing and consulting services to
79 individuals who are not patients of the hospital or nursing home
80 facility.

81 (5) The prescription cancer drugs or supplies donated to
82 the program may be prescribed only by a prescribing practitioner
83 for use by an eligible patient and may be dispensed only by a
84 pharmacist.

85 (6) (a) A prescription cancer drug may only be accepted or
86 dispensed under the program if the drug is in its original,
87 unopened, sealed container, or in a tamper-evident unit-dose

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88 packaging, except that a prescription cancer drug packaged in
89 single-unit doses may be accepted and dispensed if the outside
90 packaging is opened but the single-unit-dose packaging is
91 unopened with tamper-resistant packaging intact.

92 (b) A prescription cancer drug may not be accepted or
93 dispensed under the program if the drug bears an expiration date
94 that is less than 6 months after the date the drug was donated
95 or if the drug appears to have been tampered with or mislabeled
96 as determined in paragraph (c).

97 (c) Prior to being dispensed to an eligible patient, the
98 prescription cancer drug or supplies donated under the program
99 shall be inspected by a pharmacist to determine that the drug
100 and supplies do not appear to have been tampered with or
101 mislabeled.

102 (d) A dispenser of donated prescription cancer drugs or
103 supplies may not submit a claim or otherwise seek reimbursement
104 from any public or private third-party payor for donated
105 prescription cancer drugs or supplies dispensed to any patient
106 under the program, and a public or private third-party payor is
107 not required to provide reimbursement to a dispenser for donated
108 prescription cancer drugs or supplies dispensed to any patient
109 under the program.

110 (7) (a) A donation of prescription cancer drugs or supplies
111 shall be made only at a participant facility. A participant
112 facility may decline to accept a donation. A participant
113 facility that accepts donated prescription cancer drugs or
114 supplies under the program shall comply with all applicable
115 provisions of state and federal law relating to the storage and
116 dispensing of the donated prescription cancer drugs or supplies.

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117 (b) A participant facility that voluntarily takes part in
 118 the program may charge a handling fee sufficient to cover the
 119 cost of preparation and dispensing of prescription ~~eaneeer~~ drugs
 120 or supplies under the program. The fee shall be established in
 121 rules adopted by the department.

122 (8) The department, upon the recommendation of the Board of
 123 Pharmacy, shall adopt rules to carry out the provisions of this
 124 section. ~~Initial rules under this section shall be adopted no~~
 125 ~~later than 90 days after the effective date of this act.~~ The
 126 rules shall include, but not be limited to:

127 (a) Eligibility criteria, including a method to determine
 128 priority of eligible patients under the program.

129 (b) Standards and procedures for participant facilities
 130 that accept, store, distribute, or dispense donated prescription
 131 ~~eaneeer~~ drugs or supplies.

132 (c) Necessary forms for administration of the program,
 133 including, but not limited to, forms for use by entities that
 134 donate, accept, distribute, or dispense prescription ~~eaneeer~~
 135 drugs or supplies under the program.

136 (d) The maximum handling fee that may be charged by a
 137 participant facility that accepts and distributes or dispenses
 138 donated prescription ~~eaneeer~~ drugs or supplies.

139 (e) Categories of prescription ~~eaneeer~~ drugs and supplies
 140 that the program will accept for dispensing; however, the
 141 department may exclude any drug based on its therapeutic
 142 effectiveness or high potential for abuse or diversion.

143 (f) Maintenance and distribution of the participant
 144 facility registry established in subsection (10).

145 (9) A person who is eligible to receive prescription ~~eaneeer~~

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146 drugs or supplies under the state Medicaid program or under any
 147 other prescription drug program funded in whole or in part by
 148 the state, by any other prescription drug program funded in
 149 whole or in part by the Federal Government, or by any other
 150 prescription drug program offered by a third-party insurer,
 151 unless benefits have been exhausted, or a certain prescription
 152 ~~eaneeer~~ drug or supply is not covered by the prescription drug
 153 program, is ineligible to participate in the program created
 154 under this section.

155 (10) The department shall establish and maintain a
 156 participant facility registry for the program. The participant
 157 facility registry shall include the participant facility's name,
 158 address, and telephone number. The department shall make the
 159 participant facility registry available on the department's
 160 website to any donor wishing to donate prescription ~~eaneeer~~ drugs
 161 or supplies to the program. The department's website shall also
 162 contain links to prescription ~~eaneeer~~ drug manufacturers that
 163 offer drug assistance programs or free medication.

164 (11) Any donor of prescription ~~eaneeer~~ drugs or supplies, or
 165 any participant in the program, who exercises reasonable care in
 166 donating, accepting, distributing, or dispensing prescription
 167 ~~eaneeer~~ drugs or supplies under the program and the rules adopted
 168 under this section shall be immune from civil or criminal
 169 liability and from professional disciplinary action of any kind
 170 for any injury, death, or loss to person or property relating to
 171 such activities.

172 (12) A pharmaceutical manufacturer is not liable for any
 173 claim or injury arising from the transfer of any prescription
 174 ~~eaneeer~~ drug under this section, including, but not limited to,

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175 liability for failure to transfer or communicate product or
176 consumer information regarding the transferred drug, as well as
177 the expiration date of the transferred drug.

178 (13) If any conflict exists between the provisions in this
179 section and the provisions in this chapter or chapter 465, the
180 provisions in this section shall control the operation of the
181 Prescription ~~Cancer~~ Drug Donation Program.

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



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Subcommittee on the
Environment and Natural Resources, *Chair*
Appropriations
Appropriations Subcommittee on Health and
Human Services
Education
Environmental Preservation and
Conservation
Health Policy
Rules

SENATOR LAUREN BOOK

Democratic Leader Pro Tempore
32nd District

December 6, 2017

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

Chair Flores,

I respectfully request that you place CS/SB 710, relating to Prescription Drug Donation Program, on the agenda of the Appropriations Subcommittee on Health and Human Services at your earliest convenience.

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

Thank you,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book
Senate District 32

cc: Phil Williams, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 967 Nob Hill Road, Plantation, Florida 33324 (954) 424-6674
- 202 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

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 800

INTRODUCER: Senator Braynon

SUBJECT: Infectious Disease Elimination Pilot Programs

DATE: January 23, 2018

REVISED: _____

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

I. Summary:

SB 800 expands the existing sterile needle and syringe exchange pilot program to be implemented statewide. The bill authorizes the Department of the Health (DOH) to establish additional pilot programs upon request from eligible entities, provides program requirements, modifies the types of entities that are eligible to operate a program, and extends the program expiration date to July 1, 2023.

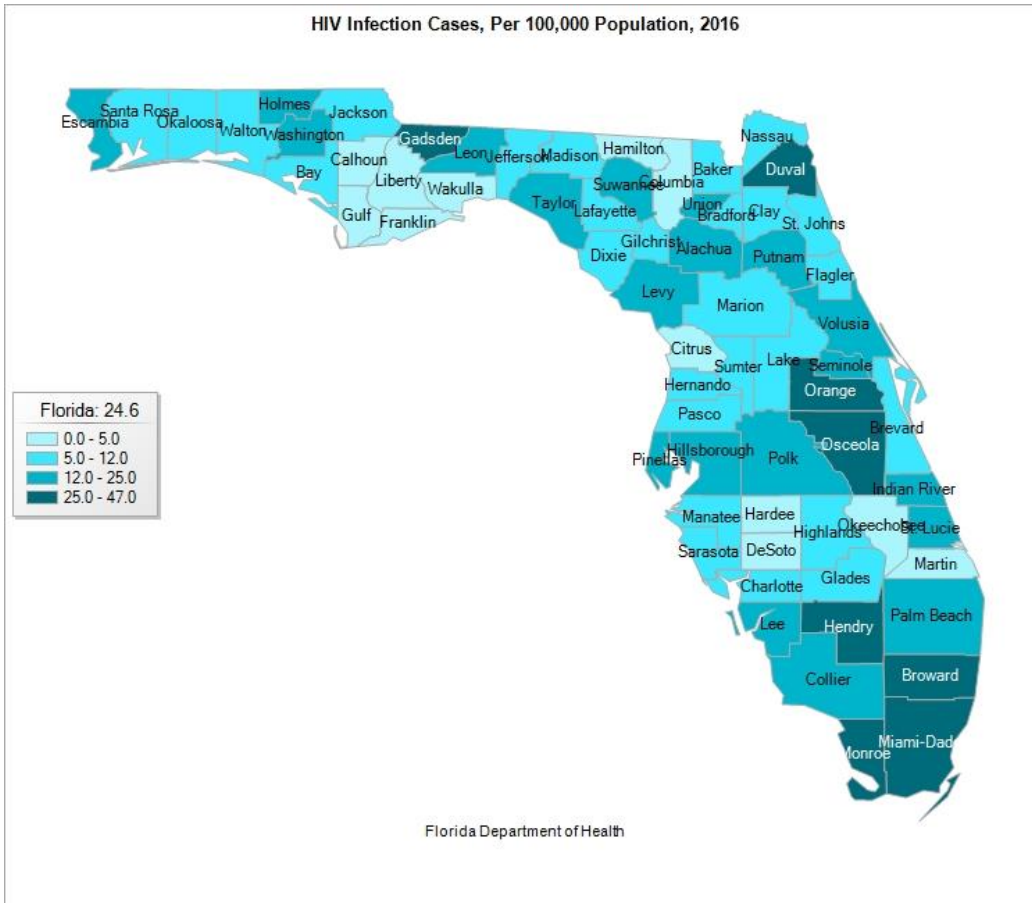
The Department of Health anticipates increased workload associated with implementation of the bill. Depending upon the increase in workload for the Department of Health, such costs may be absorbed within existing resources. However, state, county and municipal funds may not be used to operate a pilot program.

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

II. Present Situation:

Needle and syringe exchange programs (NSEPs) provide sterile needles and syringes in exchange for used needles and syringes to reduce the transmission of human immunodeficiency virus (HIV) and other blood-borne infections associated with the reuse of contaminated needles and syringes by injection-drug-users (IDUs). The map below shows the number of HIV infection cases in Florida, per 100,000 population for 2016.¹

¹ Florida Department of Health, HIV Section, FLCharts.com, *Division of Public Health Statistics and Performance Management*, <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIVAIDSViewer.aspx?cid=0471> (last viewed Jan. 20, 2018).



Intravenous Drug Use in Florida

In 2016, 4,940 individuals were newly diagnosed with HIV in Florida.² Florida is second in the nation, behind California, with both the percentage of the national total (12 percent) and the number of newly diagnosed HIV infections in 2016.³ The vast majority of those infected are exposed through male to male sexual contact (60 percent) while 4 percent are infected through intravenous drug use.⁴ Statistics show Florida’s HIV-infected population is 78 percent male.⁵

The DOH reports that 60 to 90 percent of HIV-infected IDUs are also co-infected with Hepatitis C Virus (HCV).⁶ Hepatitis C is a liver disease caused by a virus that spreads through contact with infected blood and can cause cirrhosis of the liver, liver cancer, and death.⁷ The Centers for

² Kaiser Family Foundation, *The HIV/AIDS Epidemic in the United States: The Basics* (December 2017), <http://files.kff.org/attachment/Fact-Sheet-HIV-AIDS-in-the-United-States-The-Basics>, (last visited Jan. 20, 2018).

³ *Id.*

⁴ Florida Department of Health, *HIV Cases Diagnosed in 2016 by Selected Demographics and Risk Factors in the U.S. and Florida*, http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/images/County_HIV_Trends_2007-2016pdf.pdf (last visited Jan. 20, 2018).

⁵ *Id.*

⁶ Florida Department of Health, *Hepatitis, Hepatitis C and HIV Co-Infection*, <http://www.floridahealth.gov/diseases-and-conditions/hepatitis/co-infection.html> (last visited: Jan. 20, 2018).

⁷ Florida Department of Health, *Hepatitis C Palm Card*, <http://www.floridahealth.gov/diseases-and-conditions/hepatitis/documents/educational-materials/documents/hcv-palmcard.pdf> (last visited Jan. 201, 2018).

Disease Control and Prevention report that injection drug use is the most common risk factor for HCV infection.⁸

In 2016, the majority of Florida counties with high rates of persons living with HIV/AIDS (PLWHA), and with a high IDU-associated risk, were in the southeast or central parts of the state.⁹ The chart below displays data from 2016 of the 11 Florida counties with the highest incidence of PLWHA with an IDU-associated risk.¹⁰

County	Total PLWHA Cases	Total IDU	Percent IDU
Miami-Dade	26,946	2,873	11%
Broward	20,020	2,188	11%
Orange	8,663	1,389	16%
Palm Beach	8,198	1,323	16%
Hillsborough	6,691	1,229	18%
Duval	6,199	981	16%
Pinellas	4,589	830	18%
Lee	2,238	333	15%
Volusia	1,698	410	24%
St. Lucie	1,610	284	18%
Brevard	1,566	307	20%
State Totals	114,608	17,886	16%

Needle and Syringe Exchange Programs

In the mid-1980s, the National Institute on Drug Abuse (NIDA) undertook a research program to develop, implement, and evaluate the effectiveness of intervention strategies to reduce risk behaviors and prevent the spread of HIV/AIDS, particularly among IDUs, their sexual partners, and offspring. The studies found that comprehensive strategies—in the absence of a vaccine or cure for AIDS—are the most cost effective and reliable approaches to prevent new blood-borne infections. The strategies NIDA recommends are community-based outreach, drug abuse treatment, and sterile syringe access programs, including needle and syringe exchange programs. In general, these strategies are referred to as harm reduction.¹¹

Needle and syringe exchange programs provide free sterile needles and syringes and collect used needles and syringes from IDUs to reduce transmission of blood-borne pathogens, including HIV, hepatitis B virus, and HCV. In addition, the programs help to:

⁸ Florida Department of Health, *Senate Bill 800 2017 Bill Analysis – SB 800 (Nov. 13, 2017) p. 2*, (on file with the Senate Committee on Health Policy).

⁹ Florida Department of Health, *HIV Infection Among Those with an Injection Drug Use-Associated Risk, Florida, 2014* (power point slide 18) (revised Jan. 29, 2015), available at <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/documents/hiv-aids-slide-sets/2014/idu-2014.pdf> (last visited Jan. 20, 2018).

¹⁰ Florida Department of Health, *Senate Bill 800 2017 Bill Analysis – SB 800 (Nov. 13, 2017) p. 2*, (on file with the Senate Committee on Health Policy).

¹¹ National Institute of Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, *Principles of HIV Prevention in Drug-Using Populations: A Research-Based Guide* (March 2002), available at [http://www.nhts.net/media/Principles%20of%20HIV%20Prevention%20\(17\).pdf](http://www.nhts.net/media/Principles%20of%20HIV%20Prevention%20(17).pdf) (last visited Jan. 20, 2018).

- Increase the number of drug users who enter and remain in available treatment programs;
- Disseminate HIV risk reduction information and referrals for HIV testing and counseling and drug treatment;
- Reduce injection frequency and needle-sharing behaviors;
- Reduce the number of contaminated syringes in circulation in a community; and
- Increase the availability of sterile needles, thereby reducing the risk that new infections will spread.¹²

The first sanctioned NSEP in the world began in Amsterdam, the Netherlands, in 1984. The first sanctioned program to operate in North America originated in Tacoma, Washington, in 1988. As of May 2015, there were 228 NSEPs in 35 states, the District of Columbia, the Commonwealth of Puerto Rico, and the Indian Nations.¹³

University of Miami Needle and Syringe Exchange Pilot Program

Florida's first legal needle exchange program was approved by the legislature in 2016.¹⁴ The pilot program is limited to Miami-Dade County and must be funded with private funds, grants, and donations. No state, county, or municipal funds may be used to operate the pilot program. Currently, the pilot is limited to a single sterile needle and syringe exchange program in Miami-Dade County and must operate from a fixed location or through a mobile health unit. The pilot program is required to offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes.¹⁵ The pilot program must provide educational materials, secure the used needles, and collect certain data.¹⁶ The pilot program is scheduled to expire on July 1, 2021.

The University of Miami NSEP costs more than \$500,000 annually and receives funding from private organizations such as the MAC AIDS Fund, Gilead Pharmaceuticals, the Elton John AIDS Foundation, and the AIDS Healthcare Foundation as well as support from the University of Miami.¹⁷

Program officials indicate that in the first year, the Miami NSEP has reached more than 500 IDU's, collected more than 85,000 used needles and reversed at least 235 overdoses.¹⁸ A total of 232 participants have tested HCV positive.¹⁹

¹² *Id.*, at 18. See also World Health Organization, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users* (2004) pp. 28–29, available at <http://www.who.int/hiv/pub/idu/pubidu/en/> (last visited Jan. 20, 2018).

¹³ North American Syringe Exchange Network, *Directory* (Updated May 2015), available at <https://nasen.org/> (last visited Jan. 20, 2018).

¹⁴ Chapter 2016-68, Laws of Fla. (creating the Miami-Dade Infectious Disease Elimination Act, amending s. 381.0038, F.S., effective July 1, 2016).

¹⁵ Section 381.0038(4), F.S.

¹⁶ Section 381.0038(4)(a), F.S.

¹⁷ Sammy Mack, "The Most Pro-Life Thing:" HIV Activists Push to Expand Miami's Needle Exchange Statewide, HEALTH NEWS FLORIDA, (Jan. 8, 2018) <http://health.wusf.usf.edu/post/most-pro-life-thing-hiv-activists-push-expand-miamis-needle-exchange-statewide> (last visited Jan. 20, 2018).

¹⁸ *Id.*

¹⁹ *Supra*, note 10, at 3.

Safe Sharps Disposal

Improperly discarded sharps pose a serious risk for injury and infection to sanitation workers and the community. “Sharps” is a medical term for devices with sharp points or edges that can puncture or cut skin.²⁰

Examples of sharps include:

- Needles - hollow needles used to inject drugs (medication) under the skin;
- Syringes - devices used to inject medication into or withdraw fluid from the body;
- Lancets - also called “finger stick” devices - instruments with a short, two-edged blade used to get drops of blood for testing;
- Auto injectors - including epinephrine and insulin pens - syringes pre-filled with fluid medication designed to be self-injected into the body;
- Infusion sets - tubing systems with a needle used to deliver drugs to the body; and
- Connection needles/sets - needles that connect to a tub to transfer fluids in and out of the body.²¹

Used needles and other sharps pose a dangerous risk to people and animals if not properly disposed as they can spread disease and cause injury. The most common infections from such injuries are Hepatitis B, HCV, and HIV.²² The FDA’s guidelines for disposal are to never place loose needles or other sharps into household or public trashcans or recycling bins, and to never flush them down toilets.²³ Many Florida counties have their own sharps disposal programs through the county health department.²⁴

Federal Funding for Needle and Syringe Exchange Programs

On December 23, 2011, President Barack Obama signed the 2012 omnibus spending bill that reinstated a 1988 ban on the use of federal funds for NSEPs, which reversed the 111th Congress’s 2009 decision to allow federal funds to be used for NSEPs.²⁵ However, on December 18, 2015, President Obama signed the Consolidated Appropriations Act, 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for syringe services programs (SSPs) for persons who inject drugs to allow the use of federal funds for certain services.²⁶

²⁰ U.S. Food and Drug Administration, *Needles and Other Sharps (Safe Disposal Outside of Health Care Settings)*, (Jan. 27, 2014) available at:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/> (last visited Jan. 20, 2018).

²¹ *Id.*

²² *Supra*, note 10.

²³ *Id.*

²⁴ Florida Department of Health, *Environmental Health –Needle Collection Programs*, <http://www.floridahealth.gov/environmental-health/biomedical-waste/needle-collection-programs.html> (last visited Jan. 20, 2018).

²⁵ *Id.*

²⁶ U.S. Department of Health and Human Services, *Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*, <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf> (last visited Jan. 20, 2018).

The Department of Health and Human Services defines SSPs as the provision of sterile needles and syringes and other drug preparation equipment and disposal services as well as some or all of the following services:

- Comprehensive sexual and injection risk reduction counselling;
- HIV, viral hepatitis, other sexually transmitted diseases and tuberculosis screening, other STDs and TB prevention care and treatment services, referral and linkage to HIV, viral hepatitis A virus and HPV vaccinations; and
- Referral to integrated and coordinated substance abuse disorder, mental health services, physical health care, social services, and recovery support services.²⁷

While the federal law continues to prohibit the use of federal funds to purchase sterile needles and syringes, it does allow the use of federal funds by the state or local health department for other needs²⁸ of the SSPs.²⁹ In order to receive funds from the Department of Health and Human Services, a state must first consult with the Centers for Disease Control and provide evidence that their jurisdiction is experiencing or is at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.³⁰ As of December 2017, 30 states and seven counties have been determined of such a status. Florida is not included in that list.³¹

Florida Comprehensive Drug Abuse Prevention and Control Act

In Florida, the term “drug paraphernalia” is defined as all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, transporting, injecting, ingesting, inhaling, or otherwise introducing into the human body, a controlled substance in violation of ch. 893, F.S., or s. 877.111, F.S.³²

Section 893.147, F.S., regulates the use or possession of drug paraphernalia. Currently, it is unlawful for any person to use, or to possess with intent to use, drug paraphernalia:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of this chapter; or
- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of ch. 893, F.S.

Any person who violates this provision commits a first degree misdemeanor.³³

²⁷ *Id.*

²⁸ Other needs include personnel, virus testing, syringe disposal services, naloxone provision, condom dissemination, outreach activities, and educational materials. *See supra*, note 25.

²⁹ *Id.*

³⁰ Centers for Disease Control and Prevention, *CDC Consultation on Determination of Need Requests*, <https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html> (last visited Jan. 20, 2018).

³¹ *Id.*

³² Section 893.145, F.S.

³³ A first degree misdemeanor is punishable by up to 1-year imprisonment in a county jail, a fine of up to \$1,000, or both. *See ss. 775.082 and 775.083, F.S.*

It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of this act, or
- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this act.

Any person who violates this provision commits a third degree felony.³⁴

A court or jury is required to consider a number of factors in determining whether an object is drug paraphernalia, such as proximity of the object in time and space to a controlled substance, the existence of residue of controlled substances on the object, and expert testimony concerning its use.³⁵

Federal Law Exemption

Any person authorized by local, state, or federal law to manufacture, possess, or distribute drug paraphernalia is exempt from the federal drug paraphernalia statute.³⁶

III. Effect of Proposed Changes:

Section 1 names the act the “Florida Infectious Disease Elimination Act (IDEA).”

Section 2 amends s. 381.0038, F.S., to authorize the DOH to establish a sterile needle and syringe exchange pilot program, upon request from an eligible entity, rather than a single program established in Miami-Dade County. Each pilot program must be administered by the DOH or the department may designate an eligible entity to operate the pilot program. An eligible entity may include:

- A hospital licensed under chapter 395;
- A health care clinic licensed under chapter 400;
- A substance abuse treatment program;
- An HIV or AIDS service organization; or
- Another nonprofit entity designated by the DOH.

The bill prohibits state, county, or municipal funds from being used to operate a pilot program. Instead, a pilot program must be funded through grants and donations from private resources. The bill requires each pilot program to collect data and submit quarterly and annual reports to the DOH. A final report is due from all pilot programs by August 1, 2023.

The bill extends the expiration date for all pilot programs to July 1, 2023.

³⁴ A third degree felony is punishable by up to 5 years in state prison, a fine not to exceed \$5,000, or both. *See* ss. 775.082 and 775.083, F.S.

³⁵ Section 893.146, F.S.

³⁶ 21 U.S.C. § 863(f)(1).

Section 3 includes a severability clause which provides that if any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application.

Section 4 provides that 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 continues the requirement that all pilot programs must obtain funds from private donations, grants, and other non-government sources. Any entity that elects to participate in the pilot program must obtain a Biomedical Waste Operating Permit in accordance with Ch. 64-E, Florida Administrative Code.

Private sector health care providers may see a positive impact in emergency room utilization through a reduction in the treatment of individuals with drug-related overdoses, earlier linkage between IDU's and substance abuse and mental health treatment programs, and prevention of mother to child HIV transmission.³⁷

C. Government Sector Impact:

The pilot programs may reduce state and local government expenditures for the treatment of blood-borne diseases associated with intravenous drug use in those counties in which an eligible entity has elected to participate in the pilot program.

³⁷ Centers for Disease Control and Prevention, *Syringe Services Programs*, <https://www.cdc.gov/hiv/risk/ssps.html> (last visited Jan. 20, 2018).

The Department of Health anticipates increased workload associated with implementation of the bill. Depending upon the increase in workload for the Department of Health, such costs may be absorbed within existing resources. However, as noted above, state funds may not be used to operate a pilot program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.0038 of the Florida Statutes.

The bill creates two undesignated sections of Florida law.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

By Senator Braynon

35-00461-18

2018800__

1 A bill to be entitled
 2 An act relating to infectious disease elimination
 3 pilot programs; providing a short title; amending s.
 4 381.0038, F.S.; authorizing the Department of Health
 5 to establish sterile needle and syringe exchange pilot
 6 programs upon request from eligible entities, rather
 7 than a single program established in Miami-Dade
 8 County; specifying who may be designated to operate a
 9 program; providing for the expiration of all pilot
 10 programs; providing for severability; providing an
 11 effective date.

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

15 Section 1. This act may be cited as the "Florida Infectious
 16 Disease Elimination Act (IDEA)."

17 Section 2. Subsection (4) of section 381.0038, Florida
 18 Statutes, is amended to read:

19 381.0038 Education; sterile needle and syringe exchange
 20 pilot program.—The Department of Health shall establish a
 21 program to educate the public about the threat of acquired
 22 immune deficiency syndrome.

23 (4) ~~The department University of Miami and its affiliates~~
 24 ~~may establish a single sterile needle and syringe exchange pilot~~
 25 ~~program upon request from an eligible entity in Miami-Dade~~
 26 ~~County. Each pilot program must be administered by the~~
 27 ~~department, or the department may designate one of the following~~
 28 ~~eligible entities to operate the pilot program may operate at a~~
 29 ~~fixed location or through a mobile health unit; a hospital~~

Page 1 of 4

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

35-00461-18

2018800__

30 licensed under chapter 395, a health care clinic licensed under
 31 part X of chapter 400, a substance abuse treatment program, an
 32 HIV or AIDS service organization, or another nonprofit entity
 33 designated by the department. ~~Each~~ The pilot program shall offer
 34 the free exchange of clean, unused needles and hypodermic
 35 syringes for used needles and hypodermic syringes as a means to
 36 prevent the transmission of HIV, AIDS, viral hepatitis, or other
 37 blood-borne diseases among intravenous drug users and their
 38 sexual partners and offspring.

39 (a) ~~Each~~ The pilot program must:

40 1. Provide for maximum security of exchange sites and
 41 equipment, including an accounting of the number of needles and
 42 syringes in use, the number of needles and syringes in storage,
 43 safe disposal of returned needles, and any other measure that
 44 may be required to control the use and dispersal of sterile
 45 needles and syringes.

46 2. Operate a one-to-one exchange, whereby the participant
 47 shall receive one sterile needle and syringe unit in exchange
 48 for each used one.

49 3. Make available educational materials and referrals to
 50 education regarding the transmission of HIV, viral hepatitis,
 51 and other blood-borne diseases; provide referrals for drug abuse
 52 prevention and treatment; and provide or refer for HIV and viral
 53 hepatitis screening.

54 (b) The possession, distribution, or exchange of needles or
 55 syringes as part of each ~~the~~ pilot program established under
 56 this subsection is not a violation of any part of chapter 893 or
 57 any other law.

58 (c) A pilot program staff member, volunteer, or participant

Page 2 of 4

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

35-00461-18

2018800__

59 is not immune from criminal prosecution for:

- 60 1. The possession of needles or syringes that are not a
61 part of the pilot program; or
62 2. The redistribution of needles or syringes in any form,
63 if acting outside the pilot program.

64 (d) Each ~~The~~ pilot program must collect data for quarterly,
65 annual, and final reporting purposes. The annual report must
66 include information on the number of participants served, the
67 number of needles and syringes exchanged and distributed, the
68 demographic profiles of the participants served, the number of
69 participants entering drug counseling and treatment; the number
70 of participants receiving testing for HIV, AIDS, viral
71 hepatitis, or other blood-borne diseases; and other data
72 necessary for the pilot program. However, personal identifying
73 information may not be collected from a participant for any
74 purpose. Quarterly reports must be submitted to the department
75 ~~of Health in Miami-Dade County~~ by October 15, January 15, April
76 15, and July 15 of each year. An annual report must be submitted
77 to the department ~~of Health~~ by August 1 every year until the
78 program expires. A final report is due on August 1, 2023 ~~2021~~,
79 to the department ~~of Health~~ and must describe the performance
80 and outcomes of the pilot program and include a summary of the
81 information in the annual reports for all pilot program years.

82 (e) State, county, or municipal funds may not be used to
83 operate ~~a~~ the pilot program. A ~~The~~ pilot program must ~~shall~~ be
84 funded through grants and donations from private resources and
85 funds.

86 (f) All ~~The~~ pilot programs ~~program~~ shall expire July 1,
87 2023 ~~2021~~.

Page 3 of 4

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

35-00461-18

2018800__

88 Section 3. If any provision of this act or its application
89 to any person or circumstance is held invalid, the invalidity
90 does not affect other provisions or applications of the act
91 which can be given effect without the invalid provision or
92 application, and to this end the provisions of this act are
93 severable.

94 Section 4. This act shall take effect July 1, 2018.

Page 4 of 4

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

APPEARANCE RECORD

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

1/24/18
Meeting Date

SB 807
Bill Number (if applicable)

Topic needle exchange

Amendment Barcode (if applicable)

Name Michael Rajner

Job Title _____

Address PO Box 2133

Phone 954 566-0144

Street Et Lauderdale FL 33303

Email merajner@gmail.com

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.

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)

Jan. 24. 2018

Meeting Date

SB800

Bill Number (if applicable)

Topic Infectious Disease Elimination Pilot Program Amendment Barcode (if applicable)

Name Lecia Behenna

Job Title Director of Finance

Address 306 E. College Ave.

Phone 850.222.9800

Street Tallahassee FL 32301

Email leciab@fha.org

City State Zip

Speaking: For Against Information

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

Representing Florida Hospital Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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APPEARANCE RECORD

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

1/24/18

Meeting Date

SB 800

Bill Number (if applicable)

Topic IDEA

Amendment Barcode (if applicable)

Name Aimee Diaz Lyon

Job Title _____

Address 119 South Monroe Street #200

Phone 850-205-9000

Tallahassee FL 32309

City State Zip

Email aimee.diazlyon@mhdi.com

Speaking: For Against Information

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

Representing The AIDS Institute

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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

1/24/18

Meeting Date

800

Bill Number (if applicable)

Topic INFECTIOUS DISEASE ELIMINATION PILOT PROGRAMS

Amendment Barcode (if applicable)

Name DAPHNEE SAINVIL

Job Title POLICY ADVISOR

Address 115 S. ANDREWS AVE.

Phone 954-253-7320

Street

FT. LAUDERDALE

FL

33301

Email dsainvil@broward.org

City

State

Zip

Speaking: For Against Information

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

Representing BROWARD COUNTY GOVT

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)

1/24
Meeting Date

800
Bill Number (if applicable)

Topic Infectious Disease Pilot Program

Amendment Barcode (if applicable)

Name Towson Fraser

Job Title Lobbyist

Address 115 E Park Ave, Ste 1

Phone 850 443 1444

Tallahassee FL 32301
City State Zip

Email Towson@FLLobby.com

Speaking: For Against Information

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

Representing The AIDS Healthcare Foundation

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)

1/24/18

Meeting Date

800

Bill Number (if applicable)

Topic Needle Exchange - IDEA

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr.

Phone 850-878-3056

Street

Tallahassee

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking: [] For [] Against [] Information

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

Representing Florida Osteopathic Medical Association

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)

1/24/18

Meeting Date

SB 800

Bill Number (if applicable)

Topic SYRINGE ACCESS - "IDEA" BILL

Amendment Barcode (if applicable)

Name PAUL ARONS MD

Job Title PUBLIC HEALTH CONSULTANT

Address 1706 BEECHWOOD CIRCLE N.

Phone 850-656-7870

Street

Wellahassee FL 32301

Email paronsmd@gmail.com

City

State

Zip

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

Waive Speaking: [X] Strongly In Support [] 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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APPEARANCE RECORD

1-24-18

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

Meeting Date

800

Bill Number (if applicable)

Topic Infectious disease

Amendment Barcode (if applicable)

Name Sean Pittman

Job Title Attorney

Address _____
Street

Phone _____

City

State

Zip

Email _____

Speaking: For Against Information

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

Representing Sum Bch County

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

Jan. 24. 2018

Meeting Date

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

800

Bill Number (if applicable)

Topic Infectious Disease Elimination Act

Amendment Barcode (if applicable)

Name Belén Mora

Job Title Medical Student

Address 201 SE 2nd Avenue

Phone 617 407-1284

Miami FL 33131

Email belenmora95@gmail.com

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

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

Representing University of Miami

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)

1/24/18

Meeting Date

800

Bill Number (if applicable)

Topic IDEA

Amendment Barcode (if applicable)

Name Hansel Tookes, MD

Job Title Assistant Professor of Medicine

Address 1430 Piedmont Dr E

Phone 850 224 6496

Street

TLH

FL

32308

City

State

Zip

Email hetookes@med.miami.edu

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

Waive Speaking: [x] In Support [] Against

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

Representing University of Miami & Florida Medical Association

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

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

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

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)

1.24.18

Meeting Date

800

*Bill Number (if applicable)*Topic Infectious Disease Elimination Pilot Program*Amendment Barcode (if applicable)*Name Barney BishopJob Title CEOAddress 204 South Monroe StreetPhone 510-9922*Street*TallahasseeFL32301Email Barney@BarneyBishop.com*City**State**Zip*Speaking: For Against InformationWaive Speaking: In Support Against
*(The Chair will read this information into the record.)*Representing Florida Smart Justice AllianceAppearing 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)

II. Present Situation:

Mental Illness and Substance Abuse of Offenders in the Criminal Justice System

As many as 125,000 adults with a mental illness or substance use disorder requiring immediate treatment are arrested and booked into Florida jails each year.¹ Between 2002 and 2010, the population of inmates with mental illness or substance use disorder in Florida increased from 8,000 to 17,000 inmates.² By 2020, the number of inmates with these types of disorders is expected to reach at least 35,000.³

State Forensic System -- Mental Health Treatment for Criminal Defendants

Chapter 916, F.S., governs the state forensic system, a network of state facilities and community services for persons with mental health issues involved with the criminal justice system. The forensic system serves defendants deemed incompetent to proceed or not guilty by reason of insanity. A defendant is deemed incompetent to proceed if he or she does not have sufficient present ability to consult with his or her lawyer with a reasonable degree of rational understanding or if the defendant lacks both a rational and factual understanding of the proceedings against him or her.⁴

If a defendant is suspected of being incompetent, the court, defense counsel, or the State may file a motion to have the defendant's cognitive state assessed.⁵ If the motion is granted, court-appointed experts will evaluate the defendant's cognitive state. The defendant's competency is then determined by the judge in a subsequent hearing.⁶ If the defendant is found to be competent, the criminal proceeding resumes.⁷ If the defendant is found to be incompetent to proceed, the proceeding may not resume unless competency is restored.⁸ Competency restoration services teach defendants about the legal process, their charges, potential legal outcomes they might face, and their legal rights so as to prepare them to participate meaningfully in their own defense.⁹

Defendants may be adjudicated not guilty by reason of insanity pursuant to s. 916.15, F.S. The DCF must admit a defendant adjudicated not guilty by reason of insanity who is committed to the department¹⁰ to an appropriate facility or program for treatment and must retain and treat the defendant.¹¹

¹ The Florida Senate, *Forensic Hospital Diversion Pilot Program, Interim Report 2011-106*, (Oct. 2010), p. 1, available at <https://www.flsenate.gov/UserContent/Session/2011/Publications/InterimReports/pdf/2011-106cf.pdf> (last visited January 4, 2018).

² *Id.*

³ *Id.*

⁴ Section 916.12(1), F.S.

⁵ Rule 3.210, Fla.R.Crim.P.

⁶ *Id.*

⁷ Rule 3.212, Fla.R.Crim.P.

⁸ *Id.*

⁹ OPPAGA, *Juvenile and Adult Incompetent to Proceed Cases and Costs*, Report. No. 13-04, Feb. 2013, p. 1, available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1304rpt.pdf> (last visited January 4, 2018).

¹⁰ The court may also order outpatient treatment at any other appropriate facility or service or discharge the defendant. Rule 3.217, Fla.R.Crim.P.

¹¹ Section 916.15(3), F.S.

Offenders who are charged with a felony and deemed incompetent to proceed and offenders adjudicated not guilty by reason of insanity may be involuntarily committed to state civil¹² and forensic¹³ treatment facilities by the circuit court,^{14, 15} or in lieu of such commitment, may be released on conditional release by the circuit court if the person is not serving a prison sentence.¹⁶

Sharing Medical Information between County Jails and the DCF

Forensic clients committed to the Department of Children and Families (DCF) state mental health treatment facilities are transferred to the facilities directly from the county jails, and often need immediate or continuous medical treatment.¹⁷ Jail physicians must provide a current psychotropic medication¹⁸ order at the time a forensic client is transferred to the state mental health treatment facility or upon request of the admitting physician following an evaluation.¹⁹ However, there is no timeframe within which a jail physician must respond to a request by the DCF for such information, nor is there any requirement for jail physicians to provide other medical information about individuals being transferred to the department. While the DCF currently requests medical information from the county jails when a commitment packet is received from the courts, there is no time requirement within which the department must make the request.²⁰

Continuation of Psychiatric Medications

When forensic clients are released from state mental health treatment facilities, most are returned to the county jail to await resolution of their court cases. Some individuals are maintained by county jails on the same psychiatric medication regimen prescribed and administered at the state mental health treatment facility, while others are not. One possible outcome of discontinuing the previous medication regimen is the individual again losing competency, in which case the jail

¹² A “civil facility” is a mental health facility established within the DCF or by contract with the DCF to serve individuals committed pursuant to chapter 394, F.S., and defendants pursuant to chapter 916, F.S., who do not require the security provided in a forensic facility; or an intermediate care facility for the developmentally disabled, a foster care facility, a group home facility, or a supported living setting designated by the Agency for Persons with Disabilities (APD) to serve defendants who do not require the security provided in a forensic facility. S. 916.106(4), F.S.

¹³ A “forensic facility” is a separate and secure facility established within the DCF or the APD to service forensic clients. A separate and secure facility means a security-grade building for the purpose of separately housing persons who have mental illness from persons who have intellectual disabilities or autism and separately housing persons who have been involuntarily committed pursuant to chapter 916, F.S., from non-forensic residents. S. 916.106(10), F.S.

¹⁴ “Court” is defined to mean the circuit court. s. 916.106(5), F.S.

¹⁵ Sections 916.13, 916.15, and 916.302, F.S.

¹⁶ Section 916.17(1), F.S.

¹⁷ Department of Children and Families, Agency Bill Analysis for 2018 House Bill 0721, *available at* <http://abar.laspbs.state.fl.us/ABAR/Document.aspx?id=21751&yr=2018> (last visited January 4, 2018).

¹⁸ Psychotropic medication is a broad term referring to medications that affect mental function, behavior, and experience; these medications include anxiolytic/hypnotic medications, such as benzodiazepines, antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), and antipsychotic medications. Pamela L. Lindsey, *Psychotropic Medication Use among Older Adults: What All Nurses Need to Know*, J. GERONTOL NURS., (Sept. 2009), *available at*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128509/> (last visited January 4, 2018).

¹⁹ Section 916.107(3)(a)2.a., F.S.

²⁰ *Supra*, note 17.

must return him or her to a secure forensic facility due to an inability to stand trial or proceed with resolution of his or her court case.²¹

Certification of Community Substance Abuse Prevention Coalitions

Section 397.321, F.S., requires the DCF to license and regulate all substance abuse providers in the state. It also requires the department to develop a certification process by rule for community substance abuse prevention coalitions (prevention coalitions). The department is currently promulgating the rule.²²

Prevention coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems.²³ They do not provide substance abuse treatment services, and certification is not a requirement for eligibility to receive federal or state substance abuse prevention funding. However, to receive funding from the DCF, a coalition must follow a comprehensive process that includes a detailed needs assessment and plan for capacity building, development, implementation, and sustainability to ensure that data-driven, evidence-based practices are employed for addressing substance misuse for state-funded coalitions.²⁴

Some prevention coalitions have chosen to apply for certification from nationally-recognized credentialing entities. The Florida Certification Board, a non-profit professional credentialing entity, offers certifications for Certified Prevention Specialists and Certified Prevention Professionals for individuals who want professional credentialing.²⁵ However, Florida is the only state that requires prevention coalitions to be certified. Only one other state, Ohio, has established a certification program for prevention coalitions, and it is voluntary.²⁶

III. Effect of Proposed Changes:

Section 1 repeals s. 397.321(16), F.S., requiring the DCF to develop by rule a certification process for community substance abuse prevention coalitions. As a result, such prevention coalitions will no longer be subject to a state certification process.

Section 2 amends s. 916.13, F.S., relating to involuntary commitment of defendants adjudicated incompetent to proceed, to require jails to administer the same psychiatric medications as prescribed by the treating physician upon discharge by the mental health treatment facility, unless the jail physician documents the need to change or discontinue such medications. The section requires the jail physician to collaborate with the DCF treating physician to ensure any changes to the medication regimen do not adversely impact the ability of the defendant to proceed with court proceedings. Final authority for determining which medication to administer

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

is granted to the jail physician, and the jail physician must document any modifications made to psychiatric medications at the jail.

The section also requires a jail to send medical information for individuals in its custody that will be admitted to state mental health treatment facilities. The DCF will be required to notify the jail within two days of receipt of a commitment order and other required documents, and the jail will be required to send the medical information within three working days of the DCF notification.

Section 3 amends s. 916.15, F.S., to apply the new requirements of the bill, regarding sharing of information between jails and the DCF and continuation of psychiatric medications upon return to the jail, to instances involving involuntary commitment of defendants adjudicated not guilty by reason of insanity.

Section 4 provides the bill takes effect July 1, 2018.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, s. 18(a) of the State Constitution may apply because this bill will require county jails to spend funds to continue psychiatric medications for certain inmates housed in county jails.

Article VII, s. 18(a) of the State Constitution provides that: “No county or municipality shall be bound by any general law requiring such county or municipality to spend funds...unless the legislature has determined that such law fulfills an important state interest and unless: ...the law requiring such expenditure is approved by two-thirds of the membership in each house of the legislature....”

However, Article VII, s. 18(d) of the State Constitution exempts laws having an insignificant²⁷ fiscal impact from the mandates requirements. For Fiscal Year 2017-2018, the threshold for “insignificant fiscal impact” is \$2.1 million or less.²⁸ No estimate has been developed at this time to suggest the magnitude of the costs to the county jails.

If the fiscal impact on counties does not exceed \$2.1 million, the bill appears to be exempt from the mandates requirements. If the fiscal impact exceeds \$2.1 million, the legislature may consider including a specific finding that the bill fulfills an important state interest and approve the bill by a two-thirds vote of the membership of each house.

B. Public Records/Open Meetings Issues:

None.

²⁷ An insignificant fiscal impact is the amount not greater than the average statewide population for the applicable fiscal year times \$0.10. See Florida Senate Committee on Community Affairs, *Interim Report 2012-115: Insignificant Impact*, (September 2011), available at <http://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-115ca.pdf> (last visited Jan. 20, 2018).

²⁸ Based on the Demographic Estimating Conference’s population adopted on December 5, 2017. The conference packet is available at <http://edr.state.fl.us/Content/conferences/population/ConferenceResults.pdf> (last visited Jan. 20, 2018).

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

County jails may incur an indeterminate increase in costs associated with the requirement to provide specific psychotropic medications to certain inmates that the jails have not previously provided.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 916.13 and 916.15. This bill repeals section 397.321(16) of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

CS by Children, Families, and Elder Affairs on January 9, 2018:

- Replaces the requirement that the DCF notify a jail within two days of receiving a completed commitment packet for a defendant with a requirement that the DCF instead notify the jail within two days of receiving a commitment order and other required documents for a defendant.
- Requires a DCF facility physician and a jail physician to collaborate in deciding whether to change or stop any psychiatric medications prescribed to a defendant who has regained his or her competency and is being sent back to a jail.
- Requires this collaboration in order to ensure that changing any of the defendant's current medications will not adversely impact his or her mental status or ability to continue with court proceedings.

- Requires the jail physician in such cases to document the need to change or discontinue any psychiatric medication provided at the forensic facility.
- Requires that final authority for any change in psychiatric medication in such cases be given to the jail physician.
- Imposes all of these same requirements in cases involving defendants adjudicated not guilty by reason of insanity who are sent back to a jail.

B. Amendments:

None.

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

586-01948-18

2018960c1

1 A bill to be entitled
2 An act relating to mental health and substance abuse;
3 amending s. 397.321, F.S.; deleting a provision
4 requiring the Department of Children and Families to
5 develop a certification process by rule for community
6 substance abuse prevention coalitions; amending ss.
7 916.13 and 916.15, F.S.; requiring the department to
8 request a defendant's medical information from a jail
9 within a certain timeframe after receiving a
10 commitment order and other required documentation;
11 requiring the jail to provide such information within
12 a certain timeframe; requiring the continued
13 administration of psychotropic medication to a
14 defendant if he or she is receiving such medication at
15 a mental health facility at the time that he or she is
16 discharged and transferred to the jail; providing an
17 exception; requiring the jail and department
18 physicians to collaborate on a defendant's medication
19 changes for certain purposes; specifying that the jail
20 physician has the final authority regarding the
21 administering of medication to an inmate; providing an
22 effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:

25
26 Section 1. Subsection (16) of section 397.321, Florida
27 Statutes, is amended to read:
28 397.321 Duties of the department.—The department shall:
29 ~~(16) Develop a certification process by rule for community~~

Page 1 of 4

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

586-01948-18

2018960c1

30 ~~substance abuse prevention coalitions.~~
31 Section 2. Subsection (2) of section 916.13, Florida
32 Statutes, is amended to read:
33 916.13 Involuntary commitment of defendant adjudicated
34 incompetent.—
35 (2) A defendant who has been charged with a felony, ~~and who~~
36 has been adjudicated incompetent to proceed due to mental
37 illness, and ~~who~~ meets the criteria for involuntary commitment
38 under this chapter, may be committed to the department, and the
39 department shall retain and treat the defendant. Within 2
40 business days after receipt of a commitment order and other
41 required documents as stipulated in rule, the department must
42 request from the jail any and all medical information pertaining
43 to the defendant. Within 3 business days after receipt of such a
44 request, the jail shall provide such information to the
45 department.
46 (a) Within 6 months after the date of admission and at the
47 end of any period of extended commitment, or at any time the
48 administrator or his or her designee determines that the
49 defendant has regained competency to proceed or no longer meets
50 the criteria for continued commitment, the administrator or
51 designee shall file a report with the court pursuant to the
52 applicable Florida Rules of Criminal Procedure.
53 (b) A competency hearing ~~must shall~~ be held within 30 days
54 after the court receives notification that the defendant is
55 competent to proceed or no longer meets the criteria for
56 continued commitment. The defendant must be transported to the
57 committing court's jurisdiction for the hearing. If the
58 defendant is receiving psychotropic medication at a mental

Page 2 of 4

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

586-01948-18

2018960c1

59 health facility at the time he or she is discharged and
 60 transferred to the jail, the administering of such medication
 61 must continue unless the jail physician documents the need to
 62 change or discontinue it. The jail and department physicians
 63 shall collaborate to ensure that medication changes do not
 64 adversely affect the defendant's mental health status or his or
 65 her ability to continue with court proceedings; however, the
 66 final authority regarding the administering of medication to an
 67 inmate in jail rests with the jail physician.

68 Section 3. Subsections (3) and (5) of section 916.15,
 69 Florida Statutes, are amended to read:

70 916.15 Involuntary commitment of defendant adjudicated not
 71 guilty by reason of insanity.-

72 (3) Every defendant acquitted of criminal charges by reason
 73 of insanity and found to meet the criteria for involuntary
 74 commitment may be committed and treated in accordance with ~~the~~
 75 ~~provisions of~~ this section and the applicable Florida Rules of
 76 Criminal Procedure. The department shall admit a defendant so
 77 adjudicated to an appropriate facility or program for treatment
 78 and shall retain and treat such defendant. No later than 6
 79 months after the date of admission, prior to the end of any
 80 period of extended commitment, or at any time that the
 81 administrator or his or her designee determines ~~shall have~~
 82 ~~determined~~ that the defendant no longer meets the criteria for
 83 continued commitment placement, the administrator or designee
 84 shall file a report with the court pursuant to the applicable
 85 Florida Rules of Criminal Procedure. Within 2 business days
 86 after receipt of a commitment order and other required documents
 87 as stipulated in rule, the department must request from the jail

Page 3 of 4

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

586-01948-18

2018960c1

88 any and all medical information pertaining to the defendant.
 89 Within 3 business days after receipt of such a request, the jail
 90 shall provide such information to the department.

91 (5) The commitment hearing shall be held within 30 days
 92 after the court receives notification that the defendant no
 93 longer meets the criteria for continued commitment. The
 94 defendant must be transported to the committing court's
 95 jurisdiction for the hearing. If the defendant is receiving
 96 psychotropic medication at a mental health facility at the time
 97 he or she is discharged and transferred to the jail, the
 98 administering of such medication must continue unless the jail
 99 physician documents the need to change or discontinue it. The
 100 jail and department physicians shall collaborate to ensure that
 101 medication changes do not adversely affect the defendant's
 102 mental health status or his or her ability to continue with
 103 court proceedings; however, the final authority regarding the
 104 administering of medication to an inmate in jail rests with the
 105 jail physician.

106 Section 4. This act shall take effect July 1, 2018.

Page 4 of 4

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



THE FLORIDA SENATE

SENATOR DENNIS BAXLEY
12th District

COMMITTEES:
Governmental Oversight and Accountability, *Chair*
Criminal Justice, *Vice Chair*
Appropriations
Appropriations Subcommittee on Criminal and
Civil Justice
Appropriations Subcommittee on Health and
Human Services
Agriculture
Transportation

SELECT COMMITTEE:
Joint Select Committee on Collective Bargaining

JOINT COMMITTEE:
Joint Legislative Auditing Committee

January 9, 2018

The Honorable Senator Anitere Flores
404 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399

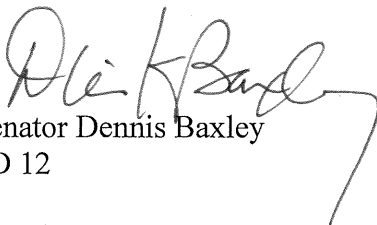
Dear Senator Flores,

I respectfully request that you place SB 960 Mental Health and Substance Abuse on your next available agenda.

This bill relates to a defendant who has been charged with a felony, has been adjudicated incompetent to proceed due to mental illness, and meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant. Within 2 business days after receipt of a completed commitment packet order and other required documents as stipulated in rule, the department must request from the county jail any and all medical information pertaining to the defendant. Within 3 business days after receipt of such a request, the county jail shall provide such information to the department. Each defendant who is ordered returned to the county jail must be continued on the same psychotropic medication that he or she was prescribed upon discharge by the mental health facility, unless the jail's physician determines that there is a compelling medical reason to change or discontinue the medication for the health and safety of the defendant.

I appreciate your favorable consideration.

Onward & Upward,


Senator Dennis Baxley
SD 12

DKB/dd

cc: Phil Williams, Staff Director

320 Senate Office Building, 404 South Monroe St, Tallahassee, Florida 32399-1100 • (850) 487-5012
Email: baxley.dennis@flsenate.gov

APPEARANCE RECORD

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

1/24/18
Meeting Date

SB 960
Bill Number (if applicable)

Topic Mental Health & Substance Abuse

Amendment Barcode (if applicable)

Name Shane Messer

Job Title legislative affairs director

Address 311 E Park

Phone 850 322 6693

Tallah FL 32301
City State Zip

Email Shane@fcmh.org

Speaking: For Against Information

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

Representing Florida Council for Behavioral Healthcare

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)

01/24/18

SB 960

Meeting Date

Bill Number (if applicable)

Topic SB 960

Amendment Barcode (if applicable)

Name Michael Wickersheim

Job Title Legislative Affairs Director - DCF

Address 1317 Winewood Blvd

Phone _____

Street

Tallahassee

FL

32399

Email michael.wickersheim@myflfamilies.com

City

State

Zip

Speaking: For Against Information

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

Representing Department of Children and Families

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)

11:30
4015

THE FLORIDA SENATE
APPEARANCE RECORD

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

1.24.18

960

Meeting Date

Bill Number (if applicable)

Topic Mental Health & Substance Abuse

Amendment Barcode (if applicable)

Name Barney Bishop

Job Title CEO

Address 204 South Monroe Street

Phone 510-9922

Street

Tallahassee

FL

32301

Email Barney@BarneyBishop.com

City

State

Zip

Speaking: For Against Information

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

Representing Florida Samrt Justice Alliance

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)

Health & Human Services Subcommittee

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
1		HEALTH CARE ADMIN									1
2	1100001	Startup (OPERATING)	1,533.50	72,240,198	6,438,716,047		299,108,002	3,632,427,464	15,841,235,680	26,211,487,193	2
3	1700A20	Transfer Long-Term Care Managed Care Compliance Oversight Responsibilities from Department of Elder Affairs	3.00	125,887	100,513				100,513	201,026	3
4	1700050	Transfer to the Agency for Persons with Disabilities Home and Community Based Services Waiver			(637,720)				(1,025,609)	(1,663,329)	4
5	2000140	Transfer Position from Medicaid Program Integrity to the Office of the Inspector General - Deduct	(4.00)	(188,049)	-			(147,194)	(147,194)	(294,388)	5
6	2000150	Transfer Position from Medicaid Program Integrity to the Office of the Inspector General - Add	4.00	188,049	-			147,194	147,194	294,388	6
7	2000200	Realign Budget Authority Between Operating Categories - Deduct			(88,715)			(60,865)	(37,722)	(187,302)	7
8	2000210	Realign Budget Authority Between Operating Categories - Add			88,715			60,865	37,722	187,302	8
9	2000440	Realign Budget Authority Between Prepaid Health Plans Category and the Qualified Expenditure Category - Prepaid Health Plans - Deduct			(164,865,872)				(255,075,326)	(419,941,198)	9
10	2000450	Realign Budget Authority Between Prepaid Health Plans Category and the Qualified Expenditure Category - Prepaid Health Plans - Add			164,865,872				255,075,326	419,941,198	10
11	2000460	Realign Budget Authority Between Long Term Categories Prepaid Health Plans and Qec - Prepaid Health Plans - Deduct			(42,433,948)				(66,552,628)	(108,986,576)	11
12	2000470	Realign Budget Authority Between Long Term Categories Prepaid Health Plans and Qec - Prepaid Health Plans - Add			42,433,948				66,552,628	108,986,576	12
13	2000500	Transfer Medicaid Contracts from Medicaid Services Category to Contracted Services Category - Deduct			(1,752,487)				(2,813,660)	(4,566,147)	13
14	2000510	Transfer Medicaid Contracts from Medicaid Services Category to Contracted Services Category - Add			1,752,487				2,813,660	4,566,147	14
15	2000700	Transfer Positions from Medicaid to Health Quality Assurance - Deduct	(4.00)	(144,388)	-			(107,814)	(107,816)	(215,630)	15
16	2000710	Transfer Positions from Medicaid to Health Quality Assurance - Add	4.00	144,388	-			215,630		215,630	16
17	2301510	Institutional and Prescribed Drug Providers			338,854,081			11,212,823	409,785,267	759,852,171	17
18	2503080	Direct Billing for Administrative Hearings			(35,567)			(227,744)	(35,567)	(298,878)	18
19	3000150	Consulting Services for Medicaid Program			-			425,000	425,000	850,000	19
20	3001780	Children's Special Health Care			1,728,402			(112,727)	46,073,676	47,689,351	20

Health & Human Services Subcommittee

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
21	3004500	Medicaid Services			(12,660,317)			(15,966,135)	(39,560,051)	(68,186,503)	21
22	3310100	Preadmission Screening and Resident Review (PASRR)			375,000				1,125,000	1,500,000	22
23	33V0020	Reduce Hospital Rate Enhancements			(122,108,885)				(196,048,710)	(318,157,595)	23
24	33V0690	Prepaid Health Plan Capitation Rate Adjustment			(87,984,300)				(142,186,195)	(230,170,495)	24
25	33V0710	Reduce Duplication of Effort Between Medicaid Managed Care Plans and the Healthy Start Momcare Contract			(3,950,526)				(6,342,663)	(10,293,189)	25
26	33V5860	Retroactive Eligibility Reduction			(37,538,287)			(257,192)	(60,630,375)	(98,425,854)	26
27	3400200	Realignment of Tobacco Settlement Trust Fund/General Revenue Appropriations - Deduct			(8,100,000)					(8,100,000)	27
28	3400210	Realignment of Tobacco Settlement Trust Fund/General Revenue Appropriations - Add			-		8,100,000			8,100,000	28
29	36301C0	Florida Medicaid Management Information System (FMMIS)			-			1,777,252	12,695,266	14,472,518	29
30	36308C0	Bureau of Financial Services Enterprise Financial System			-			950,000		950,000	30
31	36390C0	Health Facility Inspection Scheduling System			-			500,000		500,000	31
32	4100083	Medicaid Fee Increase for Delivery Epidural Services			-	100,000			160,824	260,824	32
33	4100140	Prepaid Dental Health Program			100,000	125,000		25,000	450,000	700,000	33
34	4100220	Medicaid Supplemental Direct Payments			-	11,376,191			17,868,517	29,244,708	34
35	4100260	Increase Hospital Outpatient Cap for Adults			20,114,780				32,294,756	52,409,536	35
36	4100420	Medical School Faculty Physician Supplemental Payments			-			106,322,229	170,991,889	277,314,118	36
37	4101651	Nursing Home Reimbursement Rate Adjustment			50,000,000				80,412,102	130,412,102	37
38	4101660	Rural Inpatient Hospital Reimbursement Adjustment			2,477,900				3,985,062	6,462,962	38
39	4101730	Increase Hospital Diagnosis Related Grouping (DRG) Base Rate			101,994,105	50,000,000			244,166,057	396,160,162	39
40	4101760	Low Income Pool			-			578,315,105	930,070,668	1,508,385,773	40
41	4102150	Critical Pediatric Neonatal Intensive Care Unit (NICU)/ Pediatric Intensive Care Unit (Picu) Rate Increase			-	100,000			160,824	260,824	41
42	4105400	Establish Budget Authority for Medicaid Services			-			45,669,775	73,389,013	119,058,788	42
43	4107180	Nursing Home Prospective Payment Transition Funding			-	3,750,000			6,030,908	9,780,908	43
44	4107190	Cancer Center Medicaid Prospective Payment Exemption			-			31,238,919	50,239,743	81,478,662	44
45	Total	HEALTH CARE ADMIN	1,536.50	72,366,085	6,681,445,226	65,451,191	307,208,002	4,392,407,585	17,475,723,779	28,922,235,783	45
46											46
47		PERSONS WITH DISABILITIES									47
48	1100001	Startup (OPERATING)	2,702.50	102,521,746	525,151,211			3,159,630	750,642,365	1,278,953,206	48
49	1700020	Transfer from the Agency for Health Care Administration Intermediate Care Facilities to the Agency for Persons with Disabilities - Waivers			637,720				1,025,609	1,663,329	49
50	2401500	Replacement of Motor Vehicles			-			102,500		102,500	50

Health & Human Services Subcommittee

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
51	2503080	Direct Billing for Administrative Hearings			(41,976)				(1,165)	(43,141)	51
52	3000110	Consultant Services			-			125,000	125,000	250,000	52
53	3000120	Evaluation Services			-			250,000		250,000	53
54	3004510	Workload Increase for Fair Hearings			-			340,738	340,739	681,477	54
55	3302500	Consolidation of Preadmission Screening and Resident Review Activities			(28,125)				(84,375)	(112,500)	55
56	3401470	Changes to Federal Financial Participation Rate - State			(429,604)					(429,604)	56
57	3401480	Changes to Federal Financial Participation Rate - Federal			-				429,604	429,604	57
58	36202C0	Computer Refresh			-	258,854			145,606	404,460	58
59	36203C0	Security Information and Event Management and Data Loss Prevention Systems			-	424,576			238,824	663,400	59
60	36204C0	Iconnect System			-	305,450			386,513	691,963	60
61	4000050	Employment and Internships - Individual and Family Supports			-			1,000,000		1,000,000	61
62	4000090	Emergency Management			57,600				32,400	90,000	62
63	4000180	Questionnaire for Situational Information Validity and Reliability Study			-			104,197	104,198	208,395	63
64	4000230	Contracted Services - Oversight of Comprehensive Transitional Education Program			-	152,458			152,458	304,916	64
65	4000730	Additional Funding for the Home and Community Based Services Waiver - Program Growth			-	23,880,082		1,500,000	40,758,274	66,138,356	65
66	4000760	Restore Waiver Rate Funding			15,726,012				25,291,235	41,017,247	66
67	4001260	Expand Autism Assessment and Diagnosis Services - Easter Seals			-	100,000				100,000	67
68	4001280	Mactown Fitness and Wellness Services			-	50,000				50,000	68
69	4003200	Our Pride Academy Child Care Training Program			-	1,000,000				1,000,000	69
70	4003306	Operation Grow - Seminole County Work Opportunity Program			-	250,000				250,000	70
71	4003311	Brevard Achievement Center - Employment Services			-	150,000				150,000	71
72	4003319	Southwest Florida Autism Center			-	102,000				102,000	72
73	4003321	Club Challenge			-	252,225				252,225	73
74	4003322	Monroe Association for Remarkable Citizens			-	100,000				100,000	74
75	4003323	Association for Development of the Exceptional			-	250,000				250,000	75
76	4009010	Nemours Early Intervention Program to Increase Access to Autism Treatment and Diagnosis			-	667,000				667,000	76
77	990C000	Code Corrections			-					-	77
78	080754	APD/FCO Needs/Cen Mgd Facs			-			2,302,180		2,302,180	78

Health & Human Services Subcommittee

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
79	140211	FCO+D201-Persons W/Disabilities			-	25,000				25,000	79
80	990G000	Grants and Aids - Fixed Capital Outlay			-					-	80
81	140211	FCO-Persons W/Disabilities			-	20,000				20,000	81
82	990M000	Maintenance and Repair			-					-	82
83	080754	APD/FCO Needs/Cen Mgd Facs			-	500,000				500,000	83
84	Total	PERSONS WITH DISABILITIES	2,702.50	102,521,746	541,072,838	28,487,645	-	8,884,245	819,587,285	1,398,032,013	84
85											85
86		CHILDREN & FAMILIES									86
87	1100001	Startup (OPERATING)	11,975.50	497,920,780	1,695,437,023			50,795,845	1,305,662,659	3,051,895,527	87
88	160P030	Substance Abuse and Mental Health Block Grant - Deduct			-				(4,000,000)	(4,000,000)	88
89	160P040	Substance Abuse and Mental Health Block Grant - Add			-				4,000,000	4,000,000	89
90	1606500	Allocation of the Lump Sum Community-Based Substance Abuse and Mental Health Programs Appropriation Category - Add				6,000,000			4,000,000	10,000,000	90
91	1606510	Allocation of the Lump Sum Community-Based Substance Abuse and Mental Health Programs Appropriation Category - Deduct				(6,000,000)			(4,000,000)	(10,000,000)	91
92	1702120	Reassign Software Maintenance Costs from Agency for State Technology to Department of Children and Families				48,478		282	25,025	73,785	92
93	2000760	Realignment of Resources Within the Department - Add	12.00	393,862	885,979				161,728	1,047,707	93
94	2000770	Realignment of Resources Within the Department - Deduct	(12.00)	(393,862)	(885,979)				(161,728)	(1,047,707)	94
95	2002100	Realignment of Budget to Anticipated Expenditures - Add				899,187				899,187	95
96	2002150	Realignment of Budget to Anticipated Expenditures - Deduct				(899,187)				(899,187)	96
97	2004010	Realign Department Resources to Support Child Protective Investigations - Add	61.00	1,715,207	1,689,404				374,247	2,063,651	97
98	2004020	Realign Department Resources to Support Child Protective Investigations - Deduct	(61.00)	(1,715,207)	(1,689,404)				(374,247)	(2,063,651)	98
99	2503080	Direct Billing for Administrative Hearings				(293,792)				(293,792)	99
100	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment				-			(2,951,615)	(2,951,615)	100
101	33A0945	The David Lawrence Center - Deduct				(100,000)				(100,000)	101
102	33A0946	The David Lawrence Center - Add				-	100,000			100,000	102
103	33V1620	Vacant Position Reductions	(3.75)	(137,412)	(103,000)				(104,842)	(207,842)	103
104	33V7220	Reduce Administrative Costs In the Healthy Families Contract				(865,713)				(865,713)	104

Health & Human Services Subcommittee

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
105	3300310	Reduction Related to Software Reassignment Costs from Agency for State Technology to Department of Children and Families			(48,478)			(282)	(25,025)	(73,785)	105
106	3302500	Consolidation of Preadmission Screening and Resident Review Activities			(112,598)				(337,796)	(450,394)	106
107	3400406	Fund Shift Strong Families and Domestic Violence Campaign from the General Revenue Fund to the Domestic Violence Trust Fund-Deduct			(400,000)					(400,000)	107
108	3400407	Fund Shift Strong Families and Domestic Violence Campaign from the General Revenue Fund to the Domestic Violence Trust Fund - Add			-			400,000		400,000	108
109	3401470	Changes to Federal Financial Participation Rate - State			(2,976)					(2,976)	109
110	3401480	Changes to Federal Financial Participation Rate - Federal			-				2,976	2,976	110
111	36329C0	Medicaid Eligibility System (MES) System Software Annual License Maintenance			383,548				598,628	982,176	111
112	36335C0	Federal Information Security and Privacy for Minimum Acceptable Risk Standards for Exchanges (MARS-E)			-	485,965			4,014,035	4,500,000	112
113	36351C0	Florida Safe Families Network Cloud Maintenance and Operational Expenses			1,847,882	922,708			204,029	2,974,619	113
114	36355C0	Florida Safe Families Network (FSFN) Comprehensive Child Welfare Information System (Ccwis) Transition			-	1,876,750			138,770	2,015,520	114
115	4000030	Funding Increase for Operations at Treasure Coast Forensic Treatment Center			2,136,288					2,136,288	115
116	4000050	Expand Capacity and Improve Services and Treatment at West Florida Community Care Center			816,900					816,900	116
117	4000140	Collection Services Contract for Public Assistance Benefit Recovery			-			110,486	89,514	200,000	117
118	4000210	Foster Parent Cost of Living Adjustment Growth Rate			547,674				295,200	842,874	118
119	4000360	Supplemental Nutrition Assistance Program (SNAP) Employment and Training Third Party Partners			-			500,000	500,000	1,000,000	119
120	4000403	Youth Challenge Program - Restore Funding to Department of Military Affairs			250,000					250,000	120
121	4000420	Supplemental Nutrition Assistance Program (SNAP) Education Continuation Funding			-				7,006,898	7,006,898	121
122	4000660	Community Based Care Risk Pool			-			5,000,000		5,000,000	122
123	40011C0	Strategic Alignment of Funds In Support of Microsoft Office 365 - Add			295,540				55,460	351,000	123

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
124	40012C0	Strategic Alignment of Funds In Support of Microsoft Office 365 - Deduct			(295,540)				(55,460)	(351,000)	124
125	4002080	Restoration of Nonrecurring Funding for Community Based Care Lead Agency (CBC) Core Funding			-	6,998,583			3,408,185	10,406,768	125
126	4002250	Emergency Solutions Grant Increase			-				762,764	762,764	126
127	4002280	Extended Foster Care, Maintenance Adoption Subsidy to 21, and Independent Living Services Growth			1,352,742	2,644,665			3,642,850	7,640,257	127
128	4004310	Marissa Amora Relief Bill Annual Request			-			1,700,000		1,700,000	128
129	4004510	Central Receiving Facilities - Grant Program			9,763,850					9,763,850	129
130	4004580	Cost of Living Adjustment - Mental Health Contracted Agencies			1,965,501					1,965,501	130
131	4005020	Restore Increasing Employment Opportunities for Individuals with Mental Illness			-	1,000,000				1,000,000	131
132	4006010	Maintenance Adoption Subsidy and Other Adoption Assistance			1,218,209				1,048,015	2,266,224	132
133	4007200	Nonrelative Caregiver Program Growth			504,030					504,030	133
134	4007220	Nonrelative Care Giver (NRC) Program Restore			3,872,480					3,872,480	134
135	4007300	Specialized Treatment Programs for Dually Served Youth and Families			-				1,357,647	1,357,647	135
136	4007560	Increased Budget Authority for Challenge Grant			-			307,206		307,206	136
137	4400150	Increase Federal Grant Authority for Domestic Violence Programs			-				91,412	91,412	137
138	4402006	Clay Behavioral Health Community Crisis Prevention Team			-	800,000				800,000	138
139	4402025	Victory for Youth			-	20,000				20,000	139
140	4402026	Meridian Behavioral Healthcare			-	500,000				500,000	140
141	4402028	Children of Inmates			-	250,000				250,000	141
142	4402046	Centerstone Florida			-	500,000				500,000	142
143	4402048	Family First			-	475,000				475,000	143
144	4402050	Specialized Treatment, Education, and Prevention Services (STEPS)			-	150,000				150,000	144
145	4402058	Forever Family Child Safety and Adoption Awareness Initiative			-	250,000				250,000	145
146	4402067	Florida Baptist Children's Home - Brave Moms Program			-	309,000				309,000	146
147	4402071	Porch Light - Housing for Human Trafficking			-	200,000				200,000	147
148	4402072	Apalachee Center - Forensic Residential Treatment			-	500,000				500,000	148
149	4402073	Redefining Refuge Specialized Case Management for Sex Trafficked Minors			-	500,000				500,000	149

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
150	4402076	Jewish Family and Children Services of the Suncoast			-	100,000				100,000	150
151	4402079	Charlotte Behavioral Healthcare - Children's Community Action Treatment Team			-	750,000				750,000	151
152	4402085	Project Livesaver Search and Rescue Program			-	75,000				75,000	152
153	4402088	Personal Enrichment Mental Health Services Crisis Stabilization Unit			-	500,000				500,000	153
154	4600122	Johns Hopkins All Children's Hospital - Management of Postpartum Depression			-	250,000				250,000	154
155	4600160	South Florida Behavioral Network Involuntary Outpatient Services Pilot Project			-	300,000				300,000	155
156	4600180	Children's Community Action Team - Halifax Health - Volusia/Flagler			-	750,000				750,000	156
157	4600210	Children's Community Action Team - Leon, Gadsden, Wakulla			-	750,000				750,000	157
158	4600220	Memorial Regional Hospital Maternal Addiction Treatment Program			-	250,000				250,000	158
159	4600240	Zero Exposure Newborn Program - the Drug Abuse Comprehensive Coordinating Office (DACCO)			-	250,000				250,000	159
160	4600315	St. Vincent's Healthcare - Savings Lives Project			-	624,105				624,105	160
161	4600425	Camillus House Institute of Social and Personal Adjustment (ISPA) Program			-	250,000				250,000	161
162	4600450	Transition House Homeless Veteran's Program			-	200,000				200,000	162
163	4600535	Baycare Behavioral Health - Veterans			-	385,000				385,000	163
164	4600555	Department of Children and Families Pharmaceutical Program			-	100,000				100,000	164
165	4600570	Gulfcoast Veterans Integrated Behavioral Healthcare			-	100,000				100,000	165
166	4600581	Assisted Living Services for Mental Health Clients - the Renaissance Manor			-	600,000				600,000	166
167	4600585	High Risk Foster Care Youth Advocate Program			-	175,000				175,000	167
168	4600590	Homeless Veterans Housing Assistance - Brevard and Surrounding Counties			-	150,000				150,000	168
169	4600600	Saluscare Wrap-Around Services In Response to Opioid Crisis			-	504,529				504,529	169
170	4600710	Lifestream Crisis Stabilization Unit			-	1,123,634				1,123,634	170
171	51R1080	Transfer Rate for Budget Entity Restructure - Add		232,536	-					-	171
172	51R1090	Transfer Rate for Budget Entity Restructure - Deduct		(232,536)	-					-	172
173	990G000	Grants and Aids - Fixed Capital Outlay			-					-	173

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
174	146063	Lakeland Behavioral Center			-	2,000,000				2,000,000	174
175	146075	Place of Hope - Phase IV			-	1,250,000				1,250,000	175
176	146076	Chance Campus			-	400,000				400,000	176
177	990M000	Maintenance and Repair			-					-	177
178	080751	HRS/Cap Needs/Cen Mgd Facs			-	3,546,800				3,546,800	178
179	Total	CHILDREN & FAMILIES	11,971.75	497,783,368	1,718,218,048	33,866,739	-	58,813,537	1,325,429,329	3,136,327,653	179
180											180
181		ELDER AFFAIRS									181
182	1100001	Startup (OPERATING)	421.50	18,399,413	138,325,885			722,268	169,364,869	308,413,022	182
183	1700A30	Transfer Long-Term Care Managed Care Oversight to the Agency for Health Care Administration	(3.00)	(125,887)	(100,513)				(100,513)	(201,026)	183
184	3000100	Comprehensive Assessment and Review of Long Term Care Services	9.00	284,751	130,160				130,160	260,320	184
185	3302500	Consolidation of Preadmission Screening and Resident Review Activities	(21.00)	(767,717)	(170,549)				(511,651)	(682,200)	185
186	3401470	Changes to Federal Participation Rate - State Expenses			(19,087)					(19,087)	186
187	3401480	Changes to Federal Participation Rate - Federal Expenses			-				19,087	19,087	187
188	36201C0	Client Information and Registration Tracking System Project Implementation			-	157,187			1,137,186	1,294,373	188
189	4100040	Alzheimer's Disease Initiative - Frail Elders Waiting for Services				3,000,000				3,000,000	189
190	4100200	Serve Additional Clients In the Community Care for the Elderly (CCE) Program				4,000,000				4,000,000	190
191	4100210	Serve Additional Clients In the Home Care for the Elderly (HCE) Program				1,000,000				1,000,000	191
192	4100214	North Miami Foundation for Senior Citizens Services, Inc.			-	250,000				250,000	192
193	4100271	Alzheimer's Community Care, Inc.			-	1,500,000				1,500,000	193
194	4100276	Community Coalition Hot Meals Program			-	250,000				250,000	194
195	4100300	North East Florida Senior Home Delivered Meals Program			-	400,000				400,000	195
196	4100310	LHANC Adult Day Care			-	1,050,000				1,050,000	196
197	4100312	Jewish Family and Community Services of Southwest Florida - Dementia Respite Support			-	75,000				75,000	197
198	4100314	Federation Transportation Services, Inc.			-	43,640				43,640	198
199	4100315	Alzheimer's Family Care Center of Broward County			-	120,454				120,454	199
200	4100316	Holocaust Survivors Assistance Program - Boca Raton Jewish Federation			-	250,000				250,000	200
201	4100317	City of North Miami - Hot Meals			-	300,000				300,000	201

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
202	4100318	Self Reliance, Inc. - Home Modification for Elders Program			-	200,000				200,000	202
203	4100322	Pace Partners of Northeast Florida, Inc.			-	50,000				50,000	203
204	4300120	United Home Care Assisted Living Facility			-	20,000				20,000	204
205	4300170	Easter Seals of South Florida			-	200,000				200,000	205
206	4300310	Nassau - Overcoming Hunger for Needy Seniors			-	400,000				400,000	206
207	4300750	PACE Expansion - Add			7,701,128				12,385,278	20,086,406	207
208	Total	ELDER AFFAIRS	406.50	17,790,560	153,867,024	5,266,281	-	722,268	182,424,416	342,279,989	208
209											209
210		HEALTH									210
211	1100001	Startup (OPERATING)	13,746.82	599,328,150	493,736,477		68,961,198	914,992,450	1,413,463,117	2,891,153,242	211
212	160S190	Adjustment to Funding Source Identifier - Deduct			-			(1,651,964)	(211,675)	(1,863,639)	212
213	160S200	Adjustment to Funding Source Identifier - Add			-			211,675	1,651,964	1,863,639	213
214	1601540	Continuation of Budget Amendment for Network Access Control (NAC) Service - Deduct			-				(707,516)	(707,516)	214
215	1601550	Continuation of Budget Amendment for Network Access Control (NAC) Service - Add			-				707,516	707,516	215
216	2000200	Realignment of Information Technology Administrative Expenditures - Deduct			(3,692,354)					(3,692,354)	216
217	2000210	Realignment of Information Technology Administrative Expenditures - Add			3,692,354					3,692,354	217
218	2000240	Realignment of Children's Medical Services Safety Net Expenditures - Deduct			(2,500,000)					(2,500,000)	218
219	2000250	Realignment of Children's Medical Services Safety Net Expenditures - Add			2,500,000					2,500,000	219
220	2000300	Realignment of Brain and Spinal Cord Injury Program Expenditures - Deduct			-			(2,505,111)		(2,505,111)	220
221	2000310	Realignment of Brain and Spinal Cord Injury Program Expenditures - Add			-			2,505,111		2,505,111	221
222	2000480	Realignment of Emergency Medical Services Trust Fund Expenditures - Deduct			-			(250,000)		(250,000)	222
223	2000490	Realignment of Emergency Medical Services Trust Fund Expenditures - Add			-			250,000		250,000	223
224	2000520	Realignment of Prescription Drug Monitoring Expenditures - Deduct			-				(62,182)	(62,182)	224
225	2000530	Realignment of Prescription Drug Monitoring Expenditures - Add			-				62,182	62,182	225
226	2503080	Direct Billing for Administrative Hearings			-			192,247	22,987	215,234	226

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
227	3000530	Workload - Single Decision Maker Medically Needy Program			841,370				841,370	1,682,740	227
228	3000590	Workload - Increased Cost of Testing Method for X-Linked Adrenoleukodystrophy (X-ALD) - Newborn Screening Program			-			1,078,500		1,078,500	228
229	3200030	Delete Unfunded Budget			-				(686,341)	(686,341)	229
230	33V0080	Children's Medical Services Network			(5,000,000)					(5,000,000)	230
231	33V1470	Administrative Efficiencies from Restructure of Healthy Start Service Delivery System			(8,956,644)					(8,956,644)	231
232	3300010	Delete Unfunded Budget			-			(684,500)		(684,500)	232
233	3300060	Reduce Excess Administered Funds Distribution Due to Vacant Positions			(777,580)			(1,525,652)	(428,558)	(2,731,790)	233
234	3300540	Reduce Drugs Vaccines and Biologicals			(1,000,000)					(1,000,000)	234
235	3300720	Eliminate Home and Community Based Services Waiver Unfunded Budget - Brain and Spinal Cord			-				(10,373,000)	(10,373,000)	235
236	3300730	Eliminate Home and Community Based Services Waiver Unfunded Budget - Cystic Fibrosis			-				(1,522,702)	(1,522,702)	236
237	3306030	Reduction to Information Technology Services			(250,000)					(250,000)	237
238	3400760	Transfer Federal Grants Trust Fund to Medical Quality Assurance Trust Fund for the Prescription Drug Monitoring Program (PDMP) - Deduct			-			(211,675)		(211,675)	238
239	3400770	Transfer Federal Grants Trust Fund to Medical Quality Assurance Trust Fund for the Prescription Drug Monitoring Program (PDMP) - Add			-			211,675		211,675	239
240	3400780	Transfer General Revenue to Medical Quality Assurance Trust Fund for the Prescription Drug Monitoring Program (PDMP) - Deduct			(499,978)					(499,978)	240
241	3400790	Transfer General Revenue to Medical Quality Assurance Trust Fund for the Prescription Drug Monitoring Program (PDMP) - Add			-			499,978		499,978	241
242	3401230	Replace General Revenue with Maternal and Child Health Block Grant Trust Fund - Deduct			(1,651,964)					(1,651,964)	242
243	3401240	Replace General Revenue with Maternal and Child Health Block Grant Trust Fund - Add			-			1,651,964		1,651,964	243
244	36204C0	Information Technology - Wide Area Network Bandwidth Upgrade			-				754,682	754,682	244
245	36206C0	Information Technology - Managed Security Services Provider (MSSP)			-				560,087	560,087	245

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
246	36321C0	Prescription Drug Monitoring Program System			-			990,789		990,789	246
247	36328C0	Children's Medical Services - Early Steps Administrative System			-				1,357,866	1,357,866	247
248	4000010	Funding for Federally Qualified Health Centers (FQHC)			-	6,000,000				6,000,000	248
249	4000530	Change In Medicaid Federal Medical Assistance Percentage (FMAP)			(3,882)					(3,882)	249
250	4000580	Heiken Children's Vision Program			-	250,000				250,000	250
251	4100060	Additional Federal Funding for the Early Steps Program			-				3,490,758	3,490,758	251
252	4100140	Nurse-Family Partnership Program			-	600,000				600,000	252
253	4100190	Auditory-Oral Services for Children with Hearing Loss			-	500,000				500,000	253
254	4200100	Additional Resources for Community Water Fluoridation Program			-	200,000				200,000	254
255	4200308	Florida State University - Rural Northwest Florida Public Health Mosquito Surveillance			-	578,544				578,544	255
256	4200309	Keys Area Health Education Center - Monroe County Children's Health Center			-	250,000				250,000	256
257	4300025	Torrey Pines Institute for Molecular Studies			-	1,500,000				1,500,000	257
258	4300040	Live Like Bella Childhood Cancer Foundation			-	600,000				600,000	258
259	4300140	Islet Cell Transplantation to Cure Diabetes			-	250,000				250,000	259
260	4300250	Pediatric Cancer Research			5,000,000			5,000,000		10,000,000	260
261	4300280	University of Miami - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Research			-	1,000,000				1,000,000	261
262	4300430	Fy 2018-2019 Department of Health Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Funding Plan - Deduct			(29,528,611)				(36,831,173)	(66,359,784)	262
263	4300440	Fy 2018-2019 Department of Health Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Funding Plan - Add			29,528,611				36,831,173	66,359,784	263
264	4300450	Acquired Immune Deficiency Syndrome (AIDS) Drug Rebates			-				55,939,593	55,939,593	264
265	4301090	Miami Project to Cure Paralysis			-	1,000,000				1,000,000	265
266	4309000	Tobacco Constitutional Amendment			-		1,440,521			1,440,521	266
267	4400020	Additional Federal Funding for Rape Prevention Program Grants			-				153,451	153,451	267
268	4800190	Project Be Strong - Teen Pregnancy Prevention Program			-	50,000				50,000	268
269	5300170	Florida Poison Information Center Network (FPICN)				3,672,805				3,672,805	269

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
270	5300230	Ann Storck Center Early Intervention Program			-	20,000				20,000	270
271	6200110	Foundation for Healthy Floridians			-	750,000				750,000	271
272	6200150	Collier Resource Center, Inc.			-	25,000				25,000	272
273	64P0300	Bitner/Plante Amyotrophic Lateral Sclerosis Initiative			-	500,000				500,000	273
274	6500090	Alachua County Organization for Rural Needs (ACORN)			-	750,000				750,000	274
275	6500110	Bond Community Health Center, Inc.			-	50,000				50,000	275
276	6500120	St. John Bosco Clinic			-	300,000				300,000	276
277	6510050	Dental Lifeline Network - Donated Dental Services			-	150,000				150,000	277
278	7800160	Agape Community Health Center - Duval County			-	150,000				150,000	278
279	990C000	Code Corrections			-						279
280	081108	Hlth Fac Repair/Maint-Stw			-	3,188,928		3,265,601		6,454,529	280
281	990G000	Grants and Aids - Fixed Capital Outlay			-						281
282	140998	G/A-Hlth Facilities			-	500,000				500,000	282
283	990M000	Maintenance and Repair			-						283
284	084093	Cnst/Reno/Equip-Chu			-	150,000				150,000	284
285	140430	Maintenance and Repair			-			4,000,000		4,000,000	285
286	990S000	Special Purpose			-						286
287	084093	Cnst/Reno/Equip-Chu			-	200,000				200,000	287
288	Total	HEALTH	13,746.82	599,328,150	485,110,604	19,512,472	70,401,719	928,021,088	1,465,013,599	2,968,059,482	288
289											289
290		VETERANS' AFFAIRS									290
291	1100001	Startup (OPERATING)	1,112.50	40,657,165	8,361,681			63,927,966	25,924,651	98,214,298	291
292	2401510	Florida Department of Veterans' Affairs State Veterans' Nursing Home Program Replace Vans Equipped to Transport Handicapped Residents			-			326,000		326,000	292
293	2402350	Additional Medical/Non-Medical and Recreational Equipment and Furniture In State Veterans' Homes			-			1,136,000		1,136,000	293
294	3000450	Benefits and Assistance Increase Staffing	5.00	240,925	-			386,060		386,060	294
295	4000090	Florida Department of Veterans' Affairs, Florida Is for Veterans, Inc., Workforce Training Grant Aid to Local Governments			-	1,000,000				1,000,000	295
296	4000100	Florida Department of Veterans' Affairs, Florida Is for Veterans Inc., Entrepreneur Training Grant			-	750,000				750,000	296
297	4001100	Veterans Florida Dissemination and Marketing to Veterans			-	500,000				500,000	297
298	4109010	Initial Staffing and Start Up Operations for Ardie R. Copas, State Veterans' Nursing Home, St. Lucie County	4.00	197,329	-			143,592	53,492	197,084	298

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Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
299	4109020	Initial Staffing and Start Up Operations for Lake Baldwin, State Veterans' Nursing Home, Orange County	136.00	4,555,589	-			5,779,810	2,217,429	7,997,239	299
300	4200010	Operations and Maintenance Food Products Increase Long Term Care			-			99,561	40,017	139,578	300
301	4200150	Increase Base Budget Authority for Contracted Services for Homes Program			-			100,022	40,202	140,224	301
302	4500150	State Veterans' Nursing Homes Staffing Increase for the Infection Prevention and Control Program	6.00	337,290	-			379,748	149,212	528,960	302
303	4600150	K9S for Warriors			-	250,000				250,000	303
304	4600160	Five Star Veterans Center Homeless Housing and Reintegration Project			-	150,000				150,000	304
305	990M000	Maintenance and Repair			-						305
306	080859	Maint/Rep/Res Fac/Veterans			-			2,000,000		2,000,000	306
307	990P000	Increased Capacity			-						307
308	080004	St Nursing Home/Vet			-	500,000				500,000	308
309	Total	VETERANS' AFFAIRS	1,263.50	45,988,298	8,361,681	3,150,000	-	74,278,759	28,425,003	114,215,443	309
310	Grand Total		31,627.57	1,335,778,207	9,588,075,421	155,734,328	377,609,721	5,463,127,482	21,296,603,411	36,881,150,363	310

The moneys contained herein are appropriated from the named funds to the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Elder Affairs, Department of Health, and the Department of Veterans' Affairs as the amounts to be used to pay the salaries, other operational expenditures and fixed capital outlay of the named agencies.

AGENCY FOR HEALTH CARE ADMINISTRATION

PROGRAM: HEALTH CARE SERVICES

CHILDREN'S SPECIAL HEALTH CARE

174 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION

Funds in Specific Appropriations 174 and 177 are provided to the Agency for Health Care Administration to contract with the Florida Healthy Kids Corporation to provide comprehensive health insurance coverage, including dental services, to Title XXI children eligible under the Florida KidCare Program and pursuant to section 624.91, Florida Statutes. The corporation shall use local funds to serve non-Title XXI children who are eligible for the program pursuant to section 624.91(3)(b), Florida Statutes. The corporation shall return unspent local funds collected in Fiscal Year 2017-2018 to provide premium assistance for non-Title XXI eligible children based on a formula developed by the corporation.

177 SPECIAL CATEGORIES
GRANTS AND AIDS - FLORIDA HEALTHY KIDS
CORPORATION DENTAL SERVICES

Funds in Specific Appropriation 177 are provided to the Agency for Health Care Administration for Florida Healthy Kids dental services to be paid a monthly premium of no more than \$15.19 per member per month.

EXECUTIVE DIRECTION AND SUPPORT SERVICES

187 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 187, \$12,680,000 in nonrecurring funds from the Medical Care Trust Fund are provided for the Medicaid Management Information System/Decision Support System/Fiscal Agent procurement project. These funds must be held in reserve. The Agency for Health Care Administration is authorized to submit budget amendments for the release of these funds pursuant to the provisions of chapter 216, Florida Statutes. Release is contingent upon approval of a comprehensive operational work plan reflecting all project tasks and detailed spend plan reflecting estimated and actual costs that comply with the requirements prescribed and funding approved by the Centers for Medicare and Medicaid Services.

From the funds in Specific Appropriation 187, \$1,792,518 in nonrecurring funds from the Medical Care Trust Fund is provided for independent verification and validation services for the Florida Medicaid Management Information System/Decision Support System/Fiscal Agency procurement project.

From the funds in Specific Appropriation 187, \$850,000 in recurring funds from the Medical Care Trust Fund is provided to competitively contract with an independent consultant for actuarial services.

MEDICAID SERVICES TO INDIVIDUALS

From the funds in Specific Appropriations 193 through 220, the Agency for Health Care Administration shall provide a quarterly reconciliation report of all Medicaid service appropriation expenditures and fund sources. The reconciliation shall compare actual expenditures paid through each specific appropriation category by fund either through the Florida Medicaid Management Information System (FMMIS) or the Agency for Health Care Administration to expenditure estimates forecasted through the Social Services Estimating Conference Medicaid services forecasting model, as directed in section 216.136(6), Florida Statutes. The

comparison shall include fund source detail for each comparison. For any category where a variance is identified, the Agency for Health Care Administration shall submit a written corrective action plan to address each variance by category and fund source. The reconciliation shall be submitted to the Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter. The Agency for Health Care Administration may submit budget amendments to realign appropriation categories based on the reconciliation pursuant to the provisions of chapter 216, Florida Statutes.

195 SPECIAL CATEGORIES
DEVELOPMENTAL EVALUATION AND INTERVENTION/
PART C

Funds in Specific Appropriation 195 are contingent on the availability of state match being provided in Specific Appropriation 531.

196 SPECIAL CATEGORIES
GRANTS AND AIDS - SHANDS TEACHING HOSPITAL

The funds in Specific Appropriation 196 shall be primarily designated for transfer to the Agency for Health Care Administration's Grants and Donations Trust Fund for use in the Medicaid program. Should the Agency for Health Care Administration be unable to use the full amount of these designated funds as Medicaid match, the remaining funds may be used secondarily for payments to Shands Teaching Hospital to continue the original purpose of providing health care services to indigent patients through Shands Healthcare System (recurring base appropriations project).

197 SPECIAL CATEGORIES
HEALTHY START SERVICES

The Agency for Health Care Administration in conjunction with the Department of Health, the Florida Association of Healthy Start Coalitions, and the Florida Association of Health Plans shall modify the MomCare Program to target services to at-risk Medicaid enrollees to ensure there is no duplication of services between MomCare and the contracted health plans.

198 SPECIAL CATEGORIES
GRADUATE MEDICAL EDUCATION

From the funds in Specific Appropriation 198, \$37,343,700 from the General Revenue Fund, \$38,380,000 from the Grants and Donations Trust Fund, and \$121,576,260 from the Medical Care Trust Fund are provided to fund the Statewide Medicaid Residency Program and the Graduate Medical Education Startup Bonus Program. Of these funds, \$97,300,000 shall be used to fund the Statewide Medicaid Residency Program in accordance with section 409.909 (3), Florida Statutes. Of these funds, \$42,262,976 shall be distributed to the two hospitals with the largest number of graduate medical residents in statewide supply/demand deficit. The remaining funds shall be used to fund the Graduate Medical Education Startup Bonus Program in accordance with section 409.909 (5), Florida Statutes, and are provided for the following physician specialties and subspecialties, both adult and pediatric, that are in statewide supply/demand deficit: allergy or immunology; anesthesiology; cardiology; endocrinology; family medicine; general pediatrics at institutions accredited and eligible to apply for pediatric specialty and pediatric general subspecialty fellowship accreditation; general surgery; hematology; oncology; infectious diseases; nephrology; neurology; obstetrics/gynecology; ophthalmology; orthopedic surgery; otolaryngology; psychiatry; pulmonary; radiology; thoracic surgery; and urology. Funding for the Graduate Medical Education Startup Bonus Program is contingent on the non-federal share being provided through intergovernmental transfers in the Grants and Donation Trust Fund.

199 SPECIAL CATEGORIES
HOSPITAL INPATIENT SERVICES

Funds in Specific Appropriation 199 are contingent upon the state share being provided through grants and donations from state, county or other governmental funds. In the event the state share provided through

grants and donations in the Grants and Donations Trust Fund is not available, the Agency for Health Care Administration may submit a revised hospital reimbursement plan, pursuant to chapter 216, Florida Statutes, to the Legislative Budget Commission for approval.

From the funds in Specific Appropriation 199, the calculations of the Medicaid Hospital Funding Programs for the 2018-2019 fiscal year are incorporated by reference in Senate Bill xxx. The calculations are the basis for the appropriations made in the General Appropriations Act.

The Agency for Health Care Administration may establish a global fee for bone marrow transplants and the global fee payment shall be paid to approved bone marrow transplant providers that provide bone marrow transplants to Medicaid beneficiaries.

From the funds in Specific Appropriations 199 and 207, \$2,824,383 from the Grants and Donations Trust Fund and \$4,542,292 from the Medical Care Trust Fund are provided to make Medicaid payments for multi-visceral transplants and intestine transplants in Florida. The Agency for Health Care Administration shall establish a global fee for these transplant procedures and the payments shall be used to pay approved multi-visceral transplant and intestine transplant facilities a global fee for providing these transplant services to Medicaid beneficiaries. Payment of the global fee is contingent upon the non-federal share being provided through grants and donations from state, county or other governmental funds. The agency is authorized to seek any federal waiver or state plan amendment necessary to implement this provision.

From the funds in Specific Appropriation 199, the Agency for Health Care Administration shall continue a Diagnosis Related Grouping (DRG) reimbursement methodology for hospital inpatient services as directed in section 409.905 (5)(c), Florida Statutes.

Funds in Specific Appropriations 199 and 207 reflect an increase of \$101,994,105 from the General Revenue Fund and \$163,753,954 from the Medical Care Trust Fund to increase the Diagnosis Related Grouping base rate for all hospitals participating in the Medicaid program.

Base Rate - \$4,049.63
Neonates Service Adjustor Severity Level 1 - 1.00
Neonates Service Adjustor Severity Level 2 - 1.52
Neonates Service Adjustor Severity Level 3 - 1.80
Neonates Service Adjustor Severity Level 4 - 2.00
Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs:
 Severity Level 1 - 1.00
 Severity Level 2 - 1.52
 Severity Level 3 - 1.80
 Severity Level 4 - 2.00
Free Standing Rehabilitation Provider Adjustor - 2.469
Rural Provider Adjustor - 1.902
Long Term Acute Care (LTAC) Provider Adjustor - 1.901
High Medicaid and High Outlier Provider Adjustor - 3.028
Outlier Threshold - \$60,000
Marginal Cost Percentage - 60%
Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4 - 80%
Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4 - 80%
Documentation and Coding Adjustment - 1/3 of 1%
Level I Trauma Add On - 17%
Level II or Level II and Pediatric Add On - 11%
Pediatric Trauma Add On - 4%

Funds in Specific Appropriation 199 reflect an increase of \$2,477,900 in recurring funds from the General Revenue Fund and \$3,985,062 in recurring funds from the Medical Care Trust Fund for sole community hospitals that meet the definition of "rural hospital" under section 395.602 (2) (e), Florida Statutes, to be recognized as rural hospitals in the Agency for Health Care Administration's Diagnosis Related Group (DRG) reimbursement methodology for hospital inpatient services.

Funds in Specific Appropriations 199, 203 and 207 reflect a reduction of \$122,108,885 from the General Revenue Fund and \$196,048,710 from the Medical Care Trust Fund as a result of reducing Hospital Inpatient and Hospital Outpatient Automatic Rate Enhancements. The calculations of

the Medicaid Hospital Funding Programs for the 2018-2019 fiscal year are incorporated by reference in SB xxxx. The calculations are the basis for the appropriation made in the General Appropriations Act.

Funds in Specific Appropriations 199, 203, 204, 206, 208, and 217 reflect a reduction of \$37,538,287 from the General Revenue Fund, \$60,630,375 from the Medical Care Trust Fund and \$257,192 from the Refugee Assistance Trust Fund as a result of reducing Medicaid retroactive eligibility from ninety days to thirty days. The Agency shall seek federal approval to allow the state to implement this provision effective July 1, 2018.

From the funds in Specific Appropriation 199, \$11,376,191 in nonrecurring from the General Revenue Fund and \$17,868,517 in nonrecurring from the Medical Care Trust Fund is provided to Shands Jacksonville Hospital as a Hospital Inpatient exemption payment.

From the funds in Specific Appropriation 199 and 207, \$7,184,014 from the Grants and Donations Trust Fund and \$11,553,634 from the Medical Care Trust Fund are provided to implement cost based reimbursement computed as multiplier of 2.11 for qualifying Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v) and are members of the Alliance of Dedicated Cancer Centers. These funds shall be held in reserve subject to the federal approval of a State Plan Amendment. The Agency for Health Care Administration shall submit a budget amendment or budget amendments requesting release of the funds held in reserve pursuant to chapter 216, Florida Statutes. In addition to the proposed amendment, the agency must submit: a proposed distribution model by entity and a proposed listing of entities voluntarily contributing intergovernmental transfers to support the state match. Payments to providers under this section are dependent upon the non-federal share being voluntarily provided through intergovernmental transfers in the Grants and Donations Trust Fund.

From the funds in Specific Appropriation 199, \$100,000 in nonrecurring from the General Revenue Fund and \$160,824 in nonrecurring funds from the Medical Care Trust Fund are provided for a Neonatal Intensive Care Unit and Pediatric Intensive Care Unit rate increase. (Senate Form 1911)

200 SPECIAL CATEGORIES
REGULAR DISPROPORTIONATE SHARE

Funds in Specific Appropriation 200 shall be used for a Disproportionate Share Hospital Program and are contingent on the state share being provided through grants and donations from state, county, or other government entities.

From the funds in Specific Appropriation 200, the calculations of the Medicaid Hospital Funding Programs for the 2018-2019 fiscal year are incorporated by reference in Senate Bill xxxx. The calculations are the basis for the appropriations made in the General Appropriations Act.

Funds in Specific Appropriation 200 are provided for a federally funded Rural Hospital Financial Assistance program as provided in section 409.9116, Florida Statutes.

201 SPECIAL CATEGORIES
LOW INCOME POOL

From the funds in Specific Appropriation 201, \$578,315,105 from Grants and Donations Trust Fund and \$930,070,668 from the Medical Care Trust Fund are provided for the purpose of implementing a Low-Income Pool Program. These funds shall be held in reserve. Subject to the final terms and conditions of the Low-Income Pool, the Agency for Health Care Administration shall submit a budget amendment requesting release of the funds pursuant to chapter 216, Florida Statutes. In addition to the proposed amendment, the agency must submit: the Reimbursement and Funding Methodology Document, as specified in the terms and conditions, which documents permissible Low-Income Pool expenditures; a proposed distribution model by entity; and a proposed listing of entities contributing intergovernmental transfers to support the state match required. Low-Income Pool payments to providers under this section are contingent on the non-federal share being provided through intergovernmental transfers in the Grants and Donations Trust Fund. In the event the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to make payments.

203 SPECIAL CATEGORIES
HOSPITAL OUTPATIENT SERVICES

From the funds in Specific Appropriation 203, the Agency for Health Care Administration shall implement an Enhanced Ambulatory Patient Grouping (EAPG) reimbursement methodology for hospital outpatient services as directed in section 409.905(6)(b), Florida Statutes.

Ambulatory Surgical Center Base Rate - \$275.51
Hospital Outpatient Base Rate - \$246.26
Rural Hospital Provider Adjustor - 1.5659
High Medicaid and High Outlier Hospital Adjustor - 2.1227
Documentation and Coding Adjustment - 2%

By February 28, 2019, the Agency for Health Care Administration shall calculate a hospital outpatient statewide rate and individual hospital outpatient rates using actual hospital outpatient claims with first date of service on or after July 1, 2018 for which payment was determined using the Enhanced Ambulatory Patient Grouping payment method. The re-calculated rates, in the aggregate, shall be equivalent to the average unit cost paid for hospital outpatient claims in State Fiscal Year 2016-17.

By April 1, 2019, the Agency for Health Care Administration shall post the re-calculated rates. The re-calculated rates shall be used to make payments for the remainder of the fiscal year. These payments shall be sufficient to maintain budget neutrality in the aggregate, and must adhere to the Enhanced Ambulatory Patient Grouping 5% cap on hospital gains and losses transition period.

From the funds in Specific Appropriation 203 and 207, \$20,114,780 from the General Revenue Fund and \$32,294,756 from the Medical Care Trust Fund are provided to increase the outpatient cap for adults from \$500 to \$1,500 per year.

204 SPECIAL CATEGORIES
OTHER FEE FOR SERVICE

Funds in Specific Appropriation 204 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to \$125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include NDC information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary reporting to the state Medicaid program on members' PD suitability.

From the funds in Specific Appropriations 204 and 218, \$18,117,229 from the Grants and Donations Trust Fund and \$29,136,889 from the Medical Care Trust Fund are provided to buy back hospice rate reductions, effective on or after January 1, 2008, and are contingent on the non-federal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but no higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall apply a recurring methodology to establish clinic services rates taking into consideration the reductions imposed on or after October 1, 2008, in the following manner: (1) the agency shall divide the total amount of each recurring reduction imposed by the number of visits originally used in the rate calculation for each rate

setting period on or after October 1, 2008, which will yield a rate reduction per diem for each rate period; (2) the agency shall multiply the resulting rate reduction per diem for each rate setting period on or after October 1, 2008, by the projected number of visits used in establishing the current budget estimate which will yield the total current reduction amount to be applied to current rates; and (3) in the event the total current reduction amount is greater than the historical reduction amount, the agency shall hold the rate reduction to the historical reduction amount.

From the funds in Specific Appropriations 204 and 207, \$6,201,347 from the Grants and Donations Trust Fund and \$9,973,267 from the Medical Care Trust Fund are provided to buy back clinic services rate adjustments, effective on or after July 1, 2008, and are contingent on the non-federal share being provided through grants and donations from state, county or other governmental funds. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the authority appropriated in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriation 204, \$1,172,486 from the Medical Care Trust Fund is provided to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs under the Department of Health. This funding is contingent upon the availability of state matching funds in the Department of Health in Specific Appropriation 524.

From the funds in Specific Appropriation 204, \$35,000,000 from the Medical Care Trust Fund is provided for a certified public expenditure program for Emergency Medical Services. The Agency for Health Care Administration shall seek a state plan amendment/waiver to implement this program pursuant to 42 CFR 433.51.

206 SPECIAL CATEGORIES
PHYSICIAN AND HEALTH CARE PRACTITIONER
SERVICES

From the funds in Specific Appropriations 206, \$18,279,031 from the Grants and Donations Trust Fund and \$29,397,107 from the Medical Care Trust Fund is provided to continue a differential fee schedule paid as supplemental payments for services provided by doctors of medicine and osteopathy as well as other licensed health care practitioners acting under the supervision of those doctors pursuant to existing statutes and written protocols employed by or under contract with a medical school in Florida. This provision shall be contingent upon the non-federal share being voluntarily provided through grants and donations from state, local or other governmental funds.

From the funds in Specific Appropriation 206, \$100,000 in nonrecurring from the General Revenue Fund and \$160,284 from the Medical Care Trust Fund are provided for a fee increase for delivery epidural services.

207 SPECIAL CATEGORIES
PREPAID HEALTH PLANS

From the funds provided in Specific Appropriation 207, \$159,823,649 from the General Revenue Fund and \$257,035,112 from the Medical Care Trust Fund are provided to for payments to Medicaid prepaid health plans, and are held in reserve. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

From the funds in Specific Appropriation 207, \$88,043,198 from the Grants and Donations Trust Fund and \$141,594,782 from the Medical Care Trust Fund shall be used to pay prepaid health plans to support access to care provided by doctors of medicine and osteopathy, as well as other licensed health care practitioners acting under the supervision of those doctors, pursuant to existing statutes and written protocols employed by

or under contract with a medical school in Florida through a minimum fee schedule calculated as a supplemental per member per month payment, based on the amount allowable under the State Plan Amendment and historic utilization of services. This provision shall be contingent upon the non-federal share being provided voluntarily through grants and donations from state, local or other governmental funds.

Funds in Specific Appropriation 207 reflect a reduction of \$87,984,300 from the General Revenue Fund and \$142,186,195 from the Medical Care Trust Fund as a result of reducing the per member per month calculation from \$312.46 to \$304.65 effective October 1, 2018. The Agency for Health Care Administration, along with its contracted actuary, shall determine reductions to administrative costs, expanded services, and payments for covered services to ensure that resulting rates achieve actuarial soundness.

From the funds in Specific Appropriation 207, \$24,054,905 from the Grants and Donations Trust Fund and \$38,686,109 from the Medical Care Trust Fund are provided to implement cost based reimbursement computed as multipliers of 2.11 for inpatient services and 1.85 for outpatient services for qualifying Florida cancer hospitals that meet the criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v) and are members of the Alliance of Dedicated Cancer Centers. These funds must be held in reserve subject to the federal approval of a Section 438.6(c) for directed payments of a minimum fee schedule calculated as a supplemental per member per month payment. The Agency for Health Care Administration shall submit a budget amendment or budget amendments requesting release of the funds held in reserve pursuant to chapter 216, Florida Statutes. In addition to the proposed amendment, the agency must submit: a proposed distribution model by entity and a proposed listing of entities voluntarily contributing intergovernmental transfers to support the state match. Payments to providers under this section are dependent upon the non-federal share being voluntarily provided through intergovernmental transfers in the Grants and Donations Trust Fund.

210 SPECIAL CATEGORIES
STATEWIDE INPATIENT PSYCHIATRIC SERVICES

The funds in Specific Appropriation 210 are provided to the Agency for Health Care Administration for services for children in the Statewide Inpatient Psychiatric Program. The program shall be designed to permit prior authorization of services, monitoring and quality assurance, discharge planning, and continuing stay reviews of all children admitted to the program.

212 SPECIAL CATEGORIES
MEDICAID SCHOOL REFINANCING

From the funds in Specific Appropriation 212, \$4,000,000 from the General Revenue Fund and \$6,432,968 from the Medical Care Trust Fund are provided for school-based services, pursuant to section 409.9072, Florida Statutes, provided by private schools or charter schools that are not participating in the school district's certified match program under section 409.9071, Florida Statutes, to children younger than 21 years of age with specified disabilities who are eligible for Medicaid and part B of the Individuals with Disabilities Education Act (IDEA), or the exceptional student education program, or who have an individualized educational plan.

MEDICAID LONG TERM CARE

214 SPECIAL CATEGORIES
HOME AND COMMUNITY BASED SERVICES

From the funds in Specific Appropriation 214, \$4,000,000 from the General Revenue Fund and \$6,432,968 from the Medical Care Trust Fund are provided for flexible services for persons with severe mental illness or substance abuse disorders, including, but not limited to, temporary housing assistance, subject to federal approval under section 409.906(13)(e), Florida Statutes.

215 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
INTELLECTUALLY DISABLED - SUNLAND CENTER

From the funds in Specific Appropriations 215, 216, 217, 218, and

219, the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, is authorized to transfer funds, in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 242 for the Developmental Disabilities Home and Community Based Waiver. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

216 SPECIAL CATEGORIES
INTERMEDIATE CARE FACILITIES/
DEVELOPMENTALLY DISABLED COMMUNITY

From the funds in Specific Appropriation 216, \$15,960,130 from the Grants and Donations Trust Fund and \$25,667,752 from the Medical Care Trust Fund are provided to buy back intermediate care facilities for the developmentally disabled (ICF/DD) rate reductions, effective on or after October 1, 2008, and are contingent on the non-federal share being provided through intermediate care facilities for the developmentally disabled quality assessments. Authority is granted to buy back rate reductions up to, but not higher than, the amounts available under the budgeted authority in this Specific Appropriation. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

The recurring methodology to be utilized by the Agency for Health Care Administration to establish rates taking into consideration the reductions imposed on or after October 1, 2008, shall be to compare the average unit appropriation with actual average unit cost as follows: 1) the average unit appropriation shall be determined by dividing the total appropriation in Specific Appropriation 216 by the total bed days for the past fiscal year; 2) the total actual cost as generated based on the July 1 rate setting shall be divided by the total bed days for the past fiscal year to determine the actual unit cost; 3) the actual unit cost shall be reduced to a Reduced Actual Unit Cost by the same percentage used to calculate the Legislative Appropriation to account for client participation contributions; 4) no negative adjustment to the rates paid to providers shall occur so long as the Reduced Actual Unit Cost is equal to or less than the average unit appropriation; and 5) in the event the Reduced Actual Unit Cost is greater than the average unit appropriation, a prorated reduction shall be imposed on all rates after all Quality Assessment Fee funds have been exhausted to cover the rate reductions.

The Agency for Health Care Administration shall work with the Association of Rehabilitation Facilities to develop a new rate reimbursement methodology for ICF/DD facilities that are not publically owned and operated. The agency shall provide to the Governor, President of the Senate, and Speaker of the House of Representatives the new reimbursement methodology proposal by December 1, 2018.

217 SPECIAL CATEGORIES
NURSING HOME CARE

From the funds in Specific Appropriation 217, the Agency for Health Care Administration is authorized to transfer funds in accordance with the provisions of chapter 216, Florida Statutes, to Specific Appropriation 214 specifically for slots under the Model Waiver and Specific Appropriation 218 for the Statewide Medicaid Managed Care Long-Term Care Waiver to transition the greatest number of appropriate eligible beneficiaries from skilled nursing facilities to community-based alternatives in order to maximize the reduction in Medicaid nursing home occupancy. Priority for the use of these funds will be given to the planning and service areas with the greatest potential for transition success.

From the funds in Specific Appropriations 217 and 218, \$436,156,592 from the Grants and Donations Trust Fund and \$701,445,369 from the Medical Care Trust Fund are provided to buy back nursing facility rate reductions, effective on or after January 1, 2008, and are contingent on the non-federal share being provided through nursing home quality assessments. Authority is granted to buy back rate reductions up to, but not higher than the amounts available under the budgeted authority in these Specific Appropriations. In the event that the funds are not available in the Grants and Donations Trust Fund, the State of Florida is not obligated to continue reimbursements at the higher amount.

From the funds in Specific Appropriation 217 and 218, \$3,750,000 in nonrecurring funds from the General Revenue Fund and \$6,030,908 from the Medical Care Trust Fund are provided for transition payments related to the implementation of the nursing home prospective payment system. The agency shall apply a transition methodology to nursing home facility rates effective October 1, 2018 established in accordance with subsection (2) of section 409.908, F.S., as amended by section 8 of Chapter 2017-129, Laws of Florida, and as further amended in the 2018 legislative Regular Session by SB xxxx, or similar legislation, becoming law. The agency shall also place a cap on rate changes established pursuant to the new prospective payment methodology to ensure any losses will be mitigated with the transition funding.

From the funds in Specific Appropriation 217 and 218, \$50,000,000 in recurring funds from the General Revenue Fund and \$80,412,102 from the Medical Care Trust Fund are provided to fund nursing home rate enhancements by increasing the quality incentive pool, and increased direct care reimbursement, pursuant to SB xxxx, or similar legislation becoming law.

218 SPECIAL CATEGORIES
PREPAID HEALTH PLAN/LONG TERM CARE

From the funds provided in Specific Appropriation xxxx, \$47,006,322 from the General Revenue Fund and \$75,597,543 from the Medical Care Trust Fund are provided to the Agency for Health Care Administration for payments to Medicaid prepaid health plans, and are held in reserve. The Agency for Health Care Administration is authorized to submit budget amendments to request release of these funds pursuant to the provisions of chapter 216, Florida Statutes. The budget amendments shall include a detailed spending plan justifying the need for this funding based upon the results of the agency's capitation rate setting process. The amendments shall also include actuarial reports and studies to support the need for rate adjustments as well as detailed calculations in support of the need to access additional funding.

PROGRAM: HEALTH CARE REGULATION

HEALTH CARE REGULATION

223 EXPENSES

From the funds in Specific Appropriation 223 and 226, \$500,000 from the Health Care Trust Fund of which \$250,000 is nonrecurring, is provided to contract for a health facility inspection calendaring software system to ensure inspection scheduling confidentiality and efficient use of inspection staff within the division.

AGENCY FOR PERSONS WITH DISABILITIES

PROGRAM: SERVICES TO PERSONS WITH DISABILITIES

HOME AND COMMUNITY SERVICES

237 LUMP SUM
COMPREHENSIVE TRANSITIONAL EDUCATION
PROGRAM TRANSITION

From the funds in Specific Appropriation 237, \$761,754 from the General Revenue Fund and \$1,223,014 from the Operations and Maintenance Trust Fund are provided exclusively for the transition of clients currently residing in a comprehensive transitional education program pursuant to section 393.18, Florida Statutes, to community-based settings. The agency shall only transition clients who have been identified by the third-party transition team as low or moderate risk and with the greatest transition potential during the 2018-2019 fiscal year.

238 SPECIAL CATEGORIES
GRANT AND AID INDIVIDUAL AND FAMILY
SUPPORTS

Funds in Specific Appropriation 238 expended for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 238, \$1,000,000 in nonrecurring funds from the Social Services Block Grant Trust Fund is provided for supported employment services for individuals on the waiting list for the Developmental Disabilities Medicaid Waiver program in Specific Appropriation 241. The supported employment services shall be provided in a manner consistent with the same rules and regulations governing these services in the Developmental Disabilities Medicaid Waiver program, and may additionally be used towards obtaining and maintaining paid or unpaid internships.

241 SPECIAL CATEGORIES
 GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 241, \$3,000,000 in recurring funds from the General Revenue Fund is provided to Arc of Florida - Dental Services (recurring base appropriations project).

From the funds in Specific Appropriation 241, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Monroe Association for ReMARcable Citizens(Senate Form 1036)	100,000
MACTown Fitness and Wellness (Senate Form 1680).....	50,000
Club Challenge (Senate Form 2460).....	252,225
Nemours Children's Hospital (Senate Form 1219).....	667,000
Association for the Development of the Exceptional (Senate Form 1237).....	250,000
Brevard Achievement Center - Work Training Program (Senate Form 1863).....	150,000
Seminole County Work Opportunity Program - Operation Grow (Senate Form 1664).....	250,000
Southwest Florida Autism Center (Senate Form 1500).....	102,000
Hialeah Gardens Therapy Pool for the Physically Challenged (Senate Form 2355).....	25,000
Autism Center of Excellence (Senate Form 1483).....	100,000
Our Pride Academy (Senate Form 1704).....	1,000,000

242 SPECIAL CATEGORIES
 HOME AND COMMUNITY BASED SERVICES WAIVER

Funds in Specific Appropriation 242 may not be used for administrative costs. Funds for developmental training programs shall require a 12.5 percent match from local sources. In-kind match is acceptable provided there are no reductions in the number of persons served or level of services provided.

From the funds in Specific Appropriation 242, the Agency for Persons with Disabilities shall provide to the Governor, President of the Senate, and Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Medicaid Waiver program expenditures for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

The agency shall limit expenditures paid at the Enhanced Intensive Behavioral rate to agency clients that are being transitioned out of a comprehensive transitional education program pursuant to section 393.18, Florida Statutes, and only if it is determined that such clients need the enhanced rate to be safely maintained in the community.

244A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
 NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
 FIXED CAPITAL OUTLAY FOR PERSONS WITH
 DISABILITIES

From the funds in Specific Appropriation 244A, \$20,000 in nonrecurring funds from the General Revenue Fund is provided to the Palm Beach Habilitation Center for the site plan, engineering, and construction of a facility (Senate Form 1180).

From the funds in Specific Appropriation 244A, \$25,000 in nonrecurring funds from the General Revenue Fund is provided to the City of Hialeah Gardens for the design and construction of the Hialeah Gardens Therapy Pool for individuals with disabilities (Senate Form 2355).

PROGRAM MANAGEMENT AND COMPLIANCE

251 SPECIAL CATEGORIES
 CONTRACTED SERVICES

From the funds in Specific Appropriation 251, \$125,000 in

nonrecurring funds from the Social Services Block Grant Trust Fund and \$125,000 in nonrecurring funds from the Operations and Maintenance Trust Funds are provided to competitively procure or purchase from state contract independent consultant services to redesign the agency's transportation business model, as recommended by the Task Force on Transportation Disadvantaged Service's final report pursuant to s. 13(5), chapter 2017-71, Laws of Florida. Consultant services should, at a minimum, include an analysis of the existing transportation services provided by the agency, and a comparison of current agency negotiated transportation waiver rates with proposed transportation disadvantaged coordinated system and community transportation coordinator partnership rates.

252 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 252, \$500,000 in recurring funds from the General Revenue Fund is provided for Special Olympics (recurring base appropriations project).

255 SPECIAL CATEGORIES
HOME AND COMMUNITY SERVICES ADMINISTRATION

From the funds in Specific Appropriation 255, \$305,450 in nonrecurring funds from the General Revenue Fund and \$386,513 in nonrecurring funds from the Operations and Maintenance Trust Fund are provided to continue implementation of the Client Data Management System for the purpose of providing electronic verification of service delivery to recipients by providers, electronic billings for Developmental Disabilities Medicaid Waiver services, and electronic processing of claims. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include a detailed operational work plan and spending plan.

DEVELOPMENTAL DISABILITY CENTERS - CIVIL PROGRAM

From the funds in Specific Appropriation 257 through 268 to the Developmental Disability Centers - Civil Program, the Agency for Persons with Disabilities shall provide to the Governor, President of the Senate, and Speaker of the House of Representatives quarterly surplus-deficit reports projecting the total civil program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

DEVELOPMENTAL DISABILITY CENTERS - FORENSIC PROGRAM

From the funds in Specific Appropriation 268 through 279 the Developmental Disability Centers - Forensic Program, the Agency for Persons with Disabilities shall provide to the Governor, President of the Senate, and Speaker of the House of Representatives quarterly surplus-deficit reports projecting the total forensic program expenditures of the Developmental Disability Centers for the fiscal year along with any corrective action plans necessary to align program expenditures with annual appropriations.

CHILDREN AND FAMILIES, DEPARTMENT OF

No funds are appropriated in Specific Appropriations 280 through 380A, and Sections +++++ through +++++ for the payment of rent, lease or possession of space for offices or any other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720 or 590:M139, or any other lease, by the Department of Children and Families, notwithstanding any lease or contract to the contrary. The Department of Children and Families is prohibited from expending any specific appropriation from the General Revenue Fund, any trust fund or from any other source for the rent, lease or possession of any space for offices or other purpose or use at Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida, pursuant to State of Florida Lease Nos. 720:0139, 590:1998, 590:2226, 590:2348, 590:2523, 590:2664, 590:2681, 590:2720 or 590:M139, or any other lease.

ADMINISTRATION

PROGRAM: EXECUTIVE LEADERSHIP

EXECUTIVE DIRECTION AND SUPPORT SERVICES

282 EXPENSES

From the funds in Specific Appropriation 282, the Secretary of the department must establish the Title IV-E Task Force. The purpose of the task force is to evaluate policy and financial alternatives to address the impact of the expiration of the IV-E Demonstration Waiver on September 30, 2019. The department shall submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives by December 1, 2018, with findings and recommendations on whether to continue services authorized under the waiver, any policy or operational changes in the department and the community-based care lead agencies needed to address the loss of the waiver, and the budget and personnel changes needed to operate post-waiver. The Secretary of the department shall appoint at least one member from each of the following organizations or sectors to serve on the task force: Florida Coalition for Children; the statewide Guardian ad Litem Office; a child welfare service provider; a Children's Services Council; and a circuit court judge that presides over cases involving dependency proceedings. The department's Assistant Secretary for the Office of Child Welfare shall chair the task force.

PROGRAM: SUPPORT SERVICES

INFORMATION TECHNOLOGY

302 SPECIAL CATEGORIES
FLORIDA SAFE FAMILIES NETWORK (FSFN)
INFORMATION TECHNOLOGY SYSTEM

From the funds in Specific Appropriation 302, the nonrecurring sums of \$1,876,750 from the General Revenue Fund and \$138,770 from the Federal Grants Trust Fund are provided to begin activities that prepare and support the transition of the Florida Safe Families Network (FSFN) to comply with the Comprehensive Child Welfare Information System (CCWIS) federal requirements.

SERVICES

PROGRAM: FAMILY SAFETY PROGRAM

FAMILY SAFETY AND PRESERVATION SERVICES

310A LUMP SUM
SHARED RISK FUND FOR COMMUNITY BASED
PROVIDERS OF CHILD WELFARE SERVICES

The nonrecurring funds provided in Specific Appropriation 310A are available to community-based care lead agencies pursuant to the provisions of section 409.990, Florida Statutes.

313A SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 313A, nonrecurring general revenue funds are provided for the following projects:

Florida Baptist Children's Home - Brave Moms Program (Senate Form 1126)	309,000
Family First All Pro Dad - Adoption promotion services (Senate Form 1306)	475,000
Forever Family - Child safety and adoption awareness (Senate Form 1848)	250,000
Porch Light - Housing for human trafficking (Senate Form 1125)	200,000
Children of Inmates - Babies N Brains Family Supports Program (Senate Form 1722)	250,000
Redefining Refuge - Case Management for Sex Trafficked Minors (Senate Form 1769)	500,000
Project Livesaver Search and Rescue Program (Senate Form 2257)	75,000

High Risk Foster Care Youth Advocate Program (Senate Form 1447).....	175,000
Victory for Youth - Share Your Heart Program (Senate Form 1482).....	20,000

314 SPECIAL CATEGORIES
 GRANTS AND AIDS - GRANTS TO SHERIFFS FOR
 PROTECTIVE INVESTIGATIONS

Funds provided in Specific Appropriation 314 shall be used to award grants to the sheriffs of the following counties to conduct child protective investigations as authorized in section 39.3065, Florida Statutes. The funds shall be allocated as follows:

Broward County Sheriff.....	15,201,864
Hillsborough County Sheriff.....	13,738,700
Manatee County Sheriff.....	4,855,360
Pasco County Sheriff.....	6,466,825
Pinellas County Sheriff.....	11,915,854
Seminole County Sheriff.....	4,633,803

315 SPECIAL CATEGORIES
 GRANTS AND AIDS - DOMESTIC VIOLENCE
 PROGRAM

Funds provided in Specific Appropriation 315, \$11,164,596 from the General Revenue Fund, \$9,697,064 from the Domestic Violence Trust Fund, \$15,356,690 from the Federal Grants Trust Fund and \$7,750,000 from the Welfare Transition Trust Fund shall be provided to the Florida Coalition Against Domestic Violence for implementation of programs and the management and delivery of services of the state's domestic violence program including implementation of statutory directives contained in chapter 39, Florida Statutes, implementation of special projects, coordination of a strong families and domestic violence campaign, implementation of the child welfare and domestic violence co-location projects, conducting training and providing technical assistance to certified domestic violence centers and allied professionals, and administration of contracts designated under this appropriation.

From the funds in Specific Appropriation 315, \$2,157,654, including nonrecurring funds of \$91,412, from the Federal Grants Trust Fund shall be transferred to the Department of Health to contract with the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

316 SPECIAL CATEGORIES
 GRANTS AND AIDS - CHILD ABUSE PREVENTION
 AND INTERVENTION

Funds in Specific Appropriation 316 are provided for the Healthy Families Program. The department shall ensure that no less than 85 percent of the appropriated funds are spent on direct client services, including home visiting services, home safety assessments, health education, referrals, counseling, and peer support services. The Healthy Families Program shall continue to serve all Florida counties.

321 SPECIAL CATEGORIES
 SPECIAL NEEDS ADOPTION INCENTIVES

The funds provided in Specific Appropriation 321 are provided for adoption incentive benefits as authorized in section 409.1664, Florida Statutes.

325 SPECIAL CATEGORIES
 GRANTS AND AIDS - COMMUNITY BASED CARE
 FUNDS FOR PROVIDERS OF CHILD WELFARE
 SERVICES

From the funds in Specific Appropriation 325, the department shall restore any Fiscal Year 2017-2018 nonrecurring core services funding for each community-based care lead agency up to the amount of the nonrecurring allocation from Fiscal Year 2017-2018 before allocating the remaining core services funding pursuant to the equity allocation model prescribed in section 409.991, Florida Statutes.

From the funds provided in Specific Appropriation 325, the department shall conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all community-based care lead agencies and shall cover the most recent two consecutive fiscal years.

The review must include a comprehensive system-of-care analysis. All lead agencies must develop and maintain a plan to achieve financial viability which shall accompany the department's submission. The department's review shall be submitted to the Governor, President of the Senate, and Speaker of the House of Representatives by February 1, 2019.

From the funds provided in Specific Appropriation 325, the recurring sum of \$2,250,000 from the General Revenue Fund is provided for adoption incentive awards to community-based care lead agencies or their subcontractors, pursuant to section 409.1662, Florida Statutes.

326 SPECIAL CATEGORIES
GRANTS AND AIDS - ADOPTION ASSISTANCE
PAYMENTS AND MAINTENANCE SUBSIDIES

Funds provided in Specific Appropriation 326 are provided to community-based care lead agencies for the payment of adoption assistance subsidies pursuant to section 409.166, Florida Statutes.

By April 30, 2019, the department shall perform a reconciliation of the funding appropriated and the projected expenditures for adoption assistance for each lead agency. Any projected year-end surplus of funding shall, if necessary, be reallocated to the lead agencies that are projecting a year-end deficit. Any unexpended funds, as determined by a reconciliation of the fiscal year-end actual expenditures, shall revert on June 30, 2019.

326A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
PLACE OF HOPE, INC. - CHILD WELFARE AND
FOSTER CARE REGIONALIZATION - PHASE IV

Funds in Specific Appropriation 326A from nonrecurring general revenue funds are provided for Phase IV of the Place of Hope, Inc., Child Welfare Foster Care Regionalization Initiative (Senate Form 1063).

326B GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
CITRUS HEALTH NETWORK-CHANCE CAMPUS FOR
COMMERCIALLY SEXUALLY EXPLOITED YOUTH

Funds in Specific Appropriation 326B from nonrecurring general revenue funds are for the development of the Citrus Health Network, Citrus Helping Adolescents Negatively Affected by Commercial Exploitation (CHANCE) campus (Senate Form 1684).

PROGRAM: MENTAL HEALTH PROGRAM

MENTAL HEALTH SERVICES

333 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 333 and 334, the recurring sum of \$4,918,689 from the General Revenue Fund is provided as a cost of living increase for the contract agencies that operate the following mental health treatment facilities:

South Florida State Hospital.....	981,921
Florida Civil Commitment Center.....	222,158
Treasure Coast Forensic Treatment Center.....	2,136,288
South Florida Evaluation and Treatment Center.....	761,422
West Florida Community Care Center.....	816,900

PROGRAM: ECONOMIC SELF SUFFICIENCY PROGRAM

ECONOMIC SELF SUFFICIENCY SERVICES

347 SPECIAL CATEGORIES
GRANTS AND AIDS - HOMELESS HOUSING
ASSISTANCE GRANTS

From the funds in Specific Appropriation 347, the recurring sum of \$3,000,000 from the General Revenue Fund is provided to the local homeless coalition lead agencies throughout the state.

From the funds in Specific Appropriation 347, the following projects

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are funded from nonrecurring general revenue funds:

Transition House Homeless Veterans Program (Senate Form 1249).....	200,000
National Veterans Homeless Support Housing Assistance (Senate Form 2193).....	150,000

PROGRAM: COMMUNITY SERVICES

COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

366 SPECIAL CATEGORIES
 CHILDREN'S ACTION TEAMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Funds provided in Specific Appropriation 366, shall be used by the department to contract with the following providers for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates if they display two or more of the aforementioned characteristics.

From the funds in Specific Appropriation 366, the following recurring base appropriation projects are funded from general revenue funds:

SalusCare (Lee Mental Health) - Lee.....	750,000
Manatee Glens - Sarasota, Desoto.....	750,000
Circles of Care - Brevard.....	750,000
Life Management Center - Bay.....	750,000
David Lawrence Center - Collier.....	750,000
Child Guidance Center - Duval.....	750,000
Institute for Child and Family Health - Miami-Dade.....	750,000
Mental Health Care - Hillsborough.....	750,000
Personal Enrichment Mental Health Services - Pinellas.....	750,000
Peace River Center - Polk, Highlands, Hardee.....	750,000
COPE Center - Walton.....	750,000
Lifestream Behavioral Center - Sumter and Lake.....	750,000
Lakeside Behavioral Healthcare - Orange.....	750,000
Citrus Health Network - Miami-Dade.....	750,000
Manatee Glens - Manatee.....	750,000
Lakeview Center - Escambia.....	750,000
Sinfonia - Alachua.....	750,000
Baycare Behavioral Health - Pasco.....	750,000
Meridian Behavioral Health - Alachua, Columbia, Dixie, Hamilton, Lafayette, and Suwannee.....	750,000
The Centers - Marion.....	750,000
Sinfonia - Palm Beach.....	750,000
Bridgeway Center - Okaloosa.....	750,000
Clay Behavioral Health - Putnam, Clay.....	750,000

From the remaining \$1,500,000 of recurring general revenue funds in Specific Appropriation 366, the department is directed to competitively procure services for two Community Action Treatment Teams, one to serve Broward County and one to serve the Treasure Coast region.

From the funds in Specific Appropriation 366, the following projects are funded from nonrecurring general revenue funds:

Halifax Health - Volusia and Flagler (Senate Form 1463)....	750,000
Apalachee Center - Leon, Gadsden, Wakulla (Senate Form 1818)	750,000
Charlotte Behavioral Healthcare-Charlotte (Senate Form 1159)	750,000

367 SPECIAL CATEGORIES
 GRANTS AND AIDS - COMMUNITY MENTAL HEALTH SERVICES

From the funds in Specific Appropriation 367, the following recurring base appropriations projects are funded with general revenue funds:

Citrus Health Network.....	455,000
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Apalachee Center - Forensic treatment services.....	1,401,600
Henderson Behavioral Health - Forensic treatment services...	1,401,600
Mental Health Care - Forensic treatment services.....	700,800
Apalachee Center - Civil treatment services.....	1,593,853
Lifestream Behavioral Center - Civil treatment services....	1,622,235
New Horizons of the Treasure Coast - Civil treatment services.....	1,393,482

From the funds in Specific Appropriation 367, the following project is funded from nonrecurring general revenue funds:

Apalachee Center - Forensic services (Senate Form 1802)...	500,000
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From the funds in Specific Appropriation 367, the nonrecurring sum of \$1,000,000 from the General Revenue Fund is provided for supported employment services for individuals with mental health disorders.

369 SPECIAL CATEGORIES
 GRANTS AND AIDS - COMMUNITY SUBSTANCE
 ABUSE SERVICES

From the funds in Specific Appropriation 369, the recurring sum of \$10,000,000 from the General Revenue Fund shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

From the funds in Specific Appropriation 369, the recurring sums of \$9,960,000 from the General Revenue Fund and \$2,100,000 from the Federal Grants Trust Fund are provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

From the funds in Specific Appropriation 369, the sum of \$840,000 from the General Revenue Fund is provided to Centerstone of Florida (recurring base appropriations project) for the operation of a Family Intensive Treatment (FIT) team.

From the funds in Specific Appropriation 369, the following recurring base appropriations projects are funded with general revenue funds:

St. Johns County Sheriff's Office - Detox program.....	1,300,000
Here's Help.....	200,000
Drug Abuse Comprehensive Coordinating Office (DACCO).....	100,000

370 SPECIAL CATEGORIES
 GRANTS AND AIDS - CENTRAL RECEIVING
 FACILITIES

Funds in Specific Appropriation 370 from recurring general revenue funds are provided to fund centralized receiving facilities to serve individuals needing evaluation, stabilization or crisis services pursuant to sections 394.463 or 397.67, Florida Statutes.

371 SPECIAL CATEGORIES
 CONTRACTED SERVICES

From the funds in Specific Appropriation 371, the recurring sum of \$1,500,000 and the nonrecurring sum of \$100,000 from the General Revenue Fund are provided to the department to contract with a nonprofit organization for the distribution and associated medical costs of naltrexone extended-release injectable medication to treat alcohol and opioid dependency (Senate Form 2472).

372 SPECIAL CATEGORIES
 GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 372, the following projects

are funded with nonrecurring general revenue funds:

The David Lawrence Center.....	100,000
Centerstone of Florida - Psychiatric Residency Expansion (Senate Form 1493).....	500,000
Specialized Treatment, Education and Prevention (STEPS) Women's Residential Treatment (Senate Form 2040).....	150,000
Clay Behavioral Health - Crisis Prevention Team (Senate Form 2020).....	800,000
Jewish Family and Children Services (JFCS) of the Suncoast - Children's Crisis Team (Senate Form 1001).....	100,000
Johns Hopkins All Children's Hospital - Management of Perinatal and Postpartum Depression (Senate Form 2215)....	250,000
South Florida Behavioral Network - Involuntary Outpatient Services (Senate Form 1037).....	300,000
Memorial Healthcare - Medication Assisted Treatment Program (Senate Form 1327).....	250,000
Baycare Behavioral Health - Veterans Intervention Program (Senate Form 1842).....	385,000
St. Vincent's Healthcare - Saving Lives Project (Senate Form 2238).....	624,105
DACCO Zero Exposure Newborn Program (Senate Form 2121).....	250,000
Camillus House - Institute of Social and Personal Adjustment (ISPA) Program (Senate Form 2057).....	250,000
Lifestream Behavioral Center - Indigent Baker Act Inpatient Services (Senate Form 2044).....	1,123,634
Personal Enrichment through Mental Health Services - Crisis Stabilization Unit Services (Senate Form 1758).....	500,000
Gulfcoast Veterans Integrated Behavioral Healthcare (Senate Form 1571).....	100,000
The Renaissance Manor - Assisted Living Services for Mental Health Clients (Senate Form 1108).....	600,000
SalusCare Wrap-Around Services in Response to the Opioid Crisis (Senate Form 1413).....	504,529
Meridian Health Primary Care Clinic (Senate Form 1931).....	500,000

379 SPECIAL CATEGORIES
 CONTRACTED SERVICES - SUBSTANCE ABUSE AND
 MENTAL HEALTH ADMINISTRATION

Funds in Specific Appropriation 379 are provided for the administration costs of the seven regional managing entities that deliver behavioral health care through local network providers.

380A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
 NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
 LAKELAND REGIONAL MEDICAL CENTER -
 FREESTANDING BEHAVIORAL HEALTH HOSPITAL
 AND OUTPATIENT CENTER

Funds in Specific Appropriation 380A in nonrecurring general revenue funds are provided to support the construction of a free-standing Behavioral Health Hospital and Outpatient Center on the campus of Lakeland Regional Medical Center (Senate Form 1269).

ELDER AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO ELDERS PROGRAM

HOME AND COMMUNITY SERVICES

394 SPECIAL CATEGORIES
 GRANTS AND AIDS - ALZHEIMER'S DISEASE
 INITIATIVE

From the funds in Specific Appropriation 394, \$3,000,000 from the General Revenue Fund is provided for Alzheimer's respite care services to serve individuals on the waitlist statewide.

From the funds in Specific Appropriations 394, \$1,000,000 from the General Revenue Fund is provided as a differential unit rate increase of up to 30 percent for those receiving services by an Alzheimer's services adult day care center licensed under ch. 429.918, Florida Statutes, on or before March 1, 2017. The Department of Elder Affairs shall use the providers' Alzheimer's Disease Initiative Respite In-Facility Reimbursable Unit Rate as its baseline when calculating the differential increase.

From the funds in Specific Appropriation 394, the following projects

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are funded from recurring general revenue funds:

University of South Florida Policy Exchange (recurring base appropriations project).....	80,977
Dan Cantor Center - Alzheimer's Project (recurring base appropriations project).....	169,287
Alzheimer's Community Care Association (recurring base appropriations project).....	1,500,000
Alzheimer's Caregiver Projects (recurring base appropriations project).....	234,297

From the funds in Specific Appropriation 394, the following projects are funded from nonrecurring general revenue funds:

Jewish Family and Community Services of Southwest Florida (Senate Form 1230).....	75,000
Alzheimer's Family Care Center of Broward County (Senate Form 1452).....	120,454
Alzheimer's Community Care Association, Inc. (Senate Form 2376).....	1,500,000

395 SPECIAL CATEGORIES
 GRANTS AND AIDS - COMMUNITY CARE FOR THE ELDERLY

From the funds in Specific Appropriation 395, \$4,000,000 from the General Revenue Fund is provided to serve elders on the Community Care for the Elderly Program waitlist. The Department of Elder Affairs must allocate these increased funds to the eleven planning and service areas according to the department's established statewide allocation formula for the Community Care for the Elderly Program. Each Aging Resource Center must prioritize funding to serve frail seniors on the waiting list who are most at risk of nursing home placement.

From the funds in Specific Appropriation 395, \$1,000,000 from the General Revenue Fund is provided to serve elders on the Home Care for the Elderly Program waitlist. The Department of Elder Affairs shall allocate these increased funds to the eleven planning and service areas according to the department's established statewide allocation formula for the Home Care for the Elderly Program. Each Aging Resource Center shall prioritize funding to serve frail seniors on the waiting list with a Level 5 who are most at risk of nursing home placement and have an approved adult caregiver living with them who is willing and able to provide or help arrange for care.

397 SPECIAL CATEGORIES
 GRANTS AND AIDS - OLDER AMERICANS ACT PROGRAM

From the funds in Specific Appropriation 397, the following recurring base appropriation projects are funded from recurring general revenue funds:

Congregate & Homebound Meals for At-Risk Elderly, Non-Ambulatory, & Handicapped Residents (Allapattah).....	361,543
Area Agency on Aging of North Florida, Inc.....	105,571
Mid-Florida Area Agency on Aging, Inc. - Model Day Care Project.....	105,571
City of Hialeah Elder Meals Program.....	250,000
City of Sweetwater Elderly Activities Center (Mildred & Claude Pepper Senior Center).....	418,242
Elder at Risk Meals (Marta Flores High Risk Nutritional Program for Elders).....	623,877
Ruth and Norman Rales Jewish Family Services.....	39,468
Miami Beach Senior Center - Jewish Community Services of South Florida, Inc.....	158,367
Aging and Disability Resource Center of Broward County, Inc. Provider Service Area (PSA) 10.....	681,080
Alliance for Aging, Inc. - Provider Service Area (PSA) 11.....	693,456
Area Agency on Aging of Pasco-Pinellas, Inc. - Provider Service Area (PSA) 5.....	1,046,000
Senior Connection Center, Inc. - Provider Service Area (PSA) 6.....	113,000
Seymour Gelber Adult Day Care Program - Jewish Community Services of South Florida, Inc.....	23,234
Southwest Social Services.....	653,501
St. Ann's Nursing Center.....	65,084
West Miami Community Center - City of West Miami.....	69,071
Little Havana Activities and Nutrition Centers of	

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Dade County.....	334,770
Holocaust Survivors Assistance Program - Boca Raton Jewish Federation.....	92,946
Lippman Senior Center.....	228,000
Michael-Ann Russell Jewish Community Center - Senior Wellness Center.....	83,647
Alliance for Aging, Inc.....	152,626
Area Agency on Aging of Pasco - Pinellas, Inc.....	105,571
Areawide Council on Aging of Broward County.....	167,292

From the funds in Specific Appropriation 397, the following projects are funded from nonrecurring general revenue funds:

Little Havana Activities and Nutrition Center - Adult Day Care (Senate Form 1332).....	1,050,000
North Miami Foundation for Senior Citizen Services, Inc. Home Delivered Meals (Senate Form 1735).....	250,000
Federation Transportation Services (Senate Form 1445).....	43,640
Community Coalition Hot Meals Program (Senate Form 1710)...	250,000
Self Reliance, Inc. - Home Modification for Elders Program (Senate Form 2030).....	200,000
City of North Miami Hot Meals Program (Senate Form 1910)...	300,000
Holocaust Survivors Assistance Program - Boca Raton Jewish Federation (Senate Form 1461).....	250,000
Easter Seals of South Florida - Kendall (Senate Form 1090)..	200,000
Nassau Council on Aging - Feeding Seniors (Senate Form 1665).....	400,000
Northeast Florida Area Agency on Aging - Home Delivered Meals (Senate Form 1655).....	400,000
United Home Care Assisted Living Facility - Miami-Dade (Senate Form 2189).....	20,000

399 SPECIAL CATEGORIES
 GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 399, \$50,000 in nonrecurring funds from the General Revenue Fund is provided to PACE Partners of Northeast Florida, Inc., to conduct a feasibility study that examines the potential to establish a new Program for All-Inclusive Care for the Elderly (PACE) service catchment area that includes Clay, Putnam, and Bradford Counties (Senate Form 2439).

403 SPECIAL CATEGORIES
 PROGRAM OF ALL-INCLUSIVE CARE FOR THE
 ELDERLY (PACE)

From the funds in Specific Appropriation 403, \$617,275 from the General Revenue Fund and \$992,727 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 60 slots in Pinellas County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$863,773 from the General Revenue Fund and \$1,389,155 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 75 slots in Martin County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$775,329 from the General Revenue Fund and \$1,246,917 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 60 slots in Miami-Dade County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$1,151,697 from the General Revenue Fund and \$1,852,207 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 100 slots in Baker, Clay, Duval, Nassau, and St. Johns Counties, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$931,440 from the General Revenue Fund and \$1,497,980 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 80 slots in Orange County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$1,061,286 from the General Revenue Fund and \$1,706,804 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care

for the Elderly (PACE) by 100 slots in Collier County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$1,115,390 from the General Revenue Fund and \$1,793,818 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 100 slots in Lee County, effective July 1, 2018.

From the funds in Specific Appropriation 403, \$1,184,939 from the General Revenue Fund and \$1,905,669 from the Operations and Maintenance Trust Fund are provided to increase the Program for All-Inclusive Care for the Elderly (PACE) by 100 slots in Charlotte County, effective July 1, 2018.

HEALTH, DEPARTMENT OF

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT

ADMINISTRATIVE SUPPORT

427 LUMP SUM
DISASTER RECOVERY SERVICES

The funds in Specific Appropriation 427 are provided for the Department of Health to obtain a managed disaster recovery service that does not require the purchase of hardware. The department is authorized to request the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Requests for release of funds shall include a detailed implementation plan and project spend plan.

PROGRAM: COMMUNITY PUBLIC HEALTH

COMMUNITY HEALTH PROMOTION

438 SALARIES AND BENEFITS

From the funds in Specific Appropriation 438, \$329,444 and four positions are provided to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with Section 27, Article X of the State Constitution.

445 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - FLUORIDATION PROJECT

From the funds in Specific Appropriation 445, \$200,000 in nonrecurring funds from the General Revenue Fund is provided for the Community Water Fluoridation program (Senate Form 1098).

446 AID TO LOCAL GOVERNMENTS
SCHOOL HEALTH SERVICES

From the funds in Specific Appropriations 446 and 461, \$5,000,000 from the Federal Grants Trust Fund is provided for school health services using Title XXI administrative funding.

448 SPECIAL CATEGORIES
GRANTS AND AIDS - OUNCE OF PREVENTION

The funds in Specific Appropriation 448 are provided to fund a recurring base appropriations project related to the Ounce of Prevention. The Ounce of Prevention shall identify, fund and evaluate innovative prevention programs for at-risk children and families. The sum of \$250,000 shall be used for statewide public education campaigns on television and radio to educate the public on critical prevention issues facing Florida's at-risk children and families. The Ounce of Prevention must contract with a non-profit corporation that provides matching funds in a three to one ratio.

449 SPECIAL CATEGORIES
GRANTS AND AIDS - CRISIS COUNSELING

The funds in Specific Appropriation 449 are provided to fund a recurring base appropriations project for the Pregnancy Support Services Program. These funds may be used to provide wellness services, including but not limited to, high blood pressure screening, flu vaccines, anemia testing, thyroid screening, cholesterol screening, diabetes screening, assistance with smoking cessation, and tetanus vaccines. Wellness services may be offered through availability of vouchers or other

appropriate arrangements allowing the purchase of services from qualified providers.

From the funds in Specific Appropriation 449, a minimum of 85 percent of the appropriated funds shall be spent on direct client services, including life skills, program awareness, and communications.

The Department of Health shall award a contract to the current Florida Pregnancy Support Services Program contract management provider for this Specific Appropriation. The contract shall provide for payments to such provider of \$500 per month per sub-contracted direct service provider for contract oversight, to include technical and educational support. The department is authorized to spend no more than \$50,000 for agency program oversight activities.

451 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 451, \$2,500,000 from the General Revenue Fund is provided to the Florida Council Against Sexual Violence. At least 95 percent of the funds provided shall be distributed to certified rape crisis centers to provide services statewide for victims of sexual assault (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$2,157,654 from the Federal Grants Trust Fund, of which \$91,412 is nonrecurring, is provided to the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

From the funds in Specific Appropriation 451, \$1,000,000 from the General Revenue Fund, of which \$250,000 is nonrecurring (Senate Form 1676), is provided to the Florida Heiken Children's Vision Program to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no other source for vision care (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$1,000,000 from the General Revenue Fund is provided to VisionQuest to provide free comprehensive eye examinations and eyeglasses to financially disadvantaged school children who have no access to vision care. These services will be provided statewide and VisionQuest shall be reimbursed at current Medicaid rates for exams, refractions, and dispensing; and at a flat rate of \$48 for eyeglasses (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$500,000 in nonrecurring funds from the General Revenue Fund is provided to the Sertoma Speech and Hearing Foundation of Florida, Inc., a Florida non-profit corporation, to support auditory oral early intervention programs serving children who are deaf ages birth through two, in multiple counties including rural and underserved areas. These early intervention programs must solely offer auditory oral educational habilitation services, as defined and described in section 1002.391, Florida Statutes, and include faculty members who are credentialed as Certified Listening and Spoken Language Specialists or hearing support services in pursuit of spoken language outcomes for infants and toddlers who are deaf (Senate Form 1849).

From the funds in Specific Appropriation 451, \$300,000 from the General Revenue Fund is provided for the Mary Brogan Breast and Cervical Cancer Early Detection Program pursuant to section 381.93, Florida Statutes.

From the funds in Specific Appropriation 451, \$9,500,000 from the General Revenue Fund is provided to the Florida Association of Free and Charitable Clinics (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$282,039 from the General Revenue Fund shall continue to be provided to the Palm Beach County Rape Crisis Center (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$283,643 from the General Revenue Fund shall continue to be provided to Community Smiles to partner with the Miami Children's Hospital pediatric dental residency program (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$500,000 from the General Revenue Fund shall continue to be provided to the Andrews Institute Foundation's Eagle Fund for rehabilitative services to

soldiers wounded during military service (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$2,453,632 from the General Revenue Fund shall continue to be provided to the Florida International University Neighborhood Help program (recurring base appropriations project).

From the funds in Specific Appropriation 451, \$714,519 from the General Revenue Fund shall continue to be provided to the University of Florida College of Dentistry to provide services through a network of community-based clinics (recurring base appropriations project).

From the funds in Specific Appropriation 451, nonrecurring funds from the General Revenue Fund are provided for the following projects:

Alachua County Organization for Rural Needs (ACORN) (Senate Form 1912).....	750,000
Project Be Strong - Teen Pregnancy Prevention (Senate Form 1907).....	50,000
Florida Donated Dental Services Program (Senate Form 1107)..	150,000
Foundation for Healthy Floridians (Senate Form 2064).....	750,000
Keys Area Health Education Center (Senate Form 1711).....	250,000
St. John Bosco Clinic (Senate Form 1260).....	300,000
AGAPE Community Health Center, Inc. (Senate Form 1765).....	150,000
Collier Resource Center, Inc. (Senate Form 1190).....	25,000
Bond Community Health Clinic, Inc. (Senate Form 2304).....	50,000

452 SPECIAL CATEGORIES
 GRANTS AND AIDS - HEALTHY START COALITIONS

From the funds in Specific Appropriation 452, the Department of Health shall, in consultation with the Florida Association of Healthy Start Coalitions, alter the Healthy Start service delivery system, including the potential realignment of the current geographic configuration of the coalitions. Coalitions that have a federal Healthy Start site designated by the Health Resources and Services Administration of the United States Department of Health and Human Services within their current service catchment area as of July 1, 2018, shall be preserved. The new service delivery system shall maximize the use of available local, state, and federal funds by targeting services to at-risk women and infants in zip codes with the highest incidence of fetal and infant mortalities and other poor birth outcomes including, but not limited to, low and very low weight births and premature births, in order to reduce ethnic and racial disparities. The targeted services shall be evidenced-based, incorporate national and international best practices, and not duplicate services provided by other programs such as Healthy Families and Early Steps. The department and coalitions shall leverage existing partnerships with migrant and community health centers, hospitals and health systems, managed care organizations, local governments, state agencies, managing entities, federal maternal and child health programs, and community-based organizations to ensure that any gaps identified in the new service delivery system are met. The department may use a portion of funds to facilitate the expansion, especially in rural areas of the state, of model evidence-based programs that have been implemented in other states. Where feasible, the coalitions shall co-locate in department facilities to reduce administrative overhead. The department may permit, without charge, appropriate use of administrative services, property, and facilities of the department by the coalitions. At least 90 percent of funds distributed to coalitions must be spent on subcontracted direct client services. The department is authorized to spend no more than \$500,000 for agency program oversight activities.

From the funds in Specific Appropriation 452, \$500,000 in nonrecurring funds from the General Revenue Fund is provided to fund the communities selected through the competitive procurement process in 2016 to integrate the Nurse-Family Partnership model and provide intensive nurse visitation services for women and their infants. From these funds, the department may use up to \$10,000 to contract with the Nurse-Family Partnership National Service Office for process and outcome data identification, management, and analysis. Any needed training and programmatic support will also be provided. Any funds distributed to communities are contingent upon a minimum 25 percent local match requirement for each year of implementation funding (Senate Form 1218).

From the funds in Specific Appropriation 452, \$100,000 in nonrecurring funds from the General Revenue Fund is provided for the development of a Pay for Success Feasibility Analysis in Florida. The

Department of Health shall competitively procure, by August 1, 2018, an independent consultant experienced in successfully developing and implementing Pay for Success projects. The final report shall recommend steps, processes, and structures required to implement a Nurse-Family Partnership Pay for Success project in Florida. The department shall submit the report to the Governor, President of the Senate, and Speaker of the House of Representatives by December 1, 2018 (Senate Form 1218).

453 SPECIAL CATEGORIES
 TRANSFER TO BIOMEDICAL RESEARCH TRUST FUND

Funds in Specific Appropriation 453 are provided for the Live Like Bella Initiative pursuant to s. 381.922(2)(c), F.S., to advance progress toward curing pediatric cancer.

455 SPECIAL CATEGORIES
 WILLIAM G. "BILL" BANKHEAD, JR., AND DAVID
 COLEY CANCER RESEARCH PROGRAM

From the funds in Specific Appropriation 455, \$500,000 from the Biomedical Research Trust Fund is provided to maintain the statewide Brain Tumor Registry Program at the McKnight Brain Institute (recurring base appropriations project).

457 SPECIAL CATEGORIES
 FLORIDA CONSORTIUM OF NATIONAL CANCER
 INSTITUTE CENTERS PROGRAM

Funds in Specific Appropriation 457 are provided for the Florida Consortium of National Cancer Institute (NCI) Centers Program established in section 381.915, Florida Statutes.

Cancer centers are eligible for Tier 1, Tier 2 and Tier 3 designation to participate in the Florida Consortium of National Cancer Institute (NCI) Centers Program as follows: H. Lee Moffitt Cancer Center and Research Institute is eligible for Tier 1 designation as a NCI-designated comprehensive cancer center; and the University of Miami Sylvester Comprehensive Cancer Center and the University of Florida Health Shands Cancer Hospital are eligible for Tier 3 designation in the Florida Consortium of NCI Centers Program.

457A SPECIAL CATEGORIES
 BIOMEDICAL RESEARCH

From the funds in Specific Appropriation 457A, \$1,500,000 in nonrecurring funds from the General Revenue Fund is provided for the purpose of supporting activities in relation to biomedical research through the Florida Drug Discovery Acceleration Program at Torrey Pines Institute for Molecular Studies (Senate Form 1478).

458 SPECIAL CATEGORIES
 ENDOWED CANCER RESEARCH

Funds in Specific Appropriation 458 are provided to the Mayo Clinic Cancer Center of Jacksonville to fund an endowed cancer research chair pursuant to section 381.922(4), Florida Statutes.

459 SPECIAL CATEGORIES
 ALZHEIMER RESEARCH

Funds in Specific Appropriation 459 are provided for the Ed and Ethel Moore Alzheimer's Disease Research Program established in section 381.82, Florida Statutes.

465 SPECIAL CATEGORIES
 COMPREHENSIVE STATEWIDE TOBACCO PREVENTION
 AND EDUCATION PROGRAM

Funds in Specific Appropriation 465 shall be used to implement the Comprehensive Statewide Tobacco Education and Prevention Program in accordance with section 27, Article X of the State Constitution as adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor. The appropriation shall be allocated as follows:

State & Community Interventions.....	11,586,392
State & Community Interventions - AHEC.....	5,799,292
Health Communications Interventions.....	23,334,067
Cessation Interventions.....	13,823,823

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Cessation Interventions - AHEC.....	7,862,649
Surveillance & Evaluation.....	6,247,054
Administration & Management.....	1,418,998

From the funds in Specific Appropriation 465, the Department of Health may use nicotine replacements and other treatments approved by the federal Food and Drug Administration as part of smoking cessation interventions.

All contracts funded by this specific appropriation shall include performance measures and measurable outcomes. The Department of Health shall establish specific performance and accountability criteria for all intervention and evaluation contracts. The criteria shall be based on best medical practices, past smoking cessation experience, the federal Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs, and the ability to impact the broadest population.

466A GRANTS AND AIDS TO LOCAL GOVERNMENTS AND
NONSTATE ENTITIES - FIXED CAPITAL OUTLAY
GRANTS AND AIDS - HEALTH FACILITIES

From the funds in Specific Appropriation 466A, \$500,000 in nonrecurring funds from the General Revenue Fund is provided to the Fisherman's Community Hospital for a temporary modular hospital to maintain healthcare access for visitors and residents of the middle Keys affected by Hurricane Irma (Senate Form 2167).

DISEASE CONTROL AND HEALTH PROTECTION

469 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - AIDS PATIENT CARE

From the funds in Specific Appropriation 469, \$719,989 from the General Revenue Fund shall continue to be provided to Jackson Memorial Hospital for the South Florida AIDS Network (recurring base appropriations project).

From the funds in Specific Appropriation 469, \$239,996 from the General Revenue Fund shall continue to be provided to the Youth Expressions and Farm Workers programs that provide HIV/AIDS outreach to Haitian and Latino communities (recurring base appropriations project).

470 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS - HIV/AIDS PREVENTION AND
TREATMENT

The funds in Specific Appropriation 470 from the General Revenue Fund may be used to fund Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Patient Care activities, Patient Care Networks, Ryan White Consortia, AIDS Insurance Continuation Project, and HIV prevention initiatives and services to ensure the legislatively required communicable disease prevention and control program for HIV/AIDS uses current and emerging strategies for reducing new HIV infections and addresses the health and social support needs of persons living with HIV in Florida. Prevention initiatives and current and emerging strategies include, but are not limited to, screening and the use of antiretroviral drugs.

The funds in Specific Appropriation 470 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

474 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 474, \$450,000 from the General Revenue Fund is provided to the Birth Defects Registry.

475 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 475, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided for Florida academic and research institutions designated as Centers for AIDS

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Research (CFAR) by the National Institutes of Health to enhance high quality HIV/AIDS research projects conducted in response to the health needs of Florida's citizens (Senate Form 1951).

From the funds in Specific Appropriation 475, the following projects are funded with nonrecurring funds from the General Revenue Fund:

Florida State University Panama City Campus - Rural Northwest Florida Mosquito Surveillance Program (Senate Form 1696).....	578,544
Live Like Bella Childhood Cancer Foundation (Senate Form 2038).....	600,000

COUNTY HEALTH DEPARTMENTS LOCAL HEALTH NEEDS

487 AID TO LOCAL GOVERNMENTS
 COMMUNITY HEALTH INITIATIVES

From the funds in Specific Appropriation 487, \$1,551,797 from the General Revenue Fund is provided for the following recurring base appropriations projects:

La Liga - League Against Cancer.....	1,150,000
Minority Outreach - Penalver Clinic.....	319,514
Manatee County Rural Health Services.....	82,283

495A FIXED CAPITAL OUTLAY
 CONSTRUCTION, RENOVATION, AND EQUIPMENT -
 COUNTY HEALTH DEPARTMENTS

From the funds in Specific Appropriation 495A, the following projects are funded with nonrecurring general revenue funds:

Santa Rosa County Health Department (Senate Form 1603).....	150,000
Walton County Health Department (Senate Form 1531).....	200,000

STATEWIDE PUBLIC HEALTH SUPPORT SERVICES

502A LUMP SUM
 COMMUNITY HEALTH CENTERS

The nonrecurring funds provided in Specific Appropriation 502A are provided to community health centers. The release of funds is contingent upon the Department of Health submitting a budget amendment, in accordance with the provisions of chapter 216, Florida Statutes, detailing the distribution of funds to eligible Federally Qualified Health Centers (Senate Form 2056).

507 SPECIAL CATEGORIES
 GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 507, \$1,000,000 from the General Revenue Fund is provided to contract with the Brain Injury Association of Florida (BIAF) to identify and link resources to traumatic brain injury patients (recurring base appropriations project).

From the funds in Specific Appropriation 507, \$94,867 from the General Revenue Fund is provided for the Southwest Alachua County Primary and Community Health Care Clinic (recurring base appropriations project).

From the funds in Specific Appropriation 507, the following project is funded with nonrecurring funds from the General Revenue Fund:

Bitner/Plante Amyotrophic Lateral Sclerosis Initiative of Florida (Senate Form 2166).....	500,000
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508 SPECIAL CATEGORIES
 DRUGS, VACCINES AND OTHER BIOLOGICALS

The funds in Specific Appropriation 508 from the Federal Grants Trust Fund are contingent upon sufficient state matching funds being identified to qualify for the federal Ryan White grant award. The Department of Health and the Department of Corrections shall collaborate in determining the amount of state general revenue funds expended by the Department of Corrections for AIDS-related activities and services that qualify as state matching funds for the Ryan White grant.

515 SPECIAL CATEGORIES
GRANTS AND AIDS - SPINAL CORD RESEARCH

From the funds in Specific Appropriation 515, \$1,000,000 in nonrecurring funds from the General Revenue Fund is provided to the Miami Project to Cure Paralysis (Senate Form 1694).

PROGRAM: CHILDREN'S MEDICAL SERVICES

CHILDREN'S SPECIAL HEALTH CARE

From the funds in Specific Appropriations 520 through 533, the Department of Health shall provide to the Governor, President of the Senate, and Speaker of the House of Representatives monthly surplus-deficit reports projecting the total Children's Medical Services expenditures, by program, for the fiscal year, along with any corrective action plans necessary to align program expenditures with annual appropriations.

524 SPECIAL CATEGORIES
GRANTS AND AIDS - CHILDREN'S MEDICAL
SERVICES NETWORK

The funds in Specific Appropriation 524 shall not be used to support continuing education courses or training for health professionals or staff employed by the Children's Medical Services (CMS) Network or under contract with the Department of Health. This limitation shall include but not be limited to: classroom instruction, train the trainer, or web-based continuing education courses that may be considered professional development, or that results in continuing education credits that may be applied towards the initial or subsequent renewal of a health professional's license. This does not preclude the CMS Network from providing information on treatment methodologies or best practices to appropriate CMS Network health professionals, staff, or contractors.

From the funds in Specific Appropriation 524, the Department of Health shall transfer an amount not to exceed \$450,000 from the General Revenue Fund to the Agency for Health Care Administration for Medicaid reimbursable services that support children enrolled in contracted medical foster care programs.

From the funds in Specific Appropriation 524, \$280,000 from the General Revenue Fund shall continue to be provided to the Fetal Alcohol Spectrum Disorder program in Sarasota County (recurring base appropriations project).

From the funds in Specific Appropriation 524, up to \$2,500,000 may be used by the Department of Health Children's Medical Services Program to provide benefits authorized in section 391.0315, Florida Statutes, for children with chronic and serious medical conditions who do not qualify for Medicaid or Title XXI of the Social Security Act. The department shall maximize the use of funding provided by federal block grants before utilizing general revenue funds. Children eligible for assistance using these funds must be uninsured, insured but not covered for medically necessary services, or unable to access services due to lack of providers or lack of financial resources regardless of insurance status. The department may serve children on a first-come, first-serve basis until the appropriated funds are fully obligated. Receiving services through the Safety Net Program does not constitute an entitlement for coverage or services when funds appropriated for this purpose are exhausted.

527 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 527, \$250,000 from the Maternal and Child Health Block Grant Trust Fund is provided to conduct a statewide marketing campaign to promote Bright Expectations - the Information Clearinghouse on Developmental Disabilities - established pursuant to section 383.141, Florida Statutes. The statewide marketing campaign shall be designed to educate the broadest population permissible under the funds provided in this specific appropriation and shall include, but not be limited to, social media, print, radio, and the proliferation of informational pamphlets in all health care settings where the target market receives health care services.

528 SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 528, \$250,000 in nonrecurring funds from the General Revenue Fund is provided to the Islet Cell Transplantation to Cure Diabetes initiative (Senate Form 1677).

From the funds in Specific Appropriation 528, \$300,000 from the General Revenue Fund is provided to A Safe Haven for Newborns (recurring base appropriations project).

From the funds in Specific Appropriation 528, \$500,000 from the General Revenue Fund shall continue to be provided to the Diaphragmatic Pacing Demonstration Project at the Broward Children's Center (recurring base appropriations project).

From the funds in Specific Appropriation 528, \$20,000 in nonrecurring funds from the General Revenue Fund is provided to the Ann Storck Center Early Intervention Program (Senate Form 1952).

529 SPECIAL CATEGORIES
POISON CONTROL CENTER

From the funds in Specific Appropriation 529, \$3,672,805 in funds from the General Revenue Fund is provided to the Poison Control Centers of Florida.

531 SPECIAL CATEGORIES
GRANTS AND AIDS - DEVELOPMENTAL EVALUATION
AND INTERVENTION SERVICES/PART C

From the funds in Specific Appropriation 531, \$3,720,151 from the General Revenue Fund is provided as the state match for Medicaid reimbursable early intervention services in Specific Appropriation 195.

From the funds in Specific Appropriation 531, at least 85 percent of funds distributed to Local Early Steps providers must be spent on direct client services.

PROGRAM: HEALTH CARE PRACTITIONER AND ACCESS

MEDICAL QUALITY ASSURANCE

542 SPECIAL CATEGORIES
CONTRACTED SERVICES

From the funds in Specific Appropriation 542, \$990,789 from the Medical Quality Assurance Trust Fund, of which \$117,700 is nonrecurring, is provided for improvements to the Prescription Drug Monitoring Program system and is contingent upon Senate Bill 8, or similar legislation, becoming law.

VETERANS' AFFAIRS, DEPARTMENT OF

PROGRAM: SERVICES TO VETERANS' PROGRAM

VETERANS' HOMES

563A FIXED CAPITAL OUTLAY
STATE NURSING HOME FOR VETERANS - DMS MGD

From the funds in Specific Appropriation 563A, the nonrecurring sum of \$500,000 from the General Revenue Fund is provided to the Marion County Board of County Commissioners for preliminary engineering and site feasibility studies pertaining to the construction of a state veterans' nursing home (Senate Form 1052).

564 FIXED CAPITAL OUTLAY
MAINTENANCE AND REPAIR OF STATE-OWNED
RESIDENTIAL FACILITIES FOR VETERANS

Funds in Specific Appropriation 564 are provided to support the following maintenance and repair projects:

Lake City State Veterans' Home.....	400,000
Panama City State Veterans' Home.....	250,000
Port Charlotte State Veterans' Home.....	250,000

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Daytona State Veterans' Home.....	255,000
Land O'Lakes State Veterans' Home.....	295,000
Pembroke Pines State Veterans' Home.....	280,000
St. Augustine State Veterans' Home.....	270,000

VETERANS' BENEFITS AND ASSISTANCE

577A SPECIAL CATEGORIES
GRANTS AND AIDS - CONTRACTED SERVICES

From the funds in Specific Appropriation 577A, the nonrecurring sum of \$250,000 from the General Revenue Fund is provided for the K9s for Warriors program (Senate Form 2102).

From the funds in Specific Appropriation 577A, the nonrecurring sum of \$150,000 from the General Revenue Fund is provided for the Five Star Veterans Homeless Housing and Reintegration Project (Senate Form 1775).

VETERANS EMPLOYMENT AND TRAINING SERVICES

580 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS ENTREPRENEUR TRAINING

Funds in Specific Appropriation 580 are provided for the Veterans Entrepreneur and Training Services (VETS) Entrepreneurship Program pursuant to sections 295.21 and 295.22, Florida Statutes.

581 AID TO LOCAL GOVERNMENTS
GRANTS AND AIDS WORKFORCE TRAINING GRANTS
FOR VETERANS

Funds in Specific Appropriation 581 are provided for the Veterans Entrepreneur and Training Services (VETS) Business Training Grants Program pursuant to sections 295.21 and 295.22, Florida Statutes.

582 AID TO LOCAL GOVERNMENTS
FLORIDA IS FOR VETERANS, INC.-OPERATIONS

From the funds in Specific Appropriation 582, \$500,000 of nonrecurring funds from the General Revenue Fund are provided for the Veterans research and marketing campaign pursuant to section 295.23, Florida Statutes.

SECTION 8. The unexpended balance of funds appropriated in Specific Appropriation 166 of chapter 2017-70, Laws of Florida, to the Agency for Health Care Administration for the Bureau of Financial Services Enterprise Financial System shall revert and is appropriated for the same purpose for Fiscal Year 2018-2019.

SECTION 9. There is hereby appropriated for Fiscal Year 2017-2018, \$274,711 in nonrecurring funds from the General Revenue Fund and \$6,833,686 in nonrecurring funds from the Medical Care Trust Fund to the Agency for Health Care Administration for deficits in the Florida KidCare Program. This section shall take effect upon becoming law.

SECTION 10. Funds appropriated in Specific Appropriation 197 of chapter 2017-70, Laws of Florida, to the Agency for Health Care Administration for the Graduate Medical Education program shall be reallocated as follows: \$97,300,000 is provided for the Statewide Medicaid Residency Program, with remaining funds being provided for the Startup Bonus Program.

SECTION 11. Within 15 days of this section becoming law, the Agency for Health Care Administration shall calculate a hospital outpatient statewide and individual hospital outpatient rates using actual hospital outpatient claims with first date of service on or after July 1, 2017 for which payment was determined using the Enhanced Ambulatory Patient Grouping payment method. The re-calculated rates, in the aggregate, shall be equivalent to the average unit cost paid for hospital outpatient claims in State Fiscal Year 2016-17.

The Agency for Health Care Administration shall post the re-calculated rates within 45 days of this section becoming law. The re-calculated rates shall be used to make payments for the remainder of fiscal year 17-18. These payments shall be sufficient to maintain budget neutrality in the aggregate, and must adhere to the Enhanced Ambulatory Patient Grouping 5% cap on hospital gains and losses transition period described in the Fiscal Year 2017-18 General Appropriations Act for the fiscal year 2017-2018.

SECTION 12. There is hereby appropriated for Fiscal Year 2017-2018, nonrecurring funds of \$8,975,680 from the General Revenue Fund, \$11,900,000 from the Tobacco Settlement Trust Fund, and \$54,448,826 from the Medical Care Trust Fund to the Agency for Health Care Administration for deficits in the Title XIX Children's Medical Services program. This section shall take effect upon becoming law.

SECTION 13. The unexpended balance of funds appropriated in Specific Appropriation 226 of chapter 2017-70, Laws of Florida, to the Agency for Health Care Administration for the Provider Data Management System shall revert and is appropriated for the same purpose for Fiscal Year 2018-2019.

SECTION 14. The sum of \$7,881,106 from the General Revenue Fund provided to the Agency for Persons with Disabilities in section 38 of chapter 2017-70, Laws of Florida, shall revert June 30, 2018.

SECTION 15. The unexpended balance in Specific Appropriation 253 and Section 40, chapter 2017-70, Laws of Florida, provided to the Agency for Persons with Disabilities for the Client Data Management System and Electronic Visit Verification system shall revert and is appropriated to the Agency for Persons with Disabilities for Fiscal Year 2018-2019 in the Home and Community Based Services Administration Category for the same purpose and shall be placed in reserve. The agency is authorized to submit budget amendments requesting the release of funds pursuant to the provisions of chapter 216, Florida Statutes. Any request for release of funds shall include a detailed operational work plan and spending plan.

SECTION 16. The nonrecurring sum of \$10,000,000 from the Federal Grants Trust Fund is appropriated to the Department of Children and Families for Fiscal Year 2017-2018 in the Lump Sum - Grants and Aids - Community Based Care category for the purpose of mitigating operational deficits experienced by the Community-based Care lead agencies. The department is authorized to submit budget amendments, pursuant to the provisions of chapter 216, Florida Statutes, requesting the release of funds. This section shall take effect upon becoming law.

SECTION 17. The nonrecurring sum of \$3,396,552 from the Federal Grants Trust Fund is appropriated to the Department of Children and Families for Maintenance Adoption Assistance Payments for Fiscal Year 2017-2018. This section shall take effect upon becoming law.

SECTION 18. The unexpended balance of funds appropriated from the Operations and Maintenance Trust Fund and the Federal Grants Trust Fund in Specific Appropriation 297A and Section 42 of chapter 2017-70, Laws of Florida, to the Department of Children and Families for the Substance Abuse and Mental Health Financial and Services Accountability System shall revert and is appropriated to the department for Fiscal Year 2018-2019 in the Substance Abuse and Mental Health Financial and Services Accountability System - Qualified Expenditure Category for the same purpose.

SECTION 19. The unexpended balance of funds provided in Specific Appropriation 318 and Section 43 of chapter 2017-70, Laws of Florida, to the Department of Children and Families for adoption incentive benefits pursuant to section 409.1664, Florida Statutes, shall revert and is appropriated to the department for Fiscal Year 2018-2019 for the same purpose.

SECTION 20. The unexpended balance of funds provided in Section 50 and in Specific Appropriation 578 of chapter 2017-70, Laws of Florida, to the Department of Veterans' Affairs for Entrepreneur Training shall revert and is appropriated to the department for Fiscal Year 2018-2019 for the same purpose.

SECTION 21. The unexpended balance of funds provided in Section 51 and Specific Appropriation 579 of chapter 2017-70, Laws of Florida, to the Department of Veterans' Affairs for Workforce Training Grants shall revert and is appropriated to the department for Fiscal Year 2018-2019 for the same purpose.

**2018-19
Implementing Bill**

	HB 5003	SB 2502	2017 IB	Description	F.S Amended	History
1				Health Services		
2		HS1	9	MEDICAID HOSPITAL FUNDING PROGRAMS. Provides the calculations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and Hospital Reimbursement programs, for the 2018-2019 fiscal year contained in the document titled "Medicaid Hospital Funding Programs," are incorporated by reference for the purpose of displaying the calculations used by the Legislature, consistent with the requirements of state law, in making appropriations for the Medicaid Low-Income Pool, Disproportionate Share Hospital, and Hospital Reimbursement programs.		2017-71(9) 2016-66(37) 2013-41(6) 2012-119(6) 2011-47(9)
3		HS2	10	STATEWIDE MEDICAID MANAGED CARE REALIGNMENT-AHCA/DOH. Authorizes AHCA & DOH to submit a budget amendment to realign funding within and between agencies based on the implementation of the Statewide Medicaid Managed Care Medical Assistance Program for Children's Medical Services within the Department of Health. The funding realignment shall reflect the actual enrollment changes due to the transfer of beneficiaries from fee-for-service to the capitated Children's Medical Services Network. Also authorizes AHCA to submit a request for non-operating budget authority to transfer the federal funds to the Department of Health, pursuant to s. 216.181(12), Florida Statutes.		2017-71(10)
4		HS4	12	APD MEDICAID WAIVER ALGORITHM ALLOCATION. Provides that clients' iBudget amounts remain unchanged until a new allocation algorithm is prescribed by Rule.		2017-71(12)
5		HS7	15	DISPROPORTIONATE SHARE HOSPITAL PROGRAM. Amends s. 409.9113, F.S., to direct AHCA to make disproportionate share payments to teaching hospitals as provided in the 2018-2019 General Appropriations Act.	409.9113	2017-71(15) 2016-66(53)
6		HS8	16	DISPROPORTIONATE SHARE HOSPITAL PROGRAM. Amends s. 409.911, F.S., to direct AHCA to distribute moneys to hospitals providing a disproportionate share of Medicaid or charity care services as provided in the 2017-2018 General Appropriations Act .	409.911	2017-71(16) 2016-66(52)

Highlights of the Health Care Conforming Bill:

Section 1. Effective October 1, 2018, amends s. 409.908(2), F.S., as amended by Chapter 2017-129, Laws of Florida, specific to nursing home reimbursement, to modify the direct care subcomponent and the quality incentive payment pool subcomponent of the parameters upon which Medicaid nursing home prospective payments rates are to be calculated when implemented on October 1, 2018. This is being done in conjunction with an increase in nursing home reimbursement as proposed in the Chair's proposed budget.

Section 2. Effective October 1, 2018, amends s. 409.908(23), F.S., to recognize the prospective payment system as the reimbursement basis for Medicaid-participating nursing homes, and to incorporate conforming revisions.

Section 3. Amends s. 409.9082(7), F.S., relating to the nursing home quality assessment, to subject nursing homes subject to a monthly reporting requirement of their number of resident days to the existing penalty provisions of the section.

Section 4. Amends s. 409.9083(6), F.S., relating to the institutional care facilities for the developmentally disabled quality assessment, to subject ICF/DDs subject to a monthly reporting requirement of their number of resident days to the existing penalty provisions of the section

Section 5. Upon the act becoming law, directs the Agency for Health Care Administration to seek authorization from the federal government to modify the period of retroactive eligibility when determining Medicaid eligibility from 90 days to 30 days. This is to be done in a manner to ensure a July 1, 2018, effective date.

Section 6. Authorizes an additional not-for-profit Program for All-Inclusive Care (PACE) entity in Miami-Dade County. The new PACE program must have a history of serving primarily the Hispanic population by providing primary care services, nutrition, meals, and adult day care services. Upon approval, the program shall have up to 250 enrollees.

Section 7. Provides for the bill to become effective July 1, 2018, except as otherwise specified.

CourtSmart Tag Report

Room: SB 401
Case No.:
Caption: Appropriations Subcommittee on Health and Human Services

Type:
Judge:

Started: 1/24/2018 11:37:58 AM
Ends: 1/24/2018 12:23:55 PM **Length:** 00:45:58

11:38:30 AM Sen. Flores (Chair)
11:39:11 AM S 800
11:39:31 AM Sen. Braynon
11:40:25 AM Sen. Flores
11:41:13 AM Michael Rajner, speaking in support
11:42:22 AM Lecia Behenna, Director of Finance, Florida Hospital Association (waives in support)
11:42:25 AM Aimee Diaz Lyon, The AIDS Institute (waives in support)
11:42:29 AM Daphnee Sainvil, Policy Advisor, Broward County Government (waives in support)
11:42:35 AM Towson Fraser, Lobbyist, The AIDS Healthcare Foundation (waives in support)
11:42:39 AM Stephen Winn, Executive Director, Florida Osteopathic Medical Association (waives in support)
11:42:44 AM Paul Arons, M.D., Public Health Consultant (waives in support)
11:42:57 AM Sean Pittman, Attorney, Palm Beach County (waives in support)
11:43:04 AM Be Len Mora, Medical Student, University of Miami (waives in support)
11:44:43 AM Dr. Hansel Tookes, Assistant Professor of Medicine, University of Miami and Florida Medical Association
11:44:52 AM Sen. Rader
11:45:21 AM Dr. Tookes
11:45:37 AM Sen. Flores
11:45:42 AM Barney Bishop, Chief Executive Officer, Florida Smart Justice Alliance (waives in support)
11:45:54 AM Sen. Book
11:46:08 AM Sen. Flores
11:46:13 AM Sen. Braynon
11:46:49 AM Sen. Flores
11:46:56 AM S 138
11:47:03 AM Sen. Book
11:50:29 AM Sen. Flores
11:50:33 AM Sen. Flores
11:50:41 AM Am. 687318
11:50:43 AM Sen. Flores
11:50:52 AM Doug Bell, Florida Chapter, American Academy of Pediatrics (waives in support)
11:50:59 AM Shane Messer, Legislative Affairs Director, Florida Council for Behavioral Healthcare (waives in support)
11:51:05 AM Dr. Heather Flynn, Professor FSU Medical School, speaking in support
11:53:39 AM Sen. Flores
11:53:52 AM Barbara DeVane, Florida NOW, National Organization for Women (waives in support)
11:53:59 AM Stephen Winn, Executive Director, Florida Osteopathic Medical Association (waives in support)
11:54:02 AM Dr. Louise Buhmann, Psychiatrist, Florida Psychiatric Society (waives in support)
11:54:07 AM Barney Bishop, Chief Executive Officer, Florida Smart Justice Alliance (waives in support)
11:54:14 AM Sen. Flores
11:54:32 AM Sen. Rouson
11:55:50 AM Sen. Flores
11:55:53 AM Sen. Book
11:56:04 AM Sen. Flores
11:56:27 AM S 960
11:56:34 AM Sen. Baxley
11:57:11 AM Shane Messer, Legislative Affairs Director, Florida Council for Behavioral Health (waives in support)
11:57:15 AM Michael Wickersheim, Legislative Affairs Director, Department of Children and Families (waives in support)
11:57:25 AM Barney Bishop, Chief Executive Officer, Florida Smart Justice Alliance (waives in support)
11:57:37 AM Sen. Flores
11:58:36 AM Review and Discussion of fiscal Year 2018-2019 Budget Issues
11:59:14 AM Sen. Flores
12:11:15 PM Sen. Baxley
12:11:51 PM Sen. Flores

12:13:27 PM Sen. Baxley
12:13:41 PM Sen. Flores
12:14:34 PM Sen. Rader
12:15:58 PM Sen. Flores
12:17:30 PM Sen. Rader
12:19:58 PM Sen. Rouson
12:21:38 PM Sen. Stargel
12:22:51 PM Sen Flores
12:23:11 PM Shane Messer, Legislative Affairs Director, Florida Council for Behavioral Healthcare
12:23:18 PM Sen. Flores
12:23:37 PM Sen. Stargel
12:23:44 PM Sen. Flores
12:23:55 PM Adjourn