

Tab 2 | **SB 152 by Davis (CO-INTRODUCERS) Sharief;** Identical to H 00103 Protection from Surgical Smoke

Tab 3 | **CS/SB 170 by HP, Burton;** Quality of Care in Nursing Homes

255870 A S AHS, Burton Delete L.224 - 430: 03/25 01:02 PM

Tab 4 | **CS/SB 738 by CF, Burton;** Similar to CS/H 00047 Child Care and Early Learning Providers

Tab 5 | **CS/SB 958 by HP, Bernard;** Similar to CS/CS/H 00723 Type 1 Diabetes Early Detection Program

970238 A S L AHS, Bernard Delete L.20 - 41: 03/25 04:00 PM

Tab 6 | **CS/SB 1356 by HE, Burton (CO-INTRODUCERS) Berman;** Identical to CS/H 00907 Florida Institute for Pediatric Rare Diseases

Tab 7 | **SB 1370 by Trumbull;** Ambulatory Surgical Centers

Tab 8 | **CS/SB 1626 by CF, Grall;** Similar to H 01301 Child Welfare

567020 A S AHS, Grall Delete L.91 - 339: 03/25 01:47 PM

318066 AA S AHS, Grall Delete L.19: 03/25 07:16 PM

145300 A S AHS, Grall Delete L.609 - 612: 03/25 01:47 PM

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

MEETING DATE: Wednesday, March 26, 2025
TIME: 1:00—3:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Trumbull, Chair; Senator Davis, Vice Chair; Senators Berman, Brodeur, Burton, Garcia, Gruters, Harrell, Rodriguez, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2025-2026 Budget Issues Relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Families Department of Elder Affairs Department of Health Department of Veterans' Affairs		
2	SB 152 Davis (Identical H 103)	Protection from Surgical Smoke; Requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc. HP 02/18/2025 Favorable AHS 03/26/2025 RC	
3	CS/SB 170 Health Policy / Burton	Quality of Care in Nursing Homes; Reviving, reenacting, and amending a provision relating to consumer satisfaction surveys; requiring the Agency for Health Care Administration to develop user-friendly consumer satisfaction surveys for nursing home facilities; requiring medical directors of nursing home facilities to obtain, or to be in the process of obtaining, certain qualifications by a specified date; requiring nursing home facilities to conduct biennial patient safety culture surveys; requiring nursing home facilities that maintain certain electronic health records to make available certain data to the agency's Florida Health Information Exchange program for a specified purpose, etc. HP 03/04/2025 Fav/CS AHS 03/26/2025 AP	

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Wednesday, March 26, 2025, 1:00—3:00 p.m.

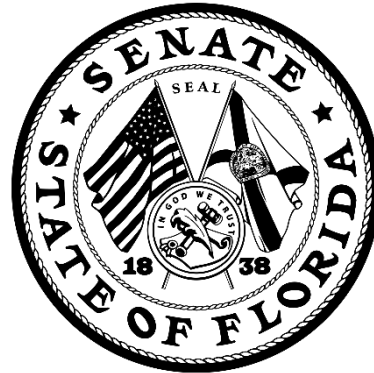
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 738 Children, Families, and Elder Affairs / Burton (Similar CS/H 47)	Child Care and Early Learning Providers; Exempting public and private preschools from specified special assessments levied by a municipality; revising licensing standards for all licensed child care facilities and minimum standards and training requirements for child care personnel; requiring a county commission to affirm annually certain decisions; expanding the types of providers to be considered when developing and implementing a plan to eliminate duplicative and unnecessary inspections, etc. CF 03/12/2025 Fav/CS AHS 03/26/2025 FP	
5	CS/SB 958 Health Policy / Bernard (Identical CS/H 723)	Type 1 Diabetes Early Detection Program; Requiring the Department of Health, in collaboration with school districts throughout the state, to develop informational materials for the early detection of Type 1 diabetes for parents and guardians of certain students; providing requirements for such informational materials, etc. HP 03/18/2025 Fav/CS AHS 03/26/2025 FP	
6	CS/SB 1356 Education Postsecondary / Burton (Identical CS/H 907)	Florida Institute for Pediatric Rare Diseases; Establishing the Florida Institute for Pediatric Rare Diseases within the Florida State University College of Medicine; requiring the institute to establish and administer the Sunshine Genetics Pilot Program for a specified period; providing institute responsibilities and duties relating to the pilot program; providing requirements for participation in the pilot program and data collection and release in the pilot program, etc. HE 03/17/2025 Fav/CS AHS 03/26/2025 FP	

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Committee on Health and Human Services
Wednesday, March 26, 2025, 1:00—3:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	SB 1370 Trumbull	Ambulatory Surgical Centers; Providing requirements for issuance, denial, suspension, and revocation of ambulatory surgical center licenses; requiring the Agency for Health Care Administration to make or cause to be made specified inspections of licensed facilities; requiring the agency to coordinate periodic inspections to minimize costs and disruption of services; providing that specified provisions govern the design, construction, erection, alteration, modification, repair, and demolition of licensed facilities; requiring licensed facilities to establish an internal risk management program; providing certain investigative and reporting requirements for internal risk managers relating to the investigation and reporting of allegations of sexual misconduct or sexual abuse at licensed facilities, etc.	
		HP 03/18/2025 Favorable AHS 03/26/2025 RC	
8	CS/SB 1626 Children, Families, and Elder Affairs / Grall (Similar H 1301, Compare H 415, S 618)	Child Welfare; Authorizing the Office of Statewide Prosecution in the Department of Legal Affairs to investigate and prosecute specified violations; revising the definition of the term "child who is found to be dependent"; defining the term "legal custodian"; authorizing a law enforcement officer or an authorized agent of the department to take a child into custody who is the subject of a specified court order; specifying that subcontractors of lead agencies that are direct providers of foster care and related services are not liable for certain acts or omissions, etc.	
		CF 03/12/2025 Fav/CS AHS 03/26/2025 FP	

Other Related Meeting Documents



Senate Appropriations Committee on Health and Human Services

FY 2025-2026 Committee Budget Proposal

Budget Spreadsheet

Senator Trumbull, Chair
Senator Davis, Vice Chair

March 26, 2025

Senate Appropriations Committee on Health and Human Services

			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)	1,636.00	96,126,787	11,265,721,915		288,069,106	4,031,926,545	19,550,807,335	35,136,524,901	2
3	160E450	Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct			-			(80,880)		(80,880)	3
4	160G100	Realignment of Operating Capital Outlay (OCO) Budget Authority - Deduct			(45,391)			(105,328)	(115,938)	(266,657)	4
5	160G200	Realignment of Operating Capital Outlay (OCO) Budget Authority - Add			45,391			105,328	115,938	266,657	5
6	1600500	Critical Salary Market Adjustments Continuation		5,508,506	2,807,213			805,599	3,085,273	6,698,085	6
7	1600600	Medicaid Third Party Liability Act Support			-			5,065,051	5,065,051	10,130,102	7
8	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add			-			405,055		405,055	8
9	1700050	Transfer to the Agency for Persons with Disabilities Home and Community Based Services Waiver			(702,440)				(939,159)	(1,641,599)	9
10	2301510	Institutional and Prescribed Drug Providers			1,448,026,468				996,333,508	2,444,359,976	10
11	2402420	Emergency Response Vehicle			-			105,000		105,000	11
12	2503080	Direct Billing for Administrative Hearings			(12,177)			(77,973)	(12,177)	(102,327)	12
13	3000380	Additional Funding for Nursing Home Audits			350,000				350,000	700,000	13
14	3000390	Funding for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Audits			130,000				130,000	260,000	14
15	3001780	Children's Special Health Care			40,135,182			4,504,530	91,163,604	135,803,316	15
16	3004500	Medicaid Services			(574,915,458)		(43,906,784)	(629,285,346)	(427,079,059)	(1,675,186,647)	16
17	33H5000	Base Budget Reduction Based on Historical Reversions			(9,968,551)	(17,361,666)			(27,789,254)	(55,119,471)	17
18	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	1,000,000				1,000,000	18
19	36246C0	Managed Cyber Security Threat Monitoring and Response Solution			-	550,000				550,000	19
20	36301C0	Florida Medicaid Management Information System (FMMIS)			11,793,216	23,905,633			109,191,674	144,890,523	20
21	36306C0	Background Screening Clearinghouse			-			2,650,000		2,650,000	21
22	36312C0	Enterprise Financial Ecosystem Maintenance			-	400,000				400,000	22
23	36327C0	Additional Funding for the Division of Information Technology			-			825,000		825,000	23
24	4100005	Health Care Data Transparency			-			1,000,000		1,000,000	24
25	4100052	Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Rate Increase			8,213,257				10,981,081	19,194,338	25
26	4101020	Medicaid Organ Transplant Provider Rate Increase			746,669				998,292	1,744,961	26
27	4101350	CMS Mandatory Adult Behavioral Health and Child Core Set Reporting			440,127				440,127	880,254	27
28	4101651	Nursing Home Reimbursement Rate Adjustment			-	26,852,994			35,902,308	62,755,302	28
29	4101710	Graduate Medical Education Program			-			112,324	150,176	262,500	29
30	4101880	Individual and Family Therapy Rate Increase			573,607				766,909	1,340,516	30
31	4106050	Prescribed Pediatric Extended Care (PPEC) Rate Increase			3,673,251				4,911,116	8,584,367	31
32	4301020	Quality of Care In Nursing Homes			140,500	1,106,500			750,000	1,997,000	32
33	6P00680	Health Care Services			-	2,243,750			1,662,887	3,906,637	33
34	Total	HEALTH CARE ADMIN	1,636.00	101,635,293	12,197,152,779	38,697,211	244,162,322	3,417,954,905	20,356,869,692	36,254,836,909	34
35											35

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
36		PERSONS WITH DISABILITIES									36
37	1100001	Startup (OPERATING)	2,753.00	132,641,939	1,131,079,534			4,433,745	1,426,514,558	2,562,027,837	37
38	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center - Add			18,571			65,729	11,654	95,954	38
39	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add			109,578			387,838	68,765	566,181	39
40	1700020	Transfer from the Agency for Health Care Administration Intermediate Care Facilities to the Agency for Persons with Disabilities - Waivers			702,440				939,159	1,641,599	40
41	2402410	Replacement of Motor Vehicle Regions			-	39,633				39,633	41
42	2402430	Replacement of Motor Vehicles - Civil			-	227,069				227,069	42
43	2503080	Direct Billing for Administrative Hearings			(675)				(19)	(694)	43
44	33H5000	Base Budget Reduction Based on Historical Reversions			(7,900,000)					(7,900,000)	44
45	33V1620	Vacant Position Reductions	(25.00)		-			(1,043,261)		(1,043,261)	45
46	3400030	Transfer Operations and Maintenance Trust Fund to the General Revenue Fund for the Florida Unique Abilities Partner Program - Add			40,735					40,735	46
47	3400040	Transfer Operations and Maintenance Trust Fund to the General Revenue Fund for the Florida Unique Abilities Partner Program - Deduct			-				(40,735)	(40,735)	47
48	3401470	Changes to Federal Financial Participation Rate - State			3,639,401					3,639,401	48
49	3401480	Changes to Federal Financial Participation Rate - Federal			-				(3,639,401)	(3,639,401)	49
50	3407000	Developmental Disabilities Centers Fund Shift for Long Term Care - Add			-	13,000,000				13,000,000	50
51	3407010	Developmental Disabilities Centers Fund Shift for Long Term Care - Deduct			-				(13,000,000)	(13,000,000)	51
52	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	821,535		503,521		1,325,056	52
53	36202C0	Computer Refresh			-	566,921			347,468	914,389	53
54	36204C0	Iconnect System			-	1,000,000			1,000,000	2,000,000	54
55	36216C0	Licensing and Data Management			379,563				379,562	759,125	55
56	36308C0	Developmental Disability Defendant Program Electronic Health Record Fee			150,000					150,000	56
57	4000060	Sunland Chiller Lease			-	75,718			101,234	176,952	57
58	4000640	Developmental Disability Center Increase OPS Hours for Residential Workers In Workshops			57,767				77,233	135,000	58
59	4000830	Individuals and Family Supports Increase			-	1,349,957				1,349,957	59
60	4009140	Consumer Directed Care Plus (CDC+) Additional Administration Costs - Deduct			(207,408)				(277,304)	(484,712)	60
61	4009170	Consumer Directed Care Plus (CDC+) Additional Administration Costs - Add			211,722				211,722	423,444	61
62	6P00670	Persons with Disabilities Services			-	8,123,790				8,123,790	62
63	990C000	Code Corrections			-					-	63
64	080754	APD/FCO Needs/Cen Mgd Facs			-	1,531,697				1,531,697	64
65	990F000	Support Facilities			-					-	65
66	080081	Plan/Des - Forensic Fac			-	5,353,314				5,353,314	66
67	990G000	Grants and Aids - Fixed Capital Outlay			-					-	67
68	140211	Fco-Persons W/Disabilities			-	4,425,000				4,425,000	68
69	990M000	Maintenance and Repair			-					-	69
70	080754	APD/FCO Needs/Cen Mgd Facs			-	11,000,000				11,000,000	70
71	Total	PERSONS WITH DISABILITIES	2,728.00	132,641,939	1,128,281,228	47,514,634	-	4,347,572	1,412,693,896	2,592,837,330	71

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
72											72
73		CHILDREN & FAMILIES									73
74	1100001	Startup (OPERATING)	12,974.75	689,094,707	2,713,292,384			138,142,966	1,590,893,806	4,442,329,156	74
75	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center - Add			539,123			224,662	499,202	1,262,987	75
76	160P100	Transfer Budget Between Program Components In Family Safety - Deduct	(2.00)		(17,327)				(155,943)	(173,270)	76
77	160P110	Transfer Budget Between Program Components In Family Safety - Add	2.00		17,327				155,943	173,270	77
78	1600A10	Office of Children's Behavioral Health Ombudsman - Deduct	(8.00)	(592,268)	-					-	78
79	1600A20	Office of Children's Behavioral Health Ombudsman - Add	8.00	592,268	-					-	79
80	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add			1,730,577			44,411	2,260,789	4,035,777	80
81	1700630	Transfer Children's Advocacy Centers from the Department of Legal Affairs			4,957,894					4,957,894	81
82	2000120	Opioid Settlement - Office of Opioid Recovery - Deduct			-			(600,000)		(600,000)	82
83	2000130	Opioid Settlement - Office of Opioid Recovery - Add			-			600,000		600,000	83
84	2000140	Opioid Settlement - Specialized Training - Graduate Medical Education - Deduct			-			(4,066,854)		(4,066,854)	84
85	2000150	Opioid Settlement - Specialized Training - Graduate Medical Education - Add			-			4,066,854		4,066,854	85
86	2000430	Realignment of Transfer to Department of Management Services Human Resources Services Category - Add			7,225				10,449	17,674	86
87	2000440	Realignment of Transfer to Department of Management Services Human Resources Services Category - Deduct			(7,225)				(10,449)	(17,674)	87
88	2000690	Realignment of Appropriation Categories for Managing Entities - Deduct			(4,848,430)					(4,848,430)	88
89	2000700	Realignment of Appropriation Categories for Managing Entities - Add			4,848,430					4,848,430	89
90	2002100	Realignment of Budget to Anticipated Expenditures - Add			-				380,000	380,000	90
91	2002150	Realignment of Budget to Anticipated Expenditures - Deduct			-				(380,000)	(380,000)	91
92	2503080	Direct Billing for Administrative Hearings			(103,021)					(103,021)	92
93	3000091	Cash Assistance Adjustment - Estimating Conference Adjustment			(27,465,266)					(27,465,266)	93
94	3000630	Guardianship Assistance Program (GAP)			-	7,289,670			2,802,117	10,091,787	94
95	33N0001	Redirect Recurring Appropriations to Non-Recurring - Deduct			(2,884,558)					(2,884,558)	95
96	33N0002	Redirect Recurring Appropriations to Non-Recurring - Add			-	2,884,558				2,884,558	96
97	33V1620	Vacant Position Reductions	(46.50)	(2,220,862)	(1,721,450)				(1,721,454)	(3,442,904)	97
98	3300170	Mental Health Facilities Fte Reduction	(325.00)	(10,714,286)	(15,000,000)					(15,000,000)	98
99	3401470	Changes to Federal Financial Participation Rate - State			45,077					45,077	99
100	3401480	Changes to Federal Financial Participation Rate - Federal			-				(45,077)	(45,077)	100
101	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	1,750,000				1,750,000	101
102	36123C0	Child Welfare Software and Enterprise Architecture Modernization			-	14,226,755			13,773,245	28,000,000	102
103	36260C0	Enterprise Wireless Access Points (WAPS) Replacements			-	1,235,000				1,235,000	103

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
104	36316C0	Florida System Modernization			-	11,589,066			25,035,934	36,625,000	104
105	36326C0	Cyber Security Services			-	250,000				250,000	105
106	36333C0	Enhanced Security Software			-	500,000				500,000	106
107	36356C0	Electronic Health Records - Mental Health Treatment Facilities			3,576,000					3,576,000	107
108	4000080	Rapid Unsheltered Survivor Housing (RUSH) Grant			-				2,839,805	2,839,805	108
109	4000170	Florida Veterans Support Line			1,000,000					1,000,000	109
110	4000210	Foster Parent Cost of Living Adjustment Growth Rate			1,137,611				450,338	1,587,949	110
111	4000400	Electronic Immigration Status Verification			682,481				662,519	1,345,000	111
112	4000590	Mental Health Treatment Bed Capacity Maintenance			-	95,391,046				95,391,046	112
113	4000600	Operational Costs Adjustments			-	15,000,000				15,000,000	113
114	4000690	Temporary Emergency Shelter Services Program Growth			1,189,686					1,189,686	114
115	4001780	Elder Justice Act			-				1,376,580	1,376,580	115
116	4002230	Extended Foster Care			-	10,633,561				10,633,561	116
117	4002410	Continuation Funding for Hope Line Agents			-	403,903			1,603,654	2,007,557	117
118	4002420	Continuation Funding for Behavioral Health Consultants			-	1,395			1,468,737	1,470,132	118
119	4002440	Increase Collaboration for Victim Services for Domestic Violence (STOP)			-				5,650,632	5,650,632	119
120	4002560	988 State and Territory Improvement Grant			-				7,970,437	7,970,437	120
121	4003010	Integrated Behavioral Health Clinics			-	7,000,000				7,000,000	121
122	4004510	Central Receiving Facilities - Grant Program			6,232,767					6,232,767	122
123	4004930	Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Expansion			11,000,000					11,000,000	123
124	4006010	Maintenance Adoption Subsidy and Other Adoption Assistance			-	9,676,091			7,645,135	17,321,226	124
125	4008750	Automated Community Connection to Economic Self Sufficiency Asset Verification			1,167,399				1,167,398	2,334,797	125
126	4009820	Legal Settlement Funds for Abatement of the Opioid Epidemic			-	5,234,711				5,234,711	126
127	4300030	Opioid Settlement - Applied Research			-			3,000,000		3,000,000	127
128	4300050	Opioid Settlement - Court Diversion Program			-			5,000,000		5,000,000	128
129	4300070	Opioid Settlement - On-Demand Mobile Medication Assisted Treatment			-			4,500,000		4,500,000	129
130	4300080	Opioid Settlement - Hospital Bridge Programs			-			2,000,000		2,000,000	130
131	4300110	Managing Entity Administrative Support			-			3,000,000		3,000,000	131
132	4300120	Opioid Settlement - Naloxone			-			11,252,352		11,252,352	132
133	4300130	Opioid Settlement - Prevention and Media Campaigns			-			18,000,000		18,000,000	133
134	4300140	Opioid Settlement - Peer Supports and Recovery Community Organizations			-			6,750,000		6,750,000	134
135	4300150	Opioid Settlement - Recovery Housing			-			9,500,000		9,500,000	135
136	4300160	Opioid Settlement - Non-Qualified Counties			-			17,808,850		17,808,850	136
137	4300190	Opioid Settlement - Treatment and Recovery Support Services			-			4,733,730		4,733,730	137
138	43003C0	Opioid Settlement - Bed Availability System			-			650,000		650,000	138
139	4402030	Community Residential Beds			-	10,000,000				10,000,000	139
140	4600680	Foster Parent and Guardian Ad Litem Digital Recruitment Marketing Campaign			-	1,000,000				1,000,000	140
141	6P00600	Children and Families Services			-	30,352,759		8,470,000		38,822,759	141
142	990G000	Grants and Aids - Fixed Capital Outlay			-					-	142

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
143	140600	G/A- Human Services Fac			-	11,983,554		1,530,000		13,513,554	143
144	990M000	Maintenance and Repair			-					-	144
145	080751	HRS/Cap Needs/Cen Mgd Facs			-	3,000,000				3,000,000	145
146	Total	CHILDREN & FAMILIES	12,603.25	676,159,559	2,699,376,704	239,402,069	-	234,606,971	1,664,333,797	4,837,719,541	146
147											147
148		ELDER AFFAIRS									148
149	1100001	Startup (OPERATING)	431.00	23,252,432	225,467,386			1,929,962	175,883,472	403,280,820	149
150	160E450	Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct				(9,113)			(167,589)	(176,702)	150
151	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add				4,627		82,674		87,301	151
152	2503080	Direct Billing for Administrative Hearings				(3,240)				(3,240)	152
153	3000120	Florida Alzheimer's Center of Excellence (FACE)	2.00	108,000		175,792				175,792	153
154	3000130	Florida Alzheimer's Center of Excellence (FACE) - Deduct				(101,856)				(101,856)	154
155	3000170	Increase Contracted Services Additional Budget Authority				-		5,862,462		5,862,462	155
156	3000180	Older American Act Additional Budget Authority				-		53,216,480		53,216,480	156
157	3000200	Medicare Improvements Patient Provider Act				-		751,127		751,127	157
158	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness				-	740,000			740,000	158
159	36207C0	Enterprise Client Information and Registration Tracking System (ECIRTS) Project				-	2,454,104			2,454,104	159
160	36220C0	Network Infrastructure Upgrade and Managed Services				-	517,600			517,600	160
161	36230C0	Cybersecurity & Risk Mitigation Full Time Equivalent	1.00	80,000	152,982	2,281		75,830		231,093	161
162	36320C0	Office of Public and Professional Guardians Client Management and Monitoring				35,000				35,000	162
163	36330C0	Northwest Regional Data Center Funding Gap Coverage				-	40,000			40,000	163
164	4100030	Aging Resource Centers				1,995,000				1,995,000	164
165	4100040	Alzheimer's Disease Initiative - Frail Elders Waiting for Services				6,000,000				6,000,000	165
166	4100200	Serve Additional Clients In the Community Care for the Elderly (CCE) Program				8,000,000				8,000,000	166
167	4100210	Serve Additional Clients In the Home Care for the Elderly (HCE) Program				7,000,000				7,000,000	167
168	4900200	Office of Public and Professional Guardians Staffing for Investigators - Add	6.00	336,080	377,697			256,158		633,855	168
169	4900210	Office of Public and Professional Guardians Staffing for Investigators - Deduct				(367,499)		(250,921)		(618,420)	169
170	4900330	Information Technology Other Personal Service Convert to Career Service Positions	2.00	150,000	96,405			132,157		228,562	170
171	4900460	Information Technology Other Personal Service Convert to Career Service Positions - Deduct				(1,641)			(100,527)	(102,168)	171
172	4900500	Comprehensive Assessment & Review Other Personal Services to Full Time Equivalent - Add	2.00	77,014	69,106				69,107	138,213	172
173	4900510	Comprehensive Assessment & Review Other Personal Services to Full Time Equivalent - Deduct				(42,250)			(42,250)	(84,500)	173
174	6P00650	Elder Services				-	14,285,125			14,285,125	174
175	990G000	Grants and Aids - Fixed Capital Outlay				-				-	175
176	140080	G/A-Senior Citizen Centers				-	4,286,200			4,286,200	176
177	Total	ELDER AFFAIRS	444.00	24,003,526	248,848,396	22,325,310	-	2,143,186	235,554,956	508,871,848	177
178											178

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
179		HEALTH									179
180	1100001	Startup (OPERATING)	12,882.01	691,739,327	914,752,695		87,408,788	1,245,225,972	1,854,424,155	4,101,811,610	180
181	1100002	Startup Recurring Fixed Capital Outlay (DEBT SERVICE/OTHER)			10,000,000					10,000,000	181
182	160E450	Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct			(174,229)			(158,594)	(265,826)	(598,649)	182
183	160E460	Realignment of Agency Spending Authority for Northwest Regional Data Center - Add			8,681			7,521	7,017	23,219	183
184	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add			702,144			621,730	1,062,408	2,386,282	184
185	1802460	Reorganization Public Health Research Program - Add	206.00	11,000,634	262,011,592			108,783,101	17,879,105	388,673,798	185
186	1802470	Reorganization Public Health Research Program - Deduct	(206.00)	(11,000,634)	(262,011,592)			(108,783,101)	(17,879,105)	(388,673,798)	186
187	2002060	Technical Correction - State Health Insurance Premium Contribution - Add			-		4,152	4,152		8,304	187
188	2002070	Technical Correction State Health Insurance Premium Contribution - Deduct			-		(4,152)	(4,152)		(8,304)	188
189	2503080	Direct Billing for Administrative Hearings			-			(4,423)	(529)	(4,952)	189
190	3002000	Workload - Expansion of Background Screening Requirements for Health Care Practitioners - Add	21.00	1,368,994	-			2,461,253		2,461,253	190
191	3002020	Workload - Rural Hospital Capital Improvement Grant Program		99,092	446,446	23,748				470,194	191
192	3002030	Workload - Public Health Research Program - Add	6.00	276,472	504,782	32,653				537,435	192
193	3002050	Workload - Healthy Beaches Program		27,560	943,252					943,252	193
194	33V0050	Transfer Heros Program to the Department of Children and Families			(5,000,000)					(5,000,000)	194
195	33V1620	Vacant Position Reductions	(334.00)		-					-	195
196	3306000	Reduce Excess Budget Authority	(150.00)	(9,460,000)	-				(26,234,754)	(26,234,754)	196
197	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	4,893,441				4,893,441	197
198	36205C0	Information Technology - Security Modernization and Resiliency Initiative		830,578	16,886,592	919,851		295,251		18,101,694	198
199	36328C0	Children's Medical Services - Early Steps Administrative System			-				3,022,390	3,022,390	199
200	36360C0	Medical Quality Assurance - Licensure and Enforcement System			-			6,700,000		6,700,000	200
201	36390C0	Florida Cancer Data System Enhancements	2.00	168,343	1,118,340	308,743				1,427,083	201
202	4100230	Healthcare Screenings Statewide Marketing Campaign			-	1,000,000				1,000,000	202
203	4100400	Increase Funding for Healthy Start Coalitions			3,423,200					3,423,200	203
204	4300260	Targeted Cancer Research			30,000,000			30,000,000		60,000,000	204
205	4307090	Swimming Lesson Voucher Program			2,000,000					2,000,000	205
206	4309000	Tobacco Constitutional Amendment			-		2,620,400			2,620,400	206
207	4800300	School Health Services			-	18,385,060				18,385,060	207
208	5300360	Early Steps Program Quality Improvement and Enhancement			-				8,922,017	8,922,017	208
209	6P00640	Health Services			-	32,516,500				32,516,500	209
210	6200080	Mary Brogan Breast and Cervical Cancer Early Detection Program			4,171,675					4,171,675	210
211	6200150	Restore Health Care Innovation Revolving Loan Fund			-			50,000,000		50,000,000	211
212	6200260	Florida Poison Information Center Network (FPICN)			335,000					335,000	212
213	990G000	Grants and Aids - Fixed Capital Outlay			-					-	213

Senate Appropriations Committee on Health and Human Services

			CHAIRMAN'S PROPOSAL								
Row#	ISSUE CODE	ISSUE TITLE	FTE	RATE	REC GR	NR GR	TOBACCO	OTHER STATE TFs	ALL TF FED	ALL FUNDS	Row#
214	140998	G/A-Hlth Facilities			-	5,127,466				5,127,466	214
215	990M000	Maintenance and Repair			-					-	215
216	081108	Hlth Fac Repair/Maint-Stw			-	4,000,000				4,000,000	216
217	140430	Maintenance and Repair			-			4,000,000		4,000,000	217
218	Total	HEALTH	12,427.01	685,050,366	980,118,578	67,207,462	90,029,188	1,339,148,710	1,840,936,878	4,317,440,816	218
219											219
220		VETERANS' AFFAIRS									220
221	1100001	Startup (OPERATING)	1,506.00	75,987,620	27,654,965			120,268,418	41,986,631	189,910,014	221
222	160E450	Realignment of Agency Spending Authority for Northwest Regional Data Center - Deduct			(15,007)					(15,007)	222
223	17C99C0	Realign Enterprise Cybersecurity Resiliency - Add			809,133					809,133	223
224	3000030	Division of Benefits and Assistance Bureau of Field Services Staffing Increases	2.00	134,425	213,939	12,424				226,363	224
225	3600PC0	Florida Planning, Accounting, and Ledger Management (PALM) Readiness			-	600,002				600,002	225
226	36203C0	Executive Direction and Support Services Increase Budget for Information Technology Equipment			11,277			69,750	180,250	261,277	226
227	4000120	Florida Department of Veterans' Affairs, Florida Is for Veterans Inc., Grants and Aid - Vets Program			2,000,000					2,000,000	227
228	4000500	Veterans' Benefits and Assistance - Development of Patriot Navigators Program	3.00	144,000	241,693	16,293				257,986	228
229	4200170	Increase In Base Budget Authority for Division of Long-Term Care Management			-			1,313,015	3,393,129	4,706,144	229
230	4601850	Division of Veterans Benefits and Assistance - Veterans Dental Care Grant Program			1,000,000					1,000,000	230
231	6P00500	Veterans' Services			-	8,278,677				8,278,677	231
232	990G000	Grants and Aids - Fixed Capital Outlay			-					-	232
233	140085	Grants and Aids - Fco			-	1,950,000				1,950,000	233
234	990M000	Maintenance and Repair			-					-	234
235	080859	Maint/Rep/Res Fac/Veterans			-	2,500,000		3,500,000		6,000,000	235
236	990P000	Increased Capacity			-					-	236
237	080007	Add & Imprv/Veterans' Home			-	2,975,000			5,525,000	8,500,000	237
238	Total	VETERANS' AFFAIRS	1,511.00	76,266,045	31,916,000	16,332,396	-	125,151,183	51,085,010	224,484,589	238
239	Grand Total		31,349.26	1,695,756,728	17,285,693,685	431,479,082	334,191,510	5,123,352,527	25,561,474,229	48,736,191,033	239

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
1	1829	Encore Healthcare - Medicaid Respiratory Disease Management Pilot Program	1,243,750	1,662,887	Agency for Health Care Administration
2	3331	Guardian Care History Preservation Project	1,000,000	-	Agency for Health Care Administration
3	1000	JAFCO Children's Ability Center	350,000	-	Agency for Persons with Disabilities
4	1038	Senator Nancy C. Detert Residential Community Phase II	2,500,000	-	Agency for Persons with Disabilities
5	1072	Els for Autism Specialized Autism Recreation Complex	500,000	-	Agency for Persons with Disabilities
6	1101	Association for the Development of the Exceptional (ADE) - Culinary Academy and Senior Program	400,000	-	Agency for Persons with Disabilities
7	1133	Easterseals Better Together-Improving Autism and Disability Services Statewide Through Partnership	1,000,000	-	Agency for Persons with Disabilities
8	1137	ARC Treasure Coast Acute Healthcare Housing	1,000,000	-	Agency for Persons with Disabilities
9	1460	Operation Giving Real Opportunities for Work (GROW)	496,295	-	Agency for Persons with Disabilities
10	1790	Area Stage Neurodiverse Performing Arts Disability Therapy Program	350,000	-	Agency for Persons with Disabilities
11	1826	Chabad of Kendall Community and Antisemitism Safety Programming	2,250,000	-	Agency for Persons with Disabilities
12	1982	Quantum Leap Farm: Equine-Assisted Therapy for Special Needs Children	128,700	-	Agency for Persons with Disabilities
13	2010	Club Challenge/Challenge Enterprises of North Florida, Inc.	300,000	-	Agency for Persons with Disabilities
14	2222	DNA Comprehensive Therapy Services- Care Model	350,000	-	Agency for Persons with Disabilities
15	2538	MACTown - Campus Hardening and Security Enhancements	350,000	-	Agency for Persons with Disabilities
16	2722	POSABILITY I.M.P.A.C.T. Program	296,120	-	Agency for Persons with Disabilities
17	2755	Autism Continuum of Care & Military Special Needs Program	500,000	-	Agency for Persons with Disabilities
18	2789	Ridge Area Arc - Autism Elopement Delayed Egress and Security System	75,000	-	Agency for Persons with Disabilities
19	2837	Independence Landing Workforce Development for Persons with Disabilities	500,000	-	Agency for Persons with Disabilities
20	3106	Starability Foundation - Trailblazer Academy & Employment Readiness	300,000	-	Agency for Persons with Disabilities
21	3480	Autism Theater Project - Autism Awareness Series & Screening Event Tour	902,675	-	Agency for Persons with Disabilities
22	1001	Eagles' Haven Wellness Center	350,000	-	Department of Children and Families
23	1002	Faulk Center for Counseling: expansion of mental health services for low-income families	235,500	-	Department of Children and Families

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
24	1006	Gilmore Outpatient Expansion Project	500,000	-	Department of Children and Families
25	1019	Circles of Care - Children's Behavioral Health Expansion	600,000	-	Department of Children and Families
26	1022	One More Child- Single Moms Program	475,000	-	Department of Children and Families
27	1023	One More Child Anti-Sex Trafficking	825,000	-	Department of Children and Families
28	1053	Exchange Parent Aide	500,000	-	Department of Children and Families
29	1082	Jewish Family Services (JFS) Keep Families Working Summer Camp Scholarship Program	250,000	-	Department of Children and Families
30	1119	All Star Children's Foundation, Inc.	1,500,000	-	Department of Children and Families
31	1177	Clay Behavioral Health Center - Accessibility Project	200,000	-	Department of Children and Families
32	1179	Community Crisis Prevention Team	500,000	-	Department of Children and Families
33	1186	Veteran Housing and Homelessness Intervention Program	250,000	-	Department of Children and Families
34	1191	Place of Hope Child Welfare Services	350,000	-	Department of Children and Families
35	1198	Here Help, Inc	-	250,000	Department of Children and Families
36	1207	Florida Association of Recovery Residences Inc	-	400,000	Department of Children and Families
37	1209	Alpert Jewish Family Service Community Access Life Line (CALL) Service	600,000	-	Department of Children and Families
38	1215	Permanent Supportive & Affordable Housing - CASL (Renaissance)	500,000	-	Department of Children and Families
39	1216	The Florida Area Health Education Center Network Opioid Addiction Training and Education Program	-	752,000	Department of Children and Families
40	1249	Forever Family®: Child Abuse Prevention, Foster Care and Adoption Awareness and Recruitment	602,550	-	Department of Children and Families
41	1253	Broward County Baker Act Transportation for Minors Pilot	300,000	-	Department of Children and Families
42	1266	BayCare - Pasco County Central Receiving Facility Capital Renovations	1,000,000	-	Department of Children and Families
43	1268	BayCare - Pasco County Central Receiving Facility	2,000,000	-	Department of Children and Families
44	1272	The Center for Children and Families	750,000	-	Department of Children and Families
45	1274	Speer II - Affordable and Supportive Housing Phase II	810,000	-	Department of Children and Families
46	1352	Ocala-Marion Senior Crisis Mobile Response Team	574,965	-	Department of Children and Families

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
47	1362	Empowerment Pathway Project: Strengthening Services for Domestic Violence Survivors	500,000	-	Department of Children and Families
48	1471	Seminole County Hope and Healing Center (Opioid/Addiction Recovery Partnership)	-	500,000	Department of Children and Families
49	1501	IMPOWER Substance Misuse Treatment Program Safety and Recreational Renovations	-	500,000	Department of Children and Families
50	1591	Camillus House Phoenix Human Trafficking Recovery Program	350,000	-	Department of Children and Families
51	1595	Project Lazarus Specialized Outreach	175,000	-	Department of Children and Families
52	1608	Emerald M Therapeutic Riding Center	500,000	-	Department of Children and Families
53	1638	Broward County Behavioral Health Coalition	300,000	-	Department of Children and Families
54	1655	Tri-County Human Services Existing Detox Beds	-	500,000	Department of Children and Families
55	1659	Jersey Commons - Capital Project for Housing and Health (scrivener's error)	1,000,000	-	Department of Children and Families
56	1695	Mission House-Emergency Care and Medical Services for the Homeless and Uninsured	300,000	-	Department of Children and Families
57	1696	NAMI Family and Peer Support	350,000	-	Department of Children and Families
58	1697	Here Tomorrow	350,000	-	Department of Children and Families
59	1698	North Florida Addiction Stabilization and DETOX Building (SUD Services & Transitional Housing)	-	1,000,000	Department of Children and Families
60	1701	Family Support Prevention Programs	500,000	-	Department of Children and Families
61	1702	Starting Point Behavioral Healthcare - Project TALKS	350,000	-	Department of Children and Families
62	1751	Essential Angels: Removing Barriers for Students	300,000	-	Department of Children and Families
63	1755	Alpert Jewish Family Service Mental Health Services for Persons with Disabilities	375,000	-	Department of Children and Families
64	1756	Exchange Club Parent Aide - Palm Beach & Broward County	750,000	-	Department of Children and Families
65	1765	Children of Inmates: Babies N Brains	450,000	-	Department of Children and Families
66	1778	Community Reentry	750,000	-	Department of Children and Families
67	1846	Furnishing Basic Stability for Families	75,000	-	Department of Children and Families
68	1847	Mentors For Fatherless Children & Abused Families – Emotional Intelligence (EI) Program for At-Risk	350,000	-	Department of Children and Families
69	1851	Opioid Addiction Research Using LIFU Exablate Neuro Focused Ultrasound	-	1,500,000	Department of Children and Families

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
70	1877	Women's Residential Comprehensive Treatment - STEPS, Inc	-	500,000	Department of Children and Families
71	1919	Food Cost Mitigation Project	500,000	-	Department of Children and Families
72	1972	Fellowship Recovery Housing Support Program for the Unhoused	-	300,000	Department of Children and Families
73	2075	Prevention, Foster Family Recruitment & Hope 4 Healing Project	1,250,000	-	Department of Children and Families
74	2077	New Life Dream Center Substance Abuse Treatment Program	-	298,000	Department of Children and Families
75	2078	Project LIFT - Mental Health and Workforce Development	500,000	-	Department of Children and Families
76	2084	Mental Health Association in Indian River County - Walk-In and Counseling Center	500,000	-	Department of Children and Families
77	2117	Cove Behavioral Health CHSC Hurricane Hardening and Bathroom Renovations	440,000	-	Department of Children and Families
78	2218	Using Available Capacity for Opioid Residential Treatment in Rural North Florida	-	500,000	Department of Children and Families
79	2219	IMPACT Academy Expansion	500,000	-	Department of Children and Families
80	2244	Meridian Psychiatric Hospital and Acute Care Services Center - North Region	750,000	-	Department of Children and Families
81	2253	PEMHS/Eleos Pinellas County Coordinated Behavioral Health Receiving System (CRF/CRS)	2,200,000	-	Department of Children and Families
82	2282	Centerstone of Florida - Inpatient Behavioral Health Facility	350,000	-	Department of Children and Families
83	2341	Victory For Youth/Share Your Heart	480,000	-	Department of Children and Families
84	2360	Expansion of Coaching, Mentoring, & Wraparound Services for Youths Impacted by Fatherlessness	499,744	-	Department of Children and Families
85	2367	Department of Children and Families Extended-Release Injectable Naltrexone Program	-	750,000	Department of Children and Families
86	2411	GraceWay Village Family Restorative Shelter	1,000,000	-	Department of Children and Families
87	2534	South Broward Hospital District - Medication Assisted Treatment	-	1,000,000	Department of Children and Families
88	2536	Joe DiMaggio Children's Hospital - New Solutions Outpatient Program	500,000	-	Department of Children and Families
89	2541	Broward Health - Integrated Medication Assisted Treatment Response (iMATR)	350,000	-	Department of Children and Families
90	2584	The LJD Jewish Family & Community Services, Inc.: Mental Health - Circuit 8	350,000	-	Department of Children and Families
91	2643	Still Waters Ministries, Inc: A new Beginning for homeless and abused women and children	350,000	-	Department of Children and Families
92	2666	Functional Family Therapy Team	500,000	-	Department of Children and Families

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
93	2667	Forensic Multidisciplinary Team	500,000	-	Department of Children and Families
94	2676	Okaloosa-Walton Mental Health and Substance Abuse Pre-Trial Diversion Program	325,000	-	Department of Children and Families
95	2677	One Hopeful Place - Homeless Shelter Resource Center Renovation Project	400,000	-	Department of Children and Families
96	2702	Emergency Intake Center	487,000	-	Department of Children and Families
97	2705	Phones for Homeless and Neglected Youth in Bay County	66,000	-	Department of Children and Families
98	2785	MH Counseling & Suicide Prevention Crisis Services	400,000	-	Department of Children and Families
99	2828	Gulf County Outpatient Mental Health Services	398,000	-	Department of Children and Families
100	2841	St. Johns EPIC Recovery Center Women's Substance Abuse Residential Treatment Beds	-	750,000	Department of Children and Families
101	2850	Alpert Jewish Family Service Mental Health First Aid	500,000	-	Department of Children and Families
102	2864	LifeStream – Citrus County Baker Act Receiving Facility Capital Outlay	573,554	-	Department of Children and Families
103	2922	Big Bend Homeless Coalition Refurbishment of Apartments for Disabled Formerly Homeless Veterans	500,000	-	Department of Children and Families
104	3069	David Lawrence Center Pathways to Healing Program	375,000	-	Department of Children and Families
105	3085	CBHC Generator Request for Substance Abuse Treatment Building (Capital Request)	250,000	-	Department of Children and Families
106	3107	Repairs and Renovations to Improve Care for Children in Foster Care	500,000	-	Department of Children and Families
107	3110	Valerie's House for Grieving Children	2,000,000	-	Department of Children and Families
108	3124	City of Kissimmee Community Engagement Services Pilot	200,000	-	Department of Children and Families
109	3135	Came to Believe Recovery Addiction Recovery Pilot Program	-	500,000	Department of Children and Families
110	3206	Wakulla Pregnancy Center	136,000	-	Department of Children and Families
111	3254	D/V and Homeless Shelter Program Operations	308,000	-	Department of Children and Families
112	3258	Cross Training Ministries	1,500,000	-	Department of Children and Families
113	3365	Connecting Everyone with Second Chances (CESC, Inc.)	500,000	-	Department of Children and Families
114	1047	Alzheimer's Association Brain Bus	491,614	-	Department of Elder Affairs
115	1071	Alzheimer's Community Care Critical Support Initiative	3,150,000	-	Department of Elder Affairs

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
116	1136	Aging in Place with Grace, by Rales Jewish Family Services	494,100	-	Department of Elder Affairs
117	1201	North Miami Foundation for Senior Citizens Services, Inc. - Elderly Meals Program	350,000	-	Department of Elder Affairs
118	1405	City of Deerfield Beach Alzheimer's Daycare Senior Transportation Services	300,000	-	Department of Elder Affairs
119	1552	City of Hollywood - Adult Day Care Center	410,309	-	Department of Elder Affairs
120	1582	Senior Cancer Support Services Program Miami-Dade County	624,000	-	Department of Elder Affairs
121	1592	Nutritional Equity for Seniors Keeping Kosher (NESKK)	600,000	-	Department of Elder Affairs
122	1633	City of Miramar Southcentral/Southeast Focal Point Senior Center	300,000	-	Department of Elder Affairs
123	1818	Holocaust Heroes Worldwide - TRIBES Project for Survivors in South Florida	286,000	-	Department of Elder Affairs
124	1917	Jewish Family Services (JFS) Holocaust Survivors Support	250,000	-	Department of Elder Affairs
125	2216	Hallandale Beach Austin Hepburn Senior Mini-Center	111,006	-	Department of Elder Affairs
126	2332	Hialeah Gardens - Elder Meals Program	784,296	-	Department of Elder Affairs
127	2384	City of West Park Senior Program	400,000	-	Department of Elder Affairs
128	2417	Jewish Family Services Holocaust Survivors and Senior Care Program	565,000	-	Department of Elder Affairs
129	2445	City of Miami Springs - Senior Center Supplemental Meals and Services	750,000	-	Department of Elder Affairs
130	2447	City of Hialeah Elder Meals Program	2,000,000	-	Department of Elder Affairs
131	2585	The LJD Jewish Family & Community Services, Inc.: Holocaust Survivor Support Services	250,000	-	Department of Elder Affairs
132	2876	Feeding South Florida, Inc. - Delivering Nutrition to Seniors	1,500,000	-	Department of Elder Affairs
133	2909	Home Care for Frail Seniors and Those with Alzheimer's Disease and Related Dementias	350,000	-	Department of Elder Affairs
134	3077	Baker Senior Center Naples Dementia Respite Support Program	200,000	-	Department of Elder Affairs
135	3098	City of Wauchula Senior Center Facility	3,000,000	-	Department of Elder Affairs
136	3099	Baker Senior Center Naples Geriatric Mental Health Services	110,000	-	Department of Elder Affairs
137	3144	Jack and Lee Rosen Jewish Community Center - Senior Center	600,000	-	Department of Elder Affairs
138	3160	Senior Enrichment and Wellness Program	395,000	-	Department of Elder Affairs

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
139	3443	Seniors First, Inc. Home Delivered Meal Program	300,000	-	Department of Elder Affairs
140	1018	LECOM Health: Clinic-Based Services Outreach	350,000	-	Department of Health
141	1048	Electronic Health Records System Replacement	1,000,000	-	Department of Health
142	1050	Sickle Cell Disease Gene Therapy	450,000	-	Department of Health
143	1057	Florida Mission of Mercy	350,000	-	Department of Health
144	1060	Solving Genetic Enigmas in Inherited Retinal Disease of Florida Residents	330,000	-	Department of Health
145	1124	Once of Prevention - Period of PURPLE Crying Shaken Baby Prevention Program	750,000	-	Department of Health
146	1125	FASD Statewide Clinics	350,000	-	Department of Health
147	1126	FASD Pensacola/Panhandle Clinics	486,500	-	Department of Health
148	1168	Florida Rural Hospital Safe Patient Movement Program	500,000	-	Department of Health
149	1169	SebastianStrong Foundation Childhood Cancer Hope Navigator	350,000	-	Department of Health
150	1173	Nurse Family Partnership Sustainability and Expansion Funding	350,000	-	Department of Health
151	1187	Florida Stroke Registry	1,500,000	-	Department of Health
152	1269	1 Voice Pediatric Cancer Foundation	300,000	-	Department of Health
153	1412	Ascension St. Vincent's NICU Expansion	900,000	-	Department of Health
154	1520	Brownsville Church of Christ Cares Inc.	350,000	-	Department of Health
155	1557	Florida Heiken Children's Vision Program LLC, a division of Miami Lighthouse	1,000,000	-	Department of Health
156	1581	Florida Epilepsy Services Program (FESP)	1,000,000	-	Department of Health
157	1609	Live Like Bella Childhood Cancer Foundation	1,000,000	-	Department of Health
158	1663	Let's Move 365! Health Initiative for Low Income Families & Elderly	500,000	-	Department of Health
159	1687	HIV/AIDS Research at Center for AIDS Research (CFAR)	400,000	-	Department of Health
160	1749	Keys AHEC Health Centers	500,000	-	Department of Health
161	1771	Nova Southeastern University Veterans Access Clinic	6,000,000	-	Department of Health

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
162	1861	AdventHealth Waterman Community Clinic-Community Care Expansion	400,000	-	Department of Health
163	1871	Auditory Oral Services for Children with Hearing Loss	1,750,000	-	Department of Health
164	2143	Enhancing Understanding of Mortality in Sickle Cell Disease through a Cause of Death Initiative	1,250,000	-	Department of Health
165	2144	Non-Emergent Transportation Access for Sickle Cell Centers of Excellence	2,500,000	-	Department of Health
166	2205	Sincere Women's Wellness Centers	500,000	-	Department of Health
167	2249	Family Support Center, a Family Network on Disabilities Program	500,000	-	Department of Health
168	2258	Donor Human Milk for Babies at Home Mothers' Milk Bank of Florida	150,000	-	Department of Health
169	2336	Bitner Plante ALS Initiative of Florida	2,000,000	-	Department of Health
170	2338	Children's Safety Village Safe Swim Program	300,000	-	Department of Health
171	2358	Clearwater Free Clinic Wellness Center	900,000	-	Department of Health
172	2471	Ronald McDonald House Charities of South Florida	1,000,000	-	Department of Health
173	2520	Volusia Flagler Family YMCA ADA Access Projects	500,000	-	Department of Health
174	2631	Rural Specialty Clinic	277,466	-	Department of Health
175	2634	Jackson Hospital Medical Office Space	500,000	-	Department of Health
176	2679	Paxton Medical Clinic	205,000	-	Department of Health
177	2686	Expansion of DOH-Walton/Walton Community Health Center Coastal branch clinic	500,000	-	Department of Health
178	2992	Andrews Institute Research: Regenerative Medicine	500,000	-	Department of Health
179	3047	Resuscitation System for Rural EMS and Hospitals	750,000	-	Department of Health
180	3068	Healthcare Network - Marion E. Fether Roof	450,000	-	Department of Health
181	3075	Florida Lions Eye Clinic, Inc. - Free Eye Care for Florida Residence	95,000	-	Department of Health
182	3178	Girl Scouts of Gateway Council Camp Kateri Capital Project	400,000	-	Department of Health
183	3309	The Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research	1,000,000	-	Department of Health
184	3415	26Health's Street Medicine Initiative	500,000	-	Department of Health

**Senate Appropriations Committee on Health and Human Services
Fiscal Year 2025-2026 Proposed Project Funding**

Row #	LFIR #	Project Title	General Revenue	Trust Fund	Agency / Department
185	3474	Genetic Research Laboratory for Rare Eye Diseases and Ocular Oncology	2,000,000	-	Department of Health
186	1052	Women Veterans Ignited	968,777	-	Department of Veterans' Affairs
187	1077	Five Star Veterans Center Expansion Phase 2	350,000	-	Department of Veterans' Affairs
188	1236	SOF Missions - Veterans Suicide Prevention	750,000	-	Department of Veterans' Affairs
189	1240	The Fire Watch 'Watch Stander' Program - Florida's Fight to End Veteran Suicide	350,000	-	Department of Veterans' Affairs
190	1434	Five Star Veterans Center Homeless Housing and Re-Integration Project	350,000	-	Department of Veterans' Affairs
191	1529	Hookin Veterans	250,000	-	Department of Veterans' Affairs
192	1613	Florida Veterans Legal Helpline	500,000	-	Department of Veterans' Affairs
193	1669	Innovative Interventions for Veteran Suicide Prevention	1,250,000	-	Department of Veterans' Affairs
194	1682	Support the Troops Inc.	250,000	-	Department of Veterans' Affairs
195	1981	Quantum Leap Farm: Veteran Equine Assisted Therapy	292,700	-	Department of Veterans' Affairs
196	1985	Operation Warrior Resolution Veteran Suicide Prevention Through Workforce Development	900,000	-	Department of Veterans' Affairs
197	2000	Home Base Florida Veteran & Family Care	1,500,000	-	Department of Veterans' Affairs
198	2170	Advocacy for Veterans, First Responders and Families for Mental Health and Moral Injury	350,000	-	Department of Veterans' Affairs
199	2173	Veterans Suicide Prevention - Fort Freedom	667,200	-	Department of Veterans' Affairs
200	2537	K9s For Warriors - Veterans Suicide Prevention Program	750,000	-	Department of Veterans' Affairs
201	3114	AMR at Pensacola Homes for Veterans	350,000	-	Department of Veterans' Affairs
202	3130	The Transition House Homeless Veterans Program - Osceola	400,000	-	Department of Veterans' Affairs

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 152

INTRODUCER: Senators Davis and Sharief

SUBJECT: Protection from Surgical Smoke

DATE: March 25, 2025 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	Pre-meeting
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 152 requires hospitals and ambulatory surgical centers to, by January 1, 2026, adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

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

The bill takes effect July 1, 2025.

II. Present Situation:

Surgical smoke is produced by the thermal destruction of tissue by the use of lasers or electrosurgical devices.¹ Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead and live cellular material, and viruses.²

At high concentrations, such smoke can cause ocular and upper respiratory tract irritation in health care personnel and can create view obstruction for the surgeon. The smoke has been shown to have mutagenic potential.³ Studies have shown that surgical smoke may be associated with complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B

¹ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html> (last visited Feb. 11, 2025).

² *Id.*

³ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database*, last updated Nov. 16, 2018, available at <https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html>, (last visited Feb. 11, 2025).

transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor, and runny eyes.⁴ Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.⁵

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator “ON” (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.
- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.⁶

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled “Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke.”⁷ In the newsletter the Joint Commission recommends that “health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention’s Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.

⁴ Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *Iran J Public Health*. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/>, (last visited Feb. 11, 2025).

⁵ United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at <https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume>, (last visited Feb. 11, 2025).

⁶ *Supra* n. 5.

⁷ Available at [Quick Safety Issue 56: Alleviating the dangers of surgical smoke | The Joint Commission](#) (last visited Feb. 11, 2025).

- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.
- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization’s policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area.”

III. Effect of Proposed Changes:

The bill creates s. 395.1013, F.S., to require that hospitals and ambulatory surgical centers (ASC) adopt and implement policies that require the use of a smoke evacuation system during any surgical procedures that is likely to generate surgical smoke. The bill defines:

- “Smoke evacuation system” to mean equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and
- “Surgical smoke” to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2026.

The bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

SB 152 may have a significant negative fiscal impact on a hospital or an ASC if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of the bill.

C. Government Sector Impact:

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 395.1013 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

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

None.

B. Amendments:

None.

By Senator Davis

5-00188-25

2025152__

1 A bill to be entitled
2 An act relating to protection from surgical smoke;
3 creating s. 395.1013, F.S.; defining the terms "smoke
4 evacuation system" and "surgical smoke"; requiring
5 hospitals and ambulatory surgical centers to, by a
6 specified date, adopt and implement policies requiring
7 the use of smoke evacuation systems during certain
8 surgical procedures; providing an effective date.
9
10 Be It Enacted by the Legislature of the State of Florida:
11
12 Section 1. Section 395.1013, Florida Statutes, is created
13 to read:
14 395.1013 Smoke evacuation systems required.-
15 (1) As used in this section, the term:
16 (a) "Smoke evacuation system" means equipment that
17 effectively captures, filters, and eliminates surgical smoke at
18 the site of origin before the smoke makes contact with the eyes
19 or respiratory tract of occupants in the room.
20 (b) "Surgical smoke" means the gaseous byproduct produced
21 by energy-generating devices, such as lasers and electrosurgical
22 devices. The term includes, but is not limited to, surgical
23 plume, smoke plume, bio-aerosols, laser-generated airborne
24 contaminants, and lung-damaging dust.
25 (2) By January 1, 2026, each licensed facility shall adopt
26 and implement policies that require the use of a smoke
27 evacuation system during any surgical procedure that is likely
28 to generate surgical smoke.
29 Section 2. This act shall take effect July 1, 2025.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 170

INTRODUCER: Health Policy Committee and Senator Burton

SUBJECT: Quality of Care in Nursing Homes

DATE: March 25, 2025 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	Pre-meeting
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 170 amends several sections related to the regulation of nursing homes. Specifically, the bill:

- Requires the Agency for Health Care Administration (AHCA) to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with the care provided by nursing homes;
- Requires each nursing home’s medical director to be certified by the American Medical Directors Association or have a similar credential recognized by the AHCA;
- Requires each nursing home to conduct a patient safety culture survey at least biennially and to include the results in the facilities Nursing Home Guide;
- Provides that each nursing home that maintains electronic health records must make available all admission, transfer, and discharge data to the Florida Health Information Exchange program;
- Requires the AHCA to impose a \$10,000 fine against a nursing home or the home office of a nursing home that fails to submit financial data to the Florida Nursing Home Uniform Reporting System (FNHURS); and
- Requires the AHCA to report to the Governor and the Legislature on payments made under the Medicaid Quality Incentive Program (QIP). The report must include trends in the improvement of the quality of care that may be attributable to the payments made under the QIP.

The bill has a significant, negative impact on state expenditures and an indeterminate positive impact on state revenues. **See Section V. Fiscal Impact Statement**

The bill takes effect July 1, 2025.

II. Present Situation:

Nursing Homes

Nursing homes in Florida are licensed under Part II of ch. 400, F.S., and provide 24-hour-a-day nursing care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational, and speech therapy, social activities and respite care for those who are ill or physically infirm.¹ Currently, there are 696 nursing homes licensed in Florida.² Of the 696 licensed nursing homes, 668 are certified to accept Medicare or Medicaid and consequently must follow federal Centers for Medicare & Medicaid Services (CMS) requirements for nursing homes.³

Nursing Home Medical Directors

Florida administrative code requires that each nursing home have only one physician, who is licensed under ch. 458 or ch. 459, F.S., that is designated as its medical director.⁴ If the medical director does not have hospital privileges, he or she is required to be certified or credentialed through a recognized certifying or credentialing body, such as The Joint Commission, the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a health maintenance organization licensed in Florida.⁵ One physician may be the medical director of up to 10 nursing homes at any one time and must have his or her principal office within 60 miles of all facilities for which he or she serves as medical director.⁶

The medical director is required to visit each facility at least once a month, meet quarterly with the risk management and quality assurance committee of each facility, and must review for each facility:

- All new policies and procedures;
- All new incident and accident reports to identify clinic risk and safety hazards;
- The most recent grievance logs for any complains or concerns related to clinical issues.⁷

¹ Agency for Health Care Administration webpage, nursing homes, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Nursing_Homes.shtml (last visited Feb. 28, 2025).

² Florida Health Finder Report, available at <https://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited Feb. 28, 2025).

³ *Id.* Search for nursing homes that accept Medicaid or Medicare as payment.

⁴ Fla. Admin. Code R. 59A-4.1075 (2015).

⁵ *Id.*

⁶ *Id.* Note: if the facility is a rural nursing home, the AHCA may approve a request to waive the distance requirement.

⁷ *Id.*

Additionally, the medical director must participate in the development of the comprehensive care plan for any resident for whom he or she is the attending physician.⁸

Nursing Home Financial Reports

Nursing homes are required to submit financial data to the AHCA pursuant to s. 408.061 (5)-(6), F.S. These provisions were added in 2021 by SB 2518 (ch. 2021-41, L.O.F.) and mirror provisions in current law that require other health care facilities to submit such data.⁹ Prior to July 1, 2021, nursing homes were exempt from this reporting requirement.

A nursing home must report, within 120 days after the end of its fiscal year, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. This actual experience must be audited and must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the AHCA in addition to the information filed in the Florida Nursing Home Uniform Reporting System (FNHURS).

The final rule for implementation of the FNHURS became effective November 1, 2023, and required nursing homes to begin submitting data to the FNHURS 30 days after that date in accordance with the end of each nursing home's fiscal year.¹⁰ As of March 17, 2025, at least 536 of the 696 nursing homes had submitted to the AHCA.¹¹

Medicaid Quality Incentive Program

The Medicaid Quality Incentive Program (QIP) was established to ensure continued quality of care in nursing home facilities.¹² Nursing homes providers submit quality data directly to the federal Centers for Medicare and Medicaid Services, and the AHCA uses this information to rank all providers by 16 quality measures.¹³ The quality metrics used include¹⁴:

- **Process Measures**, which include flu vaccine, antipsychotic medication, and restraint quality metrics.
 - Providers whose fourth quarter measure score is at or above the 90th percentile for a particular measure will be awarded 3 points, those scoring from the 75th up to 90th percentiles will be awarded 2 points, and those scoring from the 50th up to 75th percentiles will receive 1 point.
 - Providers who score below the 50th percentile and achieve a 20 percent improvement from the previous year will receive 0.5 points.

⁸ Fla. Admin. Code R. 59A-4.1075 (2015).

⁹ See s. 408.061(4), F.S.

¹⁰ Fla. Admin. Code R. 59E-4.102 (2023).

¹¹ Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Mar. 18, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

¹² ch. 2017-129, s. 8, Laws of Fla.

¹³ Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

¹⁴ Fla. Admin. Code R. 59G-6.010(2)(y)(2021).

- **Outcome Measures**, which include urinary tract infections, pressure ulcers, falls, incontinence, and decline in activities of daily living quality metrics.
 - Outcome Measures are scored and percentiles are calculated using the same methodology as Process Measures.
- **Structure Measures**, which include direct care staffing from the Medicaid cost report received by the rate setting cutoff date and social work and activity staff.
 - Structure Measures are scored and percentiles are calculated using the same methodology as Process Measures and Outcome Measures.
- **Credentialing Measures** which include CMS Overall 5-Star, Florida Gold Seal, Joint Commission Accreditation, and American Health Care Association National Quality Award.
 - Facilities assigned a rating of 3, 4, or 5 stars in the CMS 5- Star program will receive 1, 3, or 5 points, respectively.
 - Facilities that have either a Florida Gold Seal, Joint Commission Accreditation, or the silver or gold American Health Care Association National Quality Award on May 31 of the current year will be awarded 5 points.

By statute, nursing homes must meet the minimum threshold of the 20 percentile of included facilities to receive a quality incentive add-on payment, which is set at 10 percent of the 2016 non-property related payments of included facilities.¹⁵ In the 2023-2024 federal fiscal year, the incentive pool totaled \$316 million with 534 of the 655 active providers receiving a quality incentive add-on to their rate.¹⁶

Patient Safety Culture Surveys

Patient safety culture refers to the values, beliefs, and norms that are shared by health care practitioners and other staff throughout the organization that influence their actions and behaviors to support and promote patient safety. Patient safety culture can be measured by determining the values, beliefs, norms, and behaviors related to patient safety that are rewarded, supported, expected, and accepted in an organization. Culture exists at multiple levels, from the unit level to the department, organization, and system levels.¹⁷

The federal Agency for Health Care Research and Quality (AHRQ) has developed a “Survey on Patient Safety Culture” (SOPS) program which develops and supports surveys of providers and staff that assess the extent to which their organizational culture supports patient safety and safe practices. All the SOPS surveys include a standard set of core items with comparable survey content across facilities and have been developed for the following settings of care:

- Hospitals.
- Medical Offices.
- Nursing Homes.
- Community Pharmacies.
- Ambulatory Surgery Centers.

¹⁵ Sections 409.908(2)(b)1.e. and f.

¹⁶ Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

¹⁷ What is Patient Safety Culture?, AHRQ, June 2024, available at <https://www.ahrq.gov/sops/about/patient-safety-culture.html>, (last visited Feb. 28, 2025).

The SOPS Program also offers optional supplemental item sets that can be added to the core surveys to assess additional content areas focusing on health information technology, patient safety, workplace safety, value and efficiency, and diagnostic safety.

SOPS surveys and supplemental item sets undergo a rigorous development and testing process. Because the surveys ask questions that have been developed and pilot tested using a consistent methodology across a large sample of respondents, they are standardized and validated measures of patient safety culture.¹⁸ The areas that are assessed by the SOPS include:

- Communication About Error.
- Communication Openness.
- Organizational Learning—Continuous Improvement.
- Overall Rating on Patient Safety.
- Response to Error.
- Staffing.
- Supervisor and Management Support for Patient Safety.
- Teamwork.
- Work Pressure and Pace.¹⁹

Research has shown that significant relationships exist between SOPS patient safety culture scores and important health care delivery measures and outcomes. Some key findings based on studies that administered SOPS surveys include the following:

- Hospital units with more positive SOPS scores had:
 - *Fewer* hospital-acquired pressure ulcers and patient falls.
 - *Lower* surgical site infection rates.
- Hospitals with more positive SOPS scores had:
 - *Lower* rates of in-hospital complications or adverse events as measured by AHRQ's patient safety indicators (PSIs).
 - Patients who reported *more positive* experiences with care.
- Nursing homes with more positive SOPS scores had:
 - *Higher* Centers for Medicare & Medicaid Services (CMS) Nursing Home Five-Star Quality ratings.
 - *Lower* risks of resident falls, long-stay urinary tract infections, and short stay ulcers.²⁰

Florida law requires hospitals and ambulatory surgical centers (ASC) to conduct, at least biennially, a patient safety culture survey using the SOPS.²¹ In order to implement the requirement, the AHCA has customized the AHRQ's patient safety survey instruments, and

¹⁸ What is Patient Safety Culture?, ARHQ, June 2024, available at <https://www.ahrq.gov/sops/about/patient-safety-culture.html>, (last visited Feb. 28, 2025).

¹⁹ *Id.*

²⁰ *Id.*

²¹ Section 395.1012(4), F.S.

developed a database application to facilitate the required submission of patient safety culture survey data from Florida hospitals and ASCs to the agency as statutorily mandated.²²

Florida's Health Information Exchange Program

Founded in 2011, the Florida Health Information Exchange (FHIE) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The AHCA governs the FHIE by establishing policy, convening stakeholders, providing oversight, engaging federal partners, and promoting the benefits of health information technology.

The FHIE electronically makes patient health information available to doctors, nurses, hospitals, and health care organizations when needed for patient care. The exchange of patient information is protected through strict medical privacy and confidential procedures. The FHIE is designed to improve the speed, quality, safety, and cost of patient care.

As part of the FHIE Services, Florida has developed an Encounter Notification Service (ENS) that delivers real-time notifications based off of Admit, Discharge, and Transfer (ADT) data from participating health care facilities. This data is provided to authorize health care entities to improve patient care coordination.²³

III. Effect of Proposed Changes:

Section 1 reenacts and amends s. 400.0225, F.S., to require the Agency for Health Care Administration (AHCA) to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. The surveys must be based on a core set of consumer satisfaction questions to allow for consistent measurement and must be administered annually to a random sample of long-stay and short-stay residents of each facility and their family members. The survey tool must be based on an agency-validated survey instrument whose measures have received an endorsement by the National Quality Forum. The AHCA is required under the bill to:

- Specify the protocols for conducting the consumer satisfaction surveys, ensuring survey validity, reporting survey results, and protecting the identity of individual respondents; and
- Make aggregated survey data available to consumers on the agency's website in a manner that allows for comparison between nursing home facilities.

The bill allows family members, guardians, or other resident designees to assist a resident in completing the survey and also prohibits employees and volunteers of the nursing home, or of a corporation or business entity with and ownership interest in the nursing home, from attempting to influence a resident's responses to the survey.

²² Patient Safety Survey System User Guide, 2024, available at <https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide%202022%2824%29EP.pdf>, (last visited Feb. 28, 2025).

²³ Agency for Health Care Administration, *Senate Bill 7016 (2024) Analysis*. (on file with the Senate Committee on Health Policy).

Section 2 amends s. 400.141, F.S., to require the medical director of each nursing home facility to obtain designation as a certified medical director by the American Medical Directors Association, hold a similar credential bestowed by an organization recognized by the AHCA, or be in the process of seeking such designation or credentialing, according to parameters adopted by agency rule, by January 1, 2026. The bill also requires the AHCA to include the name of each nursing home's medical director on the facility's provider profile published on the AHCA's website.

The bill also requires each nursing home to conduct, at least biennially, a patient safety culture survey using the applicable survey on patient culture developed by the federal Agency for Health Care Research and Quality. The bill requires each facility to conduct the survey anonymously and allows facilities to contract with a third party to administer the survey. The survey data, including participation rates, must be submitted to the AHCA biennially and each facility must develop an internal action plan between surveys to improve survey results and submit the plan to the AHCA.

Section 3 amends s. 400.191, F.S., to require the AHCA to include the results of the consumer satisfaction surveys in its Nursing Home Guide.

Section 4 amends s. 408.051, F.S., to require each nursing home that maintains certified electronic health records technology to make available all admit, transfer, and discharge data to the FHIE. The bill allows the AHCA to adopt rules to implement this subsection.

Section 5 amends s. 408.061, F.S., to specify that, beginning January 1, 2026, the AHCA is required to impose an administrative fine of \$10,000 per violation²⁴ against a nursing home or the home office of a nursing home that fails to comply with the requirement to submit specified audited financial data to the Florida Nursing Home Uniform Reporting System (FNHURS). Additionally, the bill specifies that failing to file the report during any subsequent 10-day period occurring after the due date constitutes a separate violation until the report has been submitted.

The bill requires the AHCA to adopt rules to implement the fine and requires the rules to include provisions for a home office to present factors in mitigation of the imposition of the fine's full dollar amount. The AHCA may determine not to impose the fine's full dollar amount upon a demonstration that the full fine is inappropriate under the circumstances.

Section 6 clarifies that a facility that is fined under s. 408.061, F.S., for an FNHURS violation, as described above, may not also be fined for such violation under s. 408.08, F.S.

Section 7 amends s. 409.908, F.S., to require the AHCA to, by October 1, 2025, and each year thereafter, submit a report to the Governor and the Legislature on each Medicaid Quality Incentive Program (QIP) payment made. The report must, at a minimum, include:

- The name of each facility that received a QIP payment and the dollar amount of such payment each facility received.

²⁴ The bill, for purposes of this fine, defines "violation" to mean failing to file the financial report required on or before the report's due date.

- The total number of quality incentive metric points awarded by the agency to each facility and the number of points awarded by the agency for each individual quality metric measured.
- An examination of any trends in the improvement of the quality of care provided to nursing home residents which may be attributable to incentive payments received under the QIP. The AHCA is required to include an examination of trends both for the program as a whole as well as for each individual quality metric used by the AHCA to award program payments.

Section 8 provides that the bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 170 may have an indeterminate, negative fiscal impact on nursing homes that are required to conduct surveys, meet additional requirements, or that are fined for not submitting Florida Nursing Home Uniform Reporting System data as required.

The bill may have an indeterminate, negative fiscal impact on nursing home medical directors who are required to obtain certification under the bill's requirements.

C. Government Sector Impact:

The Agency for Health Care Administration (AHCA) estimates the bill will have a significant negative fiscal impact on state expenditures. The AHCA estimates a cost of \$356,500 to implement the Nursing Home Patient Satisfaction Survey and the Nursing Home Patient Safety Culture Survey required in this bill. The agency will also require \$140,500 annually to maintain, enhance, and secure endorsements for these surveys.²⁵

New fines created under this bill for nursing homes that fail to submit required data will have an indeterminate positive fiscal impact on state revenues and could offset a portion of the expenditure impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 400.0225, 400.141, 400.191, 408.051, 408.061, 408.08, and 409.908.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

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

CS by Health Policy on March 4, 2025:

The CS applies the bill's fine for a Florida Nursing Home Uniform Reporting System (FNHURS) violation to individual nursing homes as well as the home office of a nursing home, instead of solely to home offices as in the underlying bill. Both are required to file FNHURS reports under current law in s. 408.061(5) and (6), 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.

²⁵ Agency for Health Care Administration, *Senate Bill 170 Analysis* (Feb. 28, 2025) (on file with Senate Committee on Health Policy).



255870

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

Senate Amendment (with title amendment)

Delete lines 224 - 430

and insert:

through (16), respectively, a new subsection (7) is added to
that section, and subsections (5) and (6) of that section are
amended, to read:

408.061 Data collection; uniform systems of financial
reporting; information relating to physician charges;
confidential information; immunity.—



255870

11 (5) Within 120 days after the end of its fiscal year, each
12 nursing home as defined in s. 408.07, excluding nursing homes
13 operated by state agencies, shall file with the agency, on forms
14 adopted by the agency and based on the uniform system of
15 financial reporting, its actual financial experience for that
16 fiscal year, including expenditures, revenues, and statistical
17 measures. Such data may be based on internal financial reports
18 that are certified to be complete and accurate by the chief
19 financial officer of the nursing home. However, a nursing home's
20 actual financial experience shall be its audited actual
21 experience. This audited actual experience must include the
22 fiscal year-end balance sheet, income statement, statement of
23 cash flow, and statement of retained earnings and must be
24 submitted to the agency in addition to the information filed in
25 the uniform system of financial reporting. The financial
26 statements must tie to the information submitted in the uniform
27 system of financial reporting, and a crosswalk must be submitted
28 along with the financial statements.

29 (6) Within 120 days after the end of its fiscal year, the
30 home office of each nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file
31 with the agency, on forms adopted by the agency and based on the
32 uniform system of financial reporting, its actual financial
33 experience for that fiscal year, including expenditures,
34 revenues, and statistical measures. Such data may be based on
35 internal financial reports that are certified to be complete and
36 accurate by the chief financial officer of the nursing home.
37 However, the home office's actual financial experience shall be
38 its audited actual experience. This audited actual experience
39



255870

40 must include the fiscal year-end balance sheet, income
41 statement, statement of cash flow, and statement of retained
42 earnings and must be submitted to the agency in addition to the
43 information filed in the uniform system of financial reporting.
44 The financial statements must tie to the information submitted
45 in the uniform system of financial reporting, and a crosswalk
46 must be submitted along with the audited financial statements.

47 (7) (a) Beginning January 1, 2026, the agency shall impose
48 an administrative fine of \$10,000 per violation against a
49 nursing home or home office that fails to comply with subsection
50 (5) or subsection (6), as applicable. For purposes of this
51 paragraph, the term "violation" means failing to file the
52 financial report required by subsection (5) or subsection (6),
53 as applicable, on or before the report's due date. Failing to
54 file the report during any subsequent 10-day period occurring
55 after the due date constitutes a separate violation until the
56 report has been submitted.

57 (b) The agency shall adopt rules to implement this
58 subsection. The rules must include provisions for a nursing home
59 or home office to present factors in mitigation of the
60 imposition of the fine's full dollar amount. The agency may
61 determine not to impose the fine's full dollar amount upon a
62 showing that the full fine is inappropriate under the
63 circumstances.

64 Section 6. Subsection (2) of section 408.08, Florida
65 Statutes, is amended to read:

66 408.08 Inspections and audits; violations; penalties;
67 fines; enforcement.—

68 (2) Any health care facility that refuses to file a report,



255870

69 fails to timely file a report, files a false report, or files an
70 incomplete report and upon notification fails to timely file a
71 complete report required under s. 408.061; that violates this
72 section, s. 408.061, or s. 408.20, or rule adopted thereunder;
73 or that fails to provide documents or records requested by the
74 agency under this chapter shall be punished by a fine not
75 exceeding \$1,000 per day for each day in violation, to be
76 imposed and collected by the agency. Pursuant to rules adopted
77 by the agency, the agency may, upon a showing of good cause,
78 grant a one-time extension of any deadline for a health care
79 facility to timely file a report as required by this section, s.
80 408.061, or s. 408.20. A facility fined under s. 408.061(7) may
81 not be additionally fined under this subsection for the same
82 violation.

83 Section 7. Paragraph (b) of subsection (2) of section
84 409.908, Florida Statutes, is amended to read:

85 409.908 Reimbursement of Medicaid providers.—Subject to
86 specific appropriations, the agency shall reimburse Medicaid
87 providers, in accordance with state and federal law, according
88 to methodologies set forth in the rules of the agency and in
89 policy manuals and handbooks incorporated by reference therein.
90 These methodologies may include fee schedules, reimbursement
91 methods based on cost reporting, negotiated fees, competitive
92 bidding pursuant to s. 287.057, and other mechanisms the agency
93 considers efficient and effective for purchasing services or
94 goods on behalf of recipients. If a provider is reimbursed based
95 on cost reporting and submits a cost report late and that cost
96 report would have been used to set a lower reimbursement rate
97 for a rate semester, then the provider's rate for that semester



255870

98 shall be retroactively calculated using the new cost report, and
99 full payment at the recalculated rate shall be effected
100 retroactively. Medicare-granted extensions for filing cost
101 reports, if applicable, shall also apply to Medicaid cost
102 reports. Payment for Medicaid compensable services made on
103 behalf of Medicaid-eligible persons is subject to the
104 availability of moneys and any limitations or directions
105 provided for in the General Appropriations Act or chapter 216.
106 Further, nothing in this section shall be construed to prevent
107 or limit the agency from adjusting fees, reimbursement rates,
108 lengths of stay, number of visits, or number of services, or
109 making any other adjustments necessary to comply with the
110 availability of moneys and any limitations or directions
111 provided for in the General Appropriations Act, provided the
112 adjustment is consistent with legislative intent.

113 (2)

114 (b) Subject to any limitations or directions in the General
115 Appropriations Act, the agency shall establish and implement a
116 state Title XIX Long-Term Care Reimbursement Plan for nursing
117 home care in order to provide care and services in conformance
118 with the applicable state and federal laws, rules, regulations,
119 and quality and safety standards and to ensure that individuals
120 eligible for medical assistance have reasonable geographic
121 access to such care.

122 1. The agency shall amend the long-term care reimbursement
123 plan and cost reporting system to create direct care and
124 indirect care subcomponents of the patient care component of the
125 per diem rate. These two subcomponents together shall equal the
126 patient care component of the per diem rate. Separate prices



255870

127 shall be calculated for each patient care subcomponent,
128 initially based on the September 2016 rate setting cost reports
129 and subsequently based on the most recently audited cost report
130 used during a rebasing year. The direct care subcomponent of the
131 per diem rate for any providers still being reimbursed on a cost
132 basis shall be limited by the cost-based class ceiling, and the
133 indirect care subcomponent may be limited by the lower of the
134 cost-based class ceiling, the target rate class ceiling, or the
135 individual provider target. The ceilings and targets apply only
136 to providers being reimbursed on a cost-based system. Effective
137 October 1, 2018, a prospective payment methodology shall be
138 implemented for rate setting purposes with the following
139 parameters:

140 a. Peer Groups, including:

141 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee
142 Counties; and

143 (II) South-SMMC Regions 10-11, plus Palm Beach and
144 Okeechobee Counties.

145 b. Percentage of Median Costs based on the cost reports
146 used for September 2016 rate setting:

147 (I) Direct Care Costs100 percent.

148 (II) Indirect Care Costs92 percent.

149 (III) Operating Costs86 percent.

150 c. Floors:

151 (I) Direct Care Component95 percent.

152 (II) Indirect Care Component92.5 percent.

153 (III) Operating ComponentNone.

154 d. Pass-through PaymentsReal Estate and
155Personal Property



156Taxes and Property Insurance.
157 e. Quality Incentive Program Payment
158 Pool.....10 percent of September
1592016 non-property related
160payments of included facilities.
161 f. Quality Score Threshold to Qualify ~~Quality~~ for Quality
162 Incentive Payment.....20th
163percentile of included facilities.
164 g. Fair Rental Value System Payment Parameters:
165 (I) Building Value per Square Foot based on 2018 RS Means.
166 (II) Land Valuation.....10 percent of Gross Building value.
167 (III) Facility Square Footage.....Actual Square Footage.
168 (IV) Movable Equipment Allowance.....\$8,000 per bed.
169 (V) Obsolescence Factor.....1.5 percent.
170 (VI) Fair Rental Rate of Return.....8 percent.
171 (VII) Minimum Occupancy.....90 percent.
172 (VIII) Maximum Facility Age.....40 years.
173 (IX) Minimum Square Footage per Bed.....350.
174 (X) Maximum Square Footage for Bed.....500.
175 (XI) Minimum Cost of a renovation/replacements \$500 per bed.
176 h. Ventilator Supplemental payment of \$200 per Medicaid day
177 of 40,000 ventilator Medicaid days per fiscal year.
178 2. The agency shall revise its methodology for calculating
179 Quality Incentive Program payments to include the results of
180 consumer satisfaction surveys conducted pursuant to s. 400.0225
181 as a measure of nursing home quality. The agency shall so revise
182 the methodology after the surveys have been in effect for an
183 amount of time the agency deems sufficient for statistical and
184 scientific validity as a meaningful quality measure that may be



255870

185 incorporated into the methodology.

186 3. The direct care subcomponent shall include salaries and
187 benefits of direct care staff providing nursing services
188 including registered nurses, licensed practical nurses, and
189 certified nursing assistants who deliver care directly to
190 residents in the nursing home facility, allowable therapy costs,
191 and dietary costs. This excludes nursing administration, staff
192 development, the staffing coordinator, and the administrative
193 portion of the minimum data set and care plan coordinators. The
194 direct care subcomponent also includes medically necessary
195 dental care, vision care, hearing care, and podiatric care.

196 ~~4.3.~~ All other patient care costs shall be included in the
197 indirect care cost subcomponent of the patient care per diem
198 rate, including complex medical equipment, medical supplies, and
199 other allowable ancillary costs. Costs may not be allocated
200 directly or indirectly to the direct care subcomponent from a
201 home office or management company.

202 5.4. On July 1 of each year, the agency shall report to the
203 Legislature direct and indirect care costs, including average
204 direct and indirect care costs per resident per facility and
205 direct care and indirect care salaries and benefits per category
206 of staff member per facility.

207 ~~6.5.~~ Every fourth year, the agency shall rebase nursing
208 home prospective payment rates to reflect changes in cost based
209 on the most recently audited cost report for each participating
210 provider.

211 7.6. A direct care supplemental payment may be made to
212 providers whose direct care hours per patient day are above the
213 80th percentile and who provide Medicaid services to a larger



255870

214 percentage of Medicaid patients than the state average.

215 8.7. Pediatric, Florida Department of Veterans Affairs, and
216 government-owned facilities are exempt from the pricing model
217 established in this subsection and shall remain on a cost-based
218 prospective payment system. Effective October 1, 2018, the
219 agency shall set rates for all facilities remaining on a cost-
220 based prospective payment system using each facility's most
221 recently audited cost report, eliminating retroactive
222 settlements.

223 9. By October 1, 2025, and each year thereafter, the agency
224 shall submit to the Governor, the President of the Senate, and
225 the Speaker of the House of Representatives a report on each
226 Quality Incentive Program payment made pursuant to sub-
227 paragraph 1.e. The report must, at a minimum, include all of
228 the following information:

229 a. The name of each facility that received a Quality
230 Incentive Program payment and the dollar amount of such payment
231 each facility received.

232 b. The total number of quality incentive metric points
233 awarded by the agency to each facility and the number of points
234 awarded by the agency for each individual quality metric
235 measured.

236 c. An examination of any trends in the improvement of the
237 quality of care provided to nursing home residents which may be
238 attributable to incentive payments received under the Quality
239 Incentive Program. The agency shall include examination of
240 trends both for the program as a whole as well as for each
241 individual quality metric used by the agency to award program
242 payments.



255870

243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271

It is the intent of the Legislature that the reimbursement plan achieve the goal of providing access to health care for nursing home residents who require large amounts of care while encouraging diversion services as an alternative to nursing home care for residents who can be served within the community. The agency shall base the establishment of any maximum rate of payment, whether overall or component, on the available moneys as provided for in the General Appropriations Act. The agency may base the maximum rate of payment on the results of scientifically valid analysis and conclusions derived from objective statistical data pertinent to the particular maximum rate of payment. The agency shall base the rates of payments in accordance with the minimum wage requirements as provided in the General Appropriations Act.

Section 8. (1) To support and enhance quality outcomes in Florida's nursing homes, the Agency for Health Care Administration shall contract with a third-party vendor to conduct a comprehensive study of nursing home quality incentive programs in other states.

(a) At a minimum, the study must include a detailed analysis of quality incentive programs implemented in each of the states examined, identify components of such programs which have demonstrably improved nursing home quality outcomes, and provide recommendations to modify or enhance this state's existing Medicaid Quality Incentive Program based on its historical performance and trends since it was first implemented.

(b) The study must also include:



255870

272 1. An in-depth review of emerging and existing technologies
273 applicable to nursing home care and an analysis of how their
274 adoption in this state could improve quality of care and
275 operational efficiency; and

276 2. An examination of other states' Medicaid add-on payment
277 structures related to the provision of ventilator care,
278 bariatric services, and behavioral health services.

279 (2) The agency shall submit a final report on the study,
280 including findings and actionable recommendations, to the
281 Governor, the President of the Senate, and the Speaker of the
282 House of Representatives by December 1, 2025.

283

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

285 And the title is amended as follows:

286 Delete lines 42 - 55

287 and insert:

288 408.061, F.S.; exempting nursing homes operated by
289 state agencies from certain financial reporting
290 requirements; requiring the agency to impose
291 administrative fines against nursing homes and home
292 offices of nursing homes for failing to comply with
293 certain reporting requirements; defining the term
294 "violation"; providing construction; requiring the
295 agency to adopt rules; providing requirements for such
296 rules; amending s. 408.08, F.S.; prohibiting nursing
297 homes subject to certain administrative fines from
298 being fined under a specified provision for the same
299 violation; amending s. 409.908, F.S.; requiring the
300 agency to revise its methodology for calculating



255870

301 Quality Incentive Program payments; providing
302 requirements for such revision; requiring the agency
303 to submit an annual report to the Governor and the
304 Legislature on payments made under the Quality
305 Incentive Program; specifying requirements for the
306 report; requiring the agency to contract with a third-
307 party vendor to conduct a comprehensive study of
308 nursing home quality incentive programs in other
309 states; providing minimum requirements for the report;
310 requiring the agency to submit a final report on the
311 study to the Governor and the Legislature by a
312 specified date; providing an effective

By the Committee on Health Policy; and Senator Burton

588-02134-25

2025170c1

1 A bill to be entitled
 2 An act relating to the quality of care in nursing
 3 homes; reviving, reenacting, and amending s. 400.0225,
 4 F.S., relating to consumer satisfaction surveys;
 5 requiring the Agency for Health Care Administration to
 6 develop user-friendly consumer satisfaction surveys
 7 for nursing home facilities; specifying requirements
 8 for the surveys; authorizing family members,
 9 guardians, and other resident designees to assist the
 10 resident in completing the survey; prohibiting
 11 employees and volunteers of the facility or of a
 12 corporation or business entity with an ownership
 13 interest in the facility from attempting to influence
 14 a resident's responses to the survey; requiring the
 15 agency to specify certain protocols for administration
 16 of the survey; requiring the agency to publish on its
 17 website aggregated survey data in a manner that allows
 18 for comparison between nursing home facilities;
 19 amending s. 400.141, F.S.; requiring medical directors
 20 of nursing home facilities to obtain, or to be in the
 21 process of obtaining, certain qualifications by a
 22 specified date; requiring the agency to include such
 23 medical director's name on each nursing home
 24 facility's online provider profile; requiring nursing
 25 home facilities to conduct biennial patient safety
 26 culture surveys; specifying requirements for
 27 administration of such surveys; requiring nursing home
 28 facilities to submit the results of such surveys
 29 biennially to the agency in a format specified by

Page 1 of 15

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

588-02134-25

2025170c1

30 agency rule; authorizing nursing home facilities to
 31 develop an internal action plan between surveys to
 32 identify measures for improvement of the survey and
 33 submit such plan to the agency; amending s. 400.191,
 34 F.S.; requiring the agency to include the results from
 35 specified consumer satisfaction surveys as part of the
 36 Nursing Home Guide on its website; amending s.
 37 408.051, F.S.; requiring nursing home facilities that
 38 maintain certain electronic health records to make
 39 available certain data to the agency's Florida Health
 40 Information Exchange program for a specified purpose;
 41 authorizing the agency to adopt rules; amending s.
 42 408.061, F.S.; requiring the agency to impose
 43 administrative fines against nursing homes and home
 44 offices of nursing homes for failing to comply with
 45 certain reporting requirements; defining the term
 46 "violation"; providing construction; requiring the
 47 agency to adopt rules; providing requirements for such
 48 rules; amending s. 408.08, F.S.; exempting health care
 49 facilities from imposition of administrative fines if
 50 they have otherwise been fined for the same violation
 51 pursuant to other provisions; amending s. 409.908,
 52 F.S.; requiring the agency to submit an annual report
 53 to the Governor and the Legislature on payments made
 54 under the Quality Incentive Program; specifying
 55 requirements for the report; providing an effective
 56 date.

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

Page 2 of 15

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

588-02134-25

2025170c1

59 Section 1. Notwithstanding the repeal of section 400.0225,
60 Florida Statutes, in section 14 of chapter 2001-377, Laws of
61 Florida, that section is revived, reenacted, and amended to
62 read:
63

64 400.0225 Consumer satisfaction surveys.-

65 (1) The agency shall develop user-friendly consumer
66 satisfaction surveys to capture resident and family member
67 satisfaction with care provided by nursing home facilities. The
68 consumer satisfaction surveys must be based on a core set of
69 consumer satisfaction questions to allow for consistent
70 measurement and must be administered annually to a random sample
71 of long-stay and short-stay residents of each facility and their
72 family members. The survey tool must be based on an agency-
73 validated survey instrument whose measures have received an
74 endorsement by the National Quality Forum.

75 (2) Family members, guardians, or other resident designees
76 may assist a resident in completing the consumer satisfaction
77 survey.

78 (3) Employees and volunteers of the nursing home facility
79 or of a corporation or business entity with an ownership
80 interest in the nursing home facility are prohibited from
81 attempting to influence a resident's responses to the consumer
82 satisfaction survey.

83 (4) The agency shall specify the protocols for conducting
84 the consumer satisfaction surveys, ensuring survey validity,
85 reporting survey results, and protecting the identity of
86 individual respondents. The agency shall make aggregated survey
87 data available to consumers on the agency's website pursuant to

Page 3 of 15

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

588-02134-25

2025170c1

88 ~~s. 400.191(2) (a)15. in a manner that allows for comparison~~
89 ~~between nursing home facilities, or its contractor, in~~
90 ~~consultation with the nursing home industry and consumer~~
91 ~~representatives, shall develop an easy-to-use consumer~~
92 ~~satisfaction survey, shall ensure that every nursing facility~~
93 ~~licensed pursuant to this part participates in assessing~~
94 ~~consumer satisfaction, and shall establish procedures to ensure~~
95 ~~that, at least annually, a representative sample of residents of~~
96 ~~each facility is selected to participate in the survey. The~~
97 ~~sample shall be of sufficient size to allow comparisons between~~
98 ~~and among facilities. Family members, guardians, or other~~
99 ~~resident designees may assist the resident in completing the~~
100 ~~survey. Employees and volunteers of the nursing facility or of a~~
101 ~~corporation or business entity with an ownership interest in the~~
102 ~~facility are prohibited from assisting a resident with or~~
103 ~~attempting to influence a resident's responses to the consumer~~
104 ~~satisfaction survey. The agency, or its contractor, shall survey~~
105 ~~family members, guardians, or other resident designees. The~~
106 ~~agency, or its contractor, shall specify the protocol for~~
107 ~~conducting and reporting the consumer satisfaction surveys.~~
108 ~~Reports of consumer satisfaction surveys shall protect the~~
109 ~~identity of individual respondents. The agency shall contract~~
110 ~~for consumer satisfaction surveys and report the results of~~
111 ~~those surveys in the consumer information materials prepared and~~
112 ~~distributed by the agency.~~

113 (5) The agency may adopt rules as necessary to implement
114 administer this section.

115 Section 2. Paragraph (b) of subsection (1) of section
116 400.141, Florida Statutes, is amended, and paragraph (x) is

Page 4 of 15

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

588-02134-25

2025170c1

117 added to that subsection, to read:

118 400.141 Administration and management of nursing home
119 facilities.—

120 (1) Every licensed facility shall comply with all
121 applicable standards and rules of the agency and shall:

122 (b) Appoint a medical director licensed pursuant to chapter
123 458 or chapter 459. By January 1, 2026, the medical director of
124 each nursing home facility must obtain designation as a
125 certified medical director by the American Medical Directors
126 Association, hold a similar credential bestowed by an
127 organization recognized by the agency, or be in the process of
128 seeking such designation or credentialing, according to
129 parameters adopted by agency rule. The agency shall include the
130 name of each nursing home facility's medical director on the
131 facility's provider profile published by the agency on its
132 website. The agency may establish by rule more specific criteria
133 for the appointment of a medical director.

134 (x) Conduct, at least biennially, a patient safety culture
135 survey using the applicable Survey on Patient Safety Culture
136 developed by the federal Agency for Healthcare Research and
137 Quality. Each facility shall conduct the survey anonymously to
138 encourage completion of the survey by staff working in or
139 employed by the facility. A facility may contract with a third
140 party to administer the survey. Each facility shall biennially
141 submit the survey data to the agency in a format specified by
142 agency rule, which must include the survey participation rate.
143 Each facility may develop an internal action plan between
144 conducting surveys to identify measures to improve the survey
145 and submit such plan to the agency.

Page 5 of 15

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

588-02134-25

2025170c1

146 Section 3. Paragraph (a) of subsection (2) of section
147 400.191, Florida Statutes, is amended to read:

148 400.191 Availability, distribution, and posting of reports
149 and records.—

150 (2) The agency shall publish the Nursing Home Guide
151 quarterly in electronic form to assist consumers and their
152 families in comparing and evaluating nursing home facilities.

153 (a) The agency shall provide an Internet site which must
154 ~~shall~~ include at least the following information either directly
155 or indirectly through a link to another established site or
156 sites of the agency's choosing:

157 1. A section entitled "Have you considered programs that
158 provide alternatives to nursing home care?" which must shall be
159 the first section of the Nursing Home Guide and must which shall
160 prominently display information about available alternatives to
161 nursing homes and how to obtain additional information regarding
162 these alternatives. The Nursing Home Guide must shall explain
163 that this state offers alternative programs that allow permit
164 qualified elderly persons to stay in their homes instead of
165 being placed in nursing homes and must shall encourage
166 interested persons to call the Comprehensive Assessment Review
167 and Evaluation for Long-Term Care Services (CARES) Program to
168 inquire as to whether if they qualify. The Nursing Home Guide
169 must shall list available home and community-based programs and
170 must which shall clearly state the services that are provided,
171 including and indicate whether nursing home services are covered
172 under those programs when necessary included if needed.

173 2. A list by name and address of all nursing home
174 facilities in this state, including any prior name by which a

Page 6 of 15

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

588-02134-25 2025170c1

175 facility was known during the previous 24-month period.
 176 3. Whether such nursing home facilities are proprietary or
 177 nonproprietary.
 178 4. The current owner of the facility's license and the year
 179 that that entity became the owner of the license.
 180 5. The name of the owner or owners of each facility and
 181 whether the facility is affiliated with a company or other
 182 organization owning or managing more than one nursing facility
 183 in this state.
 184 6. The total number of beds in each facility and the most
 185 recently available occupancy levels.
 186 7. The number of private and semiprivate rooms in each
 187 facility.
 188 8. The religious affiliation, if any, of each facility.
 189 9. The languages spoken by the administrator and staff of
 190 each facility.
 191 10. Whether or not each facility accepts Medicare or
 192 Medicaid recipients or insurance, health maintenance
 193 organization, United States Department of Veterans Affairs,
 194 CHAMPUS program, or workers' compensation coverage.
 195 11. Recreational and other programs available at each
 196 facility.
 197 12. Special care units or programs offered at each
 198 facility.
 199 13. Whether the facility is a part of a retirement
 200 community that offers other services pursuant to part III of
 201 this chapter or part I or part III of chapter 429.
 202 14. Survey and deficiency information, including all
 203 federal and state recertification, licensure, revisit, and

Page 7 of 15

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

588-02134-25 2025170c1

204 complaint survey information, for each facility. For
 205 noncertified nursing homes, state survey and deficiency
 206 information, including licensure, revisit, and complaint survey
 207 information, shall be provided.
 208 15. The results of consumer satisfaction surveys conducted
 209 pursuant to s. 400.0225.
 210 Section 4. Present subsections (6) and (7) of section
 211 408.051, Florida Statutes, are redesignated as subsections (7)
 212 and (8), respectively, and a new subsection (6) is added to that
 213 section, to read:
 214 408.051 Florida Electronic Health Records Exchange Act.—
 215 (6) NURSING HOME DATA.—A nursing home facility as defined
 216 in s. 400.021 which maintains certified electronic health record
 217 technology shall make available all admission, transfer, and
 218 discharge data to the agency's Florida Health Information
 219 Exchange program for the purpose of supporting public health
 220 data registries and patient care coordination. The agency may
 221 adopt rules to implement this subsection.
 222 Section 5. Present subsections (7) through (15) of section
 223 408.061, Florida Statutes, are redesignated as subsections (8)
 224 through (16), respectively, and a new subsection (7) is added to
 225 that section, to read:
 226 408.061 Data collection; uniform systems of financial
 227 reporting; information relating to physician charges;
 228 confidential information; immunity.—
 229 (7)(a) Beginning January 1, 2026, the agency shall impose
 230 an administrative fine of \$10,000 per violation against a
 231 nursing home or home office that fails to comply with subsection
 232 (5) or subsection (6), as applicable. For purposes of this

Page 8 of 15

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

588-02134-25

2025170c1

233 paragraph, the term "violation" means failing to file the
 234 financial report required by subsection (5) or subsection (6),
 235 as applicable, on or before the report's due date. Failing to
 236 file the report during any subsequent 10-day period occurring
 237 after the due date constitutes a separate violation until the
 238 report has been submitted.

239 (b) The agency shall adopt rules to implement this
 240 subsection. The rules must include provisions for a nursing home
 241 or home office to present factors in mitigation of the
 242 imposition of the fine's full dollar amount. The agency may
 243 determine not to impose the fine's full dollar amount upon a
 244 showing that the full fine is inappropriate under the
 245 circumstances.

246 Section 6. Subsection (2) of section 408.08, Florida
 247 Statutes, is amended to read:

248 408.08 Inspections and audits; violations; penalties;
 249 fines; enforcement.—

250 (2) Unless otherwise fined pursuant to s. 408.061(7), any
 251 health care facility that refuses to file a report, fails to
 252 timely file a report, files a false report, or files an
 253 incomplete report and upon notification fails to timely file a
 254 complete report required under s. 408.061; that violates this
 255 section, s. 408.061, or s. 408.20, or rule adopted thereunder;
 256 or that fails to provide documents or records requested by the
 257 agency under this chapter shall be punished by a fine not
 258 exceeding \$1,000 per day for each day in violation, to be
 259 imposed and collected by the agency. Pursuant to rules adopted
 260 by the agency, the agency may, upon a showing of good cause,
 261 grant a one-time extension of any deadline for a health care

588-02134-25

2025170c1

262 facility to timely file a report as required by this section, s.
 263 408.061, or s. 408.20.

264 Section 7. Paragraph (b) of subsection (2) of section
 265 409.908, Florida Statutes, is amended to read:

266 409.908 Reimbursement of Medicaid providers.—Subject to
 267 specific appropriations, the agency shall reimburse Medicaid
 268 providers, in accordance with state and federal law, according
 269 to methodologies set forth in the rules of the agency and in
 270 policy manuals and handbooks incorporated by reference therein.
 271 These methodologies may include fee schedules, reimbursement
 272 methods based on cost reporting, negotiated fees, competitive
 273 bidding pursuant to s. 287.057, and other mechanisms the agency
 274 considers efficient and effective for purchasing services or
 275 goods on behalf of recipients. If a provider is reimbursed based
 276 on cost reporting and submits a cost report late and that cost
 277 report would have been used to set a lower reimbursement rate
 278 for a rate semester, then the provider's rate for that semester
 279 shall be retroactively calculated using the new cost report, and
 280 full payment at the recalculated rate shall be effected
 281 retroactively. Medicare-granted extensions for filing cost
 282 reports, if applicable, shall also apply to Medicaid cost
 283 reports. Payment for Medicaid compensable services made on
 284 behalf of Medicaid-eligible persons is subject to the
 285 availability of moneys and any limitations or directions
 286 provided for in the General Appropriations Act or chapter 216.
 287 Further, nothing in this section shall be construed to prevent
 288 or limit the agency from adjusting fees, reimbursement rates,
 289 lengths of stay, number of visits, or number of services, or
 290 making any other adjustments necessary to comply with the

588-02134-25 2025170c1

291 availability of moneys and any limitations or directions
292 provided for in the General Appropriations Act, provided the
293 adjustment is consistent with legislative intent.

294 (2)

295 (b) Subject to any limitations or directions in the General
296 Appropriations Act, the agency shall establish and implement a
297 state Title XIX Long-Term Care Reimbursement Plan for nursing
298 home care in order to provide care and services in conformance
299 with the applicable state and federal laws, rules, regulations,
300 and quality and safety standards and to ensure that individuals
301 eligible for medical assistance have reasonable geographic
302 access to such care.

303 1. The agency shall amend the long-term care reimbursement
304 plan and cost reporting system to create direct care and
305 indirect care subcomponents of the patient care component of the
306 per diem rate. These two subcomponents together shall equal the
307 patient care component of the per diem rate. Separate prices
308 shall be calculated for each patient care subcomponent,
309 initially based on the September 2016 rate setting cost reports
310 and subsequently based on the most recently audited cost report
311 used during a rebasing year. The direct care subcomponent of the
312 per diem rate for any providers still being reimbursed on a cost
313 basis shall be limited by the cost-based class ceiling, and the
314 indirect care subcomponent may be limited by the lower of the
315 cost-based class ceiling, the target rate class ceiling, or the
316 individual provider target. The ceilings and targets apply only
317 to providers being reimbursed on a cost-based system. Effective
318 October 1, 2018, a prospective payment methodology shall be
319 implemented for rate setting purposes with the following

588-02134-25 2025170c1

320 parameters:

321 a. Peer Groups, including:

322 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee
323 Counties; and

324 (II) South-SMMC Regions 10-11, plus Palm Beach and
325 Okeechobee Counties.

326 b. Percentage of Median Costs based on the cost reports
327 used for September 2016 rate setting:

328 (I) Direct Care Costs.....100 percent.

329 (II) Indirect Care Costs.....92 percent.

330 (III) Operating Costs.....86 percent.

331 c. Floors:

332 (I) Direct Care Component.....95 percent.

333 (II) Indirect Care Component.....92.5 percent.

334 (III) Operating Component.....None.

335 d. Pass-through Payments.....Real Estate and
336Personal Property
337Taxes and Property Insurance.

338 e. Quality Incentive Program Payment

339 Pool.....10 percent of September

3402016 non-property related

341payments of included facilities.

342 f. Quality Score Threshold to Quality for Quality Incentive
343 Payment.....20th

344percentile of included facilities.

345 g. Fair Rental Value System Payment Parameters:

346 (I) Building Value per Square Foot based on 2018 RS Means.

347 (II) Land Valuation....10 percent of Gross Building value.

348 (III) Facility Square Footage.....Actual Square Footage.

588-02134-25 2025170c1

349 (IV) Movable Equipment Allowance.....\$8,000 per bed.
 350 (V) Obsolescence Factor.....1.5 percent.
 351 (VI) Fair Rental Rate of Return.....8 percent.
 352 (VII) Minimum Occupancy.....90 percent.
 353 (VIII) Maximum Facility Age.....40 years.
 354 (IX) Minimum Square Footage per Bed.....350.
 355 (X) Maximum Square Footage for Bed.....500.
 356 (XI) Minimum Cost of a renovation/replacements \$500 per bed.
 357 h. Ventilator Supplemental payment of \$200 per Medicaid day
 358 of 40,000 ventilator Medicaid days per fiscal year.

359 2. The direct care subcomponent shall include salaries and
 360 benefits of direct care staff providing nursing services
 361 including registered nurses, licensed practical nurses, and
 362 certified nursing assistants who deliver care directly to
 363 residents in the nursing home facility, allowable therapy costs,
 364 and dietary costs. This excludes nursing administration, staff
 365 development, the staffing coordinator, and the administrative
 366 portion of the minimum data set and care plan coordinators. The
 367 direct care subcomponent also includes medically necessary
 368 dental care, vision care, hearing care, and podiatric care.

369 3. All other patient care costs shall be included in the
 370 indirect care cost subcomponent of the patient care per diem
 371 rate, including complex medical equipment, medical supplies, and
 372 other allowable ancillary costs. Costs may not be allocated
 373 directly or indirectly to the direct care subcomponent from a
 374 home office or management company.

375 4. On July 1 of each year, the agency shall report to the
 376 Legislature direct and indirect care costs, including average
 377 direct and indirect care costs per resident per facility and

588-02134-25 2025170c1

378 direct care and indirect care salaries and benefits per category
 379 of staff member per facility.

380 5. Every fourth year, the agency shall rebase nursing home
 381 prospective payment rates to reflect changes in cost based on
 382 the most recently audited cost report for each participating
 383 provider.

384 6. A direct care supplemental payment may be made to
 385 providers whose direct care hours per patient day are above the
 386 80th percentile and who provide Medicaid services to a larger
 387 percentage of Medicaid patients than the state average.

388 7. Pediatric, Florida Department of Veterans Affairs, and
 389 government-owned facilities are exempt from the pricing model
 390 established in this subsection and shall remain on a cost-based
 391 prospective payment system. Effective October 1, 2018, the
 392 agency shall set rates for all facilities remaining on a cost-
 393 based prospective payment system using each facility's most
 394 recently audited cost report, eliminating retroactive
 395 settlements.

396 8. By October 1, 2025, and each year thereafter, the agency
 397 shall submit to the Governor, the President of the Senate, and
 398 the Speaker of the House of Representatives a report on each
 399 Quality Incentive Program payment made pursuant to sub-
 400 subparagraph 1.e. The report must, at a minimum, include all of
 401 the following information:

402 a. The name of each facility that received a Quality
 403 Incentive Program payment and the dollar amount of such payment
 404 each facility received.

405 b. The total number of quality incentive metric points
 406 awarded by the agency to each facility and the number of points

588-02134-25

2025170c1

407 awarded by the agency for each individual quality metric
408 measured.

409 c. An examination of any trends in the improvement of the
410 quality of care provided to nursing home residents which may be
411 attributable to incentive payments received under the Quality
412 Incentive Program. The agency shall include examination of
413 trends both for the program as a whole as well as for each
414 individual quality metric used by the agency to award program
415 payments.

416

417 It is the intent of the Legislature that the reimbursement plan
418 achieve the goal of providing access to health care for nursing
419 home residents who require large amounts of care while
420 encouraging diversion services as an alternative to nursing home
421 care for residents who can be served within the community. The
422 agency shall base the establishment of any maximum rate of
423 payment, whether overall or component, on the available moneys
424 as provided for in the General Appropriations Act. The agency
425 may base the maximum rate of payment on the results of
426 scientifically valid analysis and conclusions derived from
427 objective statistical data pertinent to the particular maximum
428 rate of payment. The agency shall base the rates of payments in
429 accordance with the minimum wage requirements as provided in the
430 General Appropriations Act.

431 Section 8. This act shall take effect July 1, 2025.

Barr, Cynthia

From: Browne, Jim <Jim.Browne@ahca.myflorida.com>
Sent: Monday, March 17, 2025 7:32 PM
To: Barr, Cynthia
Subject: RE: SB170 and FNHURS Participation

Hello Cynthia,

As of March 17, 2025, at least 536 of the 696 nursing homes have submitted and/or are in the process of submitting their FHURS reports. To clarify, the 696 number includes inactive nursing homes; there are currently 687 active nursing homes. Although a nursing home is inactive, they are still required to report.

Respectfully,



Jim Browne – Legislative Affairs Director

(850) 412-3611 Office | (850) 567-2133 Mobile
Jim.Browne@AHCA.MyFlorida.com

2727 Mahan Drive, Building 3, Room 3132
Tallahassee, FL 32308



Privacy Statement: This e-mail may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this in error, please reply to the sender and delete it immediately.

From: Barr, Cynthia <Cynthia.Barr@LASPBS.STATE.FL.US>
Sent: Monday, March 17, 2025 12:04 PM
To: Browne, Jim <Jim.Browne@ahca.myflorida.com>
Subject: SB170 and FNHURS Participation

Hi Jim –

I'm working on my analysis for SB 170 *Quality of Care in Nursing Homes* and I have a slightly stale statistic that I hope you can update for me relatively quickly.

The Health Policy analysis included this line: "As of November 13, 2024, at least 488 of the 696 nursing homes had submitted [FNHURS data] to the HACA." With a number of nursing homes having a fiscal year ending December 31st, I would expect that number to be higher now.

Can you tell me how many of the 696 licensed nursing homes have now submitted FNHURS data?

Thank you,

Cynthia Barr
Florida Senate
Chief Legislative Analyst
Appropriations Committee on Health and Human Services
850-487-5457

Barr, Cynthia

From: Browne, Jim <Jim.Browne@ahca.myflorida.com>
Sent: Tuesday, February 25, 2025 1:18 PM
To: Barr, Cynthia
Cc: McKnight, Brooke
Subject: Senate Nursing Home Quality Components Follow-Up

Categories: 2025, Interim

Hello Cynthia,

Good talking with you earlier. I believe this may be some follow-up on our nursing home meeting on January 30. There was a question regarding Nursing Home Quality Components. Please see the following:

Quality Incentive Add-On Payment to Nursing Home Rates

Nursing home providers submit quality data directly to CMS and the Agency uses this information to rank all providers by 16 quality measures. For each measure, points are awarded based on performance in relation to other Florida Medicaid nursing home providers. Once all scores have been calculated a “lower limit” is determined for each metric, with the lower limit being set at the 20th percentile of total scores of all facilities statewide. The 20th percentile is the threshold for receiving add-on incentive payments, with higher scores resulting in greater add-on payments built in to each facility’s annual rate. By statute, Quality Incentive Program Payment Pool is set at 10% of non-property expenses (from 2016) and ultimately the add-on portion of the facility rates represents about 9% of the total reimbursement. In FFY 23/24 the incentive pool totaled \$316M, with 534 out of 655 providers receiving a Quality Incentive Add-On to their rate.

New Providers and Existing Providers with Unreported Data

After a change of ownership, the quality incentive scores are calculated using the most recent data for the facility, including data submitted by the previous owner. By the State Plan, all new facilities are assigned quality scores at the 50th percentile of all providers participating in the Prospective Payment System. If a provider has unreported or outdated data they are also considered a “new” facility and will be assigned 50th percentile quality scores for all metrics. If any of the following data is unavailable, a facility would qualify as a new provider:

- A recent cost report for the facility’s previous fiscal year, submitted before April 30 leading up to the rating period
- CMS Staffing Payroll Based Journal (PBJ) as of May 31 leading up to the rating period
- Star Rating data from the Nursing Home Compare dataset provided by CMS as of May 31 leading up to the rating period
- Four-quarter average score from the most recently available MDS Quality Measures from the Nursing Home Compare as of May 31 leading up to the rating period

Potential Change to Quality Score Assignment for New Facilities

Facilities lacking data are assigned the average quality score for all metrics, and a corresponding add-on payment is built into their yearly rate which could be higher than if they were being scored. This methodology may reward providers that don’t submit required quality data to CMS

and could incentivize providers to withhold data that could adversely impact their quality incentive score. As well, by rewarding lower performing providers with higher payments, a portion of incentive pool funds are drawn at the expense of higher performing facilities. It could be more appropriate to limit the duration that a new facility is assigned a median score without submitting data. An example of an alternative methodology would be assigning a new facility the average score for one rate cycle absent adequate data, and assigning the lower limit score for subsequent cycles until data is made available.

Respectfully,



Jim Browne – Legislative Affairs Director

(850) 412-3611 Office | (850) 567-2133 Mobile
Jim.Browne@AHCA.MyFlorida.com

2727 Mahan Drive, Building 3, Room 3132
Tallahassee, FL 32308



Privacy Statement: This e-mail may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this in error, please reply to the sender and delete it immediately.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 738

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

SUBJECT: Child Care and Early Learning Providers

DATE: March 25, 2025 **REVISED:** _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 738 directs the Department of Children and Families (DCF) to create minimum standards for the licensure of child care facilities and revises several requirements. Specifically, the bill:

- Directs the DCF to codify classification levels for violations relating to the health and safety of a child.
- Provides for a 45-day provisional-hire status upon a delayed background screening of child care personnel.
- Adjusts training requirements relating to the introductory course child care personnel must take and cardiopulmonary resuscitation training.
- Limits periodic health examinations to child care facility drivers.
- Removes language that requires facilities to provide parents with pagers or beepers during drop-in child care.
- Removes the requirement for child care facilities to provide parents with information about the influenza virus and the dangers of a distracted adult leaving a child in a vehicle.
- Removes the requirement for child care facilities to develop a program to assist in preventing and avoiding physical and mental abuse.
- Removes the requirement for the DCF to develop standards for specialized child care facilities for the care of mildly ill children.

The bill allows child care facilities, family day care homes, and large family child care homes to receive abbreviated inspections, upon meeting certain conditions.

The bill requires the county commissions of those counties that elect to license their own child care facilities to annually affirm this decision through a majority vote to designate a local licensing agency.

The bill exempts preschools from special assessments levied by municipalities. Further, the bill provides an exemption from licensing, except for the screening of personnel, for a child care facility that solely provides child care to certain eligible children.

The bill exempts from licensure child care facilities and family day care homes certified as a child care facility by the U.S. Department of Defense or the U.S. Coast Guard.

The bill has an indeterminate, but significant negative fiscal impact on state and local government revenues and expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

II. Present Situation:

The present situation is presented in Section III under the Effect of Proposed Changes.

III. Effect of Proposed Changes:

Child Care Program Licensure

The Florida Department of Children and Families (DCF) provides licensing requirements for child care programs in the state.¹ The program is accountable for the statewide licensure of Florida's child care facilities², specialized child care facilities for the care of mildly ill children³, large family child care homes⁴ and licensure or registration of family day care homes.⁵ The purpose of the program is to ensure a healthy and safe environment for the children in child care

¹ Florida Department of Children and Families, *About Child Care Licensure*, available at:

<https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20registration%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

² Section 402.302(2), F.S. defines a "child care facility" as any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. Certain entities are excluded from the definition of a child care facility. *See* Section 402.302(2), F.S.

³ The term "Specialized Child Care Facilities for the Care for Mildly Ill Children" refers to a child care facility that provides child care for more than five mildly ill children unrelated to the operator, and receives a payment, fee, or grant for any of the children receiving care. Specialized child care facilities may provide care for mildly ill children in a facility specialized for this purpose or as a component of other child care services offered in a distinct and separate part of a regularly licensed child care facility. *See* 65C-25.001, F.A.C.

⁴ A "large family child care home" must have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year, before seeking licensure as a large family child care home. *See* Section 402.302(11), F.S.

⁵ A "family day care home" regularly provides child care for children from at least two unrelated families and receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Family day care homes are restricted in the number of children it can provide child care to, based on the ages of the group of children in the family day care home. *See* Section 402.302(8), F.S.

settings and to improve the quality of their care. The DCF ensures that licensing requirements are met through on-going inspections of child care facilities and homes.⁶

Local Licensing Agencies

Present Situation

Florida law allows any county whose licensing standards meet or exceed the state minimum standards to designate a local licensing agency to license child care facilities, rather than the DCF licensure.⁷ Counties that do not choose to administer their own child care licensing programs are licensed by the DCF.⁸ Currently, the DCF child care licensing staff are responsible for the inspection and licensure of child care facilities and homes in 63 out of 67 counties.⁹ Local licensing agencies regulate child care programs in the following four counties: Broward, Palm Beach, Pinellas, and Sarasota.¹⁰

The following table displays the number of providers the DCF and local licensing agencies regulate:¹¹

Statewide Child Care Facility Licensure as of January 2025			
	DCF	Local Licensing Agency	Statewide
Facilities	7,697	1,820	9,517
Family Day Care Homes	1,601	433	2,034
Large Family Child Care Homes	330	78	408
Mildly Ill Facilities	1	0	1
Total	9,629	2,331	11,960

Effect of the Proposed Language

The bill amends s. 402.306, F.S., to require a county commission that has designated a local licensing agency to annually affirm that designation by majority vote.

⁶ A “family day care home” regularly provides child care for children from at least two unrelated families and receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Family day care homes are restricted in the number of children it can provide child care to, based on the ages of the group of children in the family day care home. See Section 402.302(8), F.S.

⁷ Section 402.306, F.S.

⁸ Florida Department of Children and Families, *About Child Care Licensure*, available at: <https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20regi%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

⁹ Florida Department of Children and Families, *About Child Care Licensure*, available at: <https://www.myflfamilies.com/services/child-family/child-care/about-child-care-licensure#:~:text=The%20program%20is%20accountable%20for%20the%20statewide%20licensure,licensure%20or%20regi%20of%20family%20day%20care%20homes>. (last visited 3/4/25).

¹⁰ Florida Department of Children and Families, *Senate Bill 738 Agency Analysis*, p. 2 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

¹¹ *Id.*, p. 3.

State Minimum Standards for Child Care Facilities

Present Situation

Current law requires minimum standards for child care personnel that include minimum requirements as to:¹²

- Good moral character based on level 2 background screening.
- Fingerprint submission.
- Exemptions from disqualification from working with children or the developmentally disabled.
- Minimum age requirements.
- Minimum training requirements. Periodic health examinations.
- Credentials for child care facility directors.

Background Screening

The DCF establishes minimum standards for child care personnel that include minimum requirements for good moral character based upon background screening.¹³ This screening must be conducted using the level 2 standards for screening which include employment history checks, a search of criminal history records, sexual predator and sexual offender registries, and the child abuse and neglect registry of any state in which the current or prospective child care personnel resided during the preceding five years.¹⁴

A level 2 background screening is a multi-agency effort and includes the Florida Department of Law Enforcement and the Federal Bureau of Investigation.¹⁵ While background screenings typically take a few business days, the request for additional out-of-state documents, incomplete information, or variations in agency processing times may delay the process of the background screening and delay employment of child care personnel.¹⁶

Training

The DCF also establishes minimum training requirements for child care personnel. The DCF has adopted the Child Care Facility Handbook to describe these requirements in detail.¹⁷ Child care personnel must successfully complete 40 hours of child care training and pass competency examinations offered by the DCF.¹⁸ This training must commence within 90 days of employment, and be completed within one year after the date on which the training began.¹⁹ The training courses cover the following topic areas:²⁰

¹² Section 402.305, F.S.

¹³ Section 402.302(15), F.S.

¹⁴ Section 402.305(2), F.S.

¹⁵ Upon the initiation of a background screening, fingerprints are sent to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigations (FBI). Results from FDLE and the FBI are typically available within 24 to 48 hours; however, FDLE standards require results within 72 hours. See Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

¹⁶ *Id.*

¹⁷ Florida Department of Children and Families, *Child Care Facility Handbook, October 2021*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FacilityHandbook_0.pdf (last visited 3/5/25).

¹⁸ *Id.*

¹⁹ Section 402.305(2), F.S.

²⁰ Section 402.305(2), F.S.

- State and local rules and regulations which govern child care.
- Health, safety, and nutrition.
- Identifying and reporting child abuse and neglect.
- Child development, including typical and atypical language, cognitive, motor, social, and self-help skills development.
- Observation of developmental behaviors, including using a checklist or other similar observation tools and techniques to determine the child's developmental age level.
- Specialized areas, including computer technology for professional and classroom use and early literacy and language development of children from birth to five years of age, as determined by the DCF, for owner-operators and child care personnel of a child care facility.
- Developmental disabilities, including autism spectrum disorder and Down syndrome, and early identification, use of available state and local resources, classroom integration, and positive behavioral supports for children with developmental disabilities.

Minimum Licensing Standards

Florida law has extensive licensing requirements for child care facilities that address the health, sanitation, safety, and adequate physical surroundings for all children in child care; the health and nutrition of all children in child care; and the child development needs of all children in child care.²¹

Sanitation and Safety

Current law includes minimum standards for sanitary and safety conditions that include cardiopulmonary resuscitation (CPR). At least one staff person trained in CPR must be present at all times the children are present.²² There must be current documentation of course completion to be in compliance with Florida law.²³

Additionally, minimum safety standards require a parent whose child is in drop-in child care to receive a communications system such as a pager or beeper to ensure the child can be immediately returned to the parent.²⁴

Information

Each year, child care facilities must provide parents of children enrolled in the facility detailed information regarding:²⁵

- The causes, symptoms, and transmission of the influenza virus and the importance of immunizing their children.
- The potential for a distracted adult to fail to drop off a child at the facility and instead leave the child in the adult's vehicle upon arrival at the adult's destination.

²¹ Section 402.305(1), F.S.

²² Section 402.305(7), F.S.

²³ *Id.*

²⁴ Drop-in child care refers to child care provided occasionally in a child care facility in a shopping mall or business establishment where a child is in care for no more than a 4-hour period and the parent remains on the premises of the shopping mall or business establishment at all times. *See* Section 402.302(6), F.S.

²⁵ Section 402.305(9), F.S.

Written Plans

Each child care facility is required to implement a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child.²⁶

Specialized Facilities for Mildly Ill Children

The DCF oversees and implements minimum standards for specialized child care facilities for the care of mildly ill children.²⁷ The term mildly ill children refers to children with short term illness or symptoms of an illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a regularly licensed child care facility.²⁸ The DCF requires child care facilities to have one licensed health caregiver, at a minimum, that physically assesses the child; provides ongoing daily oversight; makes decisions on the exclusion of an ineligible child; and be present at the facility at all times during the hours of operation.²⁹

Violations

If a child care facility is in noncompliance with licensing standards, Florida law allows the DCF to administer disciplinary sanctions for violations.³⁰ The DCF utilizes three classification levels for violations of licensing standards.³¹

- Class 1 violations are the most serious in nature, pose an imminent threat to a child include abuse or neglect and which could or does result in death or serious harm to the health, safety, and well-being of a child.
- Class 2 violations are less serious in nature than Class 1 violations and could be anticipated to pose a threat to the health, safety, or well-being of a child, although the threat is not imminent.
- Class 3 violations are less serious in nature than Class 1 or Class 2 violations and pose a low potential for harm to children.

The following table shows the number of violations recorded in Fiscal Year 2023-24.³²

Violations in Fiscal Year 2023-24	
Classification	Number of Violations
Class 1	145
Class 2	3,908
Class 3	12,352
Total	16,405

²⁶ Section 402.305(13), F.S.

²⁷ Section 402.305(17), F.S.

²⁸ Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

²⁹ 65C-25.002, F.A.C.

³⁰ Section 402.310, F.S.

³¹ Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 3 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

³² *Id.*

A majority (75%) of the violations recorded in FY 2023-24 were classified as Class 3 violations. Specifically, 803 programs accumulated over five Class 3 violations during the fiscal year.³³

Effect of Proposed Changes

The bill amends s. 402.305, F.S., to modify the minimum licensing standards child care facilities must follow. Specifically, the bill:

- Allows the Department of Children and Families (DCF) to create up to three classification levels of violations of licensing standards that relate to the health and safety of a child. The bill clarifies a class three violation as the least serious in nature and must be the same incident of noncompliance that occurs at least three times within a two year period.
- Requires the DCF to complete the background screening for child care personnel and provide the results to the child care facility within three business days from the receipt of the criminal history records check.
 - Upon failure to do so, the bill requires the DCF to issue the current or prospective child care personnel a 45-day provisional-hire status while all information is being requested and the DCF is awaiting results, unless the DCF believes a disqualifying factor may exist.
 - During the 45-day period, the current or prospective child care personnel must be under the direct supervision of a screened and trained staff member when in contact with children.
- Requires the 40-clock-hour introductory course in child care that must be taken by child care personnel to cover specified topics areas.
- Removes the requirement for the introductory course in child care to stress an interdisciplinary approach to the study of children.
- Limits periodic health examinations to child care facility drivers.
- Requires that the required training in cardiopulmonary resuscitation (CPR) must be in-person training.
- Removes language that requires facilities that provide drop-in child care to provide pagers or beepers to parents.
- Removes the requirement for child care facilities to provide parents with information about the influenza virus and the influenza vaccine during the months of August and September.
- Removes the requirement for child care facilities to provide parents with information on the dangers of a distracted adult leaving a child in a vehicle, and resources for avoiding this occurrence, during the months of April and September.
- Removes the requirement for a program to be implemented periodically by a child care facility to assist in preventing and avoiding physical and mental abuse.
- Removes a requirement for the DCF in conjunction with the Department of Health to develop standards for specialized child care facilities for the care of mildly ill children.

³³ Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 3 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

Child Care Personnel Training and Testing

Present Situation

Coursework Requirements

Child care personnel must complete specific mandatory introductory training. Training requirements and time frames for training completions vary for the different types of providers. Provider types subject to mandatory training include:

- Child Care Facilities: 40 hours introductory training as shown through passing competency exams. The individual must start training within 90 days after employment and complete within 15 months.
- Family Day Care Homes: 30 hours introductory training as shown through passing competency exams for operators and substitutes working 40 hours or more per month. Must be completed prior to licensure.
- Large Family Child Care Homes: 30 hours of introductory training as shown through passing competency exams for operators. Must be completed prior to licensure.
- Registered Family Day Care Homes: 30 hours introductory training as shown by proof of completion. It must be completed prior to registration.

Mandatory training courses are currently offered online and in-person. Employees are responsible for payment. Each online course costs \$10.00, while instructor-led courses typically range from \$1.00 to \$10.00 per instructional-hour.

The completion of mandatory training is shown through passing competency exams for each course taken. The Department contracts with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person courses and exams throughout the state’s 67 counties. The training fee is paid through the Department’s training system and passed through to the appropriate TCA. In addition to the training fees, TCAs are paid through Department contracts to support the cost of administration of training and examinations. The combined annual total of the 13 TCA contracts is \$838,062.00. TCAs are located at some state colleges/universities, within some county school districts, or are private providers:

Provider	Annual Contract Amount
Early Education and Care, Inc.	\$134,956.50
Florida State College at Jacksonville	\$27,500.00
Daytona State College	\$89,448.50
Community Coordinated Care for Children, Inc.	\$37,686.00
Child Care of Southwest Florida	\$39,794.00
Palm Beach State College	\$61,683.00
Nova Southeastern University	\$65,239.00
Miami Dade College	\$99,115.00
Childhood Development Services, Inc.	\$38,725.00
Polk State College	\$52,249.00

Indian River State College	\$42,410.00
Hillsborough County School Board	\$80,891.00
Pinellas County School Board	\$68,365.00
Total	\$838,062.00

TCAs are responsible for entering and maintaining data in the Child Care Training Application (CCTA) relating to child care training courses and exams, maintaining all pertinent documentation related to their contracts and ensuring proper registration for student coursework. Each exam costs \$1.00 per training hour of the corresponding course; the student is responsible for paying the cost of the coursework, although some employers may pay or reimburse this cost. In FY 2023-24, TCAs collected \$3,038,070 in coursework fees from child care personnel seeking certification.

The DCF currently coordinates with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person coursework and in-person exams. The total amount of the 13 TCA contracts is \$838,062 and the breakdown of these contracts is listed in the analysis. In addition to the funding the TCAs receive through their contract, they also receive \$1 per hour for online coursework. They also charge fees for the exams. The bill requires that the online coursework now be free.

The DCF anticipates that if the TCAs can no longer collect this money, the TCAs will need more funding from DCF to offset this loss. The TCA contracts are currently in the process of being renewed for an execution date of July 1, 2025.

Child Care Personnel Exam

Currently the only option for the competency exams is in person. The TCAs are responsible for scheduling and administering these in-person exams.

Effect of Proposed Changes

The bill amends s. 402.305, F.S. to require the DCF to provide online training coursework and testing at no cost to child care personnel. Additionally, the bill will now require that the DCF offer online exams.

Abbreviated Inspections for Child Care Facilities

Present Situation

The DCF and local licensing agencies are tasked with eliminating duplicative and unnecessary inspections of child care facilities.³⁴

Child care facilities that have had no Class 1 or Class 2 deficiencies for at least two consecutive years are eligible to receive an abbreviated inspection, rather than a full routine inspection.³⁵

³⁴ Section 402.3115, F.S.

³⁵ Section 402.3115, F.S.; and Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

Abbreviated inspections include elements identified by the DCF and local licensing agency that ensure a child care facility continues to provide quality care and programming.³⁶

In 2022, the DCF expanded the providers eligible for abbreviated inspections to include family day care homes and large family child care homes that meet the following criteria:³⁷

- Have been licensed for at least two consecutive years.
- Have had no Class 1 or Class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Have no current uncorrected violations.
- Have no open regulatory or active child protective services investigations.

The following table shows the number of inspections that were abbreviated in Fiscal Year 2023-24.³⁸

Abbreviated Inspections of Child Care Facilities FY 2023-24	
Total Inspections Statewide	33,717
Abbreviated Inspections	2,044

Effect of Proposed Changes

The bill amends s. 402.3115, F.S., to allow child care facilities, family day care homes, and large family child care homes to receive an abbreviated inspection upon meeting all of the following conditions:

- Have been licensed for at least two consecutive years.
- Have not had a Class 1 deficiency for at least two consecutive years.
- Have not had more than three of the same Class 2 deficiencies for at least two consecutive years.
- Have received at least two full onsite renewal inspections in the most recent two years.
- Do not have any current uncorrected violations.
- Do not have any open regulatory complaints or active child protective services investigations.

The bill removes local governmental agencies’ ability to identify elements included in the abbreviated inspection and leaves the responsibility solely to the DCF.

The bill requires the DCF to review and update the elements included in the abbreviated inspection every five years and revise the overall plan as necessary.

³⁶ *Id.*

³⁷ Florida Department of Children and Families, *Senate Bill 738 Analysis*, p. 6 (Mar. 5, 2025) (on file with the Children, Families, and Elder Affairs Committee).

³⁸ *Id.*, p. 7.

Child Care Licensure Exemptions

Present Situation

Florida exempts child care facilities that are an integral part of a church or parochial school which is accredited by, or is a member of, an organization that publishes and requires compliance with its standards for health, safety, and sanitation from the child care licensure requirements.³⁹ However, child care facilities that are exempt from licensure must meet the child care personnel background screening requirements.⁴⁰ If the child care facility desires licensure by the DCF, the facility must notify the DCF to obtain a license.⁴¹ Once licensed by the DCF, the facility cannot withdraw its licensure and continue to operate.⁴²

Any county or city with state or local child care licensing programs that were in existence on July 1, 1974, are authorized to continue to license the child care facilities covered under such programs until and unless the licensing agency makes the determination to exempt the child care facility from licensure.⁴³

The Department of Defense (DoD) provides military families with access to quality, affordable Child Development Programs (CDPs) with the intention of improving the efficiency and retention of servicemembers.⁴⁴ The DoD is the country's largest employer-sponsored child care program.⁴⁵

CDPs provide access and referral to available and affordable quality programs and services that meet the basic needs of children from birth through 12 years of age, in a safe, healthy, and nurturing environment.⁴⁶

The Department of Defense certifies four types of child care programs to provide care to children of military families.⁴⁷ The following table displays the programs the DoD provides.⁴⁸

³⁹ Section 402.316, F.S.

⁴⁰ *Id.*

⁴¹ Section 402.316(3), F.S.

⁴² *Id.*

⁴³ Section 402.316, F.S.

⁴⁴ Department of Defense, *Report to the Congressional Defense Committees on Department of Defense Child Development Programs 2020*, available at: <https://securefamiliesinitiative.org/wp-content/uploads/2021/04/Report-on-DoD-Child-Development-Programs-June-2020.pdf> (last visited 3/10/25).

⁴⁵ *Id.*

⁴⁶ DoDI6060.02

⁴⁷ Military OneSource, *Military Child Care Programs*, available at: <https://www.militaryonesource.mil/benefits/military-child-care-programs/> (last visited 3/10/25).

⁴⁸ DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).

Department of Defense Sanctioned Child Care Programs	
Child Development Centers	<p>Located on military installations to offer care for infants through preschool age children.</p> <p>Provides full-day and part-day care Monday-Friday during standard work hours.</p> <p>Varies in size.</p> <p>Has the DoD certification and accreditation from a national accrediting body such as the National Association for the Education of Young Children.</p>
Family Child Care	<p>Provides child care for infants through school-age children in their homes, either on or off a military installation.</p> <p>Offers a flexible schedule including full-day, part-day, and school year care, summer camp, hourly care, and in some cases, 24/7 and extended care.</p> <p>Limited to no more than six children under eight years of age, and no more than three children under two years of age.</p> <p>Certified by the military installation, but individual providers may voluntarily seek national accreditation.</p>
School-age Care	<p>Provides care to children in kindergarten through sixth grade in DoD youth centers, child development centers, or other facilities.</p> <p>Provides care before and after school, during non-school days and summer vacations.</p> <p>DoD certified and accredited by a national accrediting body.</p>
Supplemental Child Care	<p>Provides short-term alternative child care options in settings located on and off military installations.</p>

There are over 460 child development centers nationwide.⁴⁹ In Federal Fiscal Year 2019, over 200,000 children were served in a child development program.⁵⁰

Programs that provide child care must meet specific criteria to obtain a DoD Certificate to Operate.⁵¹ The criteria included in the Certificate to Operate follow general programmatic areas

⁴⁹ Military Installations, *Programs and Services Contacts Child Development Centers*, available at:

<https://installations.militaryonesource.mil/search?program-service=29/view-by=ALL> (last visited 3/10/25).

⁵⁰ Department of Defense, *Report to the Congressional Defense Committees on Department of Defense Child Development Programs 2020*, available at: <https://securefamiliesinitiative.org/wp-content/uploads/2021/04/Report-on-DoD-Child-Development-Programs-June-2020.pdf> (last visited 3/10/25).

⁵¹ Military Childcare, *Military-Operated Child Care Programs*, available at:

<https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/military-operated-child-care-programs> (last visited 3/10/25).

relating to logistics surrounding health, safety, and risk management, as well as programming criteria such as parental involvement.⁵²

Federal law provides that each facility operated by the federal government that hires individuals to care for children under the age of 18 years must undergo a criminal background check.⁵³

The background check must be⁵⁴:

- Based on a set of the employee's fingerprints obtained by a law enforcement officer and on other identifying information;
- Conducted through the Identification Division of the Federal Bureau of Investigation and through the State criminal history repositories of all States that an employee or prospective employee lists as current and former residences in an employment application; and
- Initiated through the personnel programs of the applicable Federal agencies.

DoD Specific Child Care Background Screening Requirements

DoD requires all individuals who have regular contact with children under 18 years of age in a DoD-sanctioned child care services program must undergo a criminal history background check.⁵⁵ Additionally, individuals must undergo a reverification every 5 years.⁵⁶

The DoD initiates a background check for individuals that generally include:

- FBI fingerprint check.
- Installation Records Check (IRC)
- Tier 1 investigation with Child Care Investigation for Non-Sensitive Positions.
- State Criminal History Repository (SCHR) Check.

Child Care Training Requirements

The DoD requires all newly hired CDP personnel and FCC providers to complete 40 hours of orientation that begins prior to working with children.⁵⁷ The orientation includes:

- Working with children of different ages, including developmentally appropriate activities and environmental observations.
- Age-appropriate guidance and discipline techniques.
- Applicable regulations, policies, and procedures.
- Child safety and fire prevention.
- Child abuse prevention, identification, and reporting.
- Parent and family relations.
- Health and sanitation procedures, including pediatric CPR and first aid.
- Safe infant sleep practices and Sudden Infant Death Syndrome prevention.

⁵² Military Childcare, *Military-Operated Child Care Programs*, available at: <https://public.militarychildcare.csd.disa.mil/mcc-central/mcchome/military-operated-child-care-programs> (last visited 3/10/25).

⁵³ 34 U.S.C. s. 20351

⁵⁴ 34 U.S.C. s. 20351

⁵⁵ DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).

⁵⁶ *Id.*

⁵⁷ DoDI6060.02, available at: <https://www.esd.whs.mil/portals/54/documents/dd/issuances/dodi/606002p.pdf> (last visited 3/10/25).

- Nutrition, obesity prevention, and meal service.
- Working with children with special needs.
- Accountability and child supervision training.
- For FCC providers only, infant and child CPR and first aid must be completed prior to accepting children for care. Training shall be updated as necessary to maintain current certifications.
- For FCC providers only, training in business operations.

Effect of Proposed Language

The bill amends s. 402.316, F.S., to provide an exemption from licensing, except for the screening of personnel, for a child care facility that solely provides child care to eligible children. The bill utilizes the same definition of eligible child that is used in s. 402.261, F.S., which refers to the child or grandchild of an employee of a taxpayer, if such employee is the child's or grandchild's caregiver.

The bill also exempts from licensure a child care facility or a family day care home that is authorized by the Department of Defense (DoD) or U.S. Coast Guard to provide child care services and has completed background screening by the DoD and received a favorable suitability and fitness determination. The exemption does not extend to a child care facility or family day care home that elects to serve children not eligible for care under the DoD Instruction 6060.02.

The bill gives the Department of Children and Families (DCF) and local licensing agencies rulemaking authority to administer provisions relating to child care licensure exemptions, including, but not limited to, assessments of previous licensure history.

Special Assessments

Present Situation

There are 67 county governments⁵⁸ and over 400 municipal governments⁵⁹ in the state of Florida. Municipalities levy and collect special assessments to fund capital improvements and municipal services including, but not limited to, fire protection, emergency medical services, garbage disposal, sewer improvement, street improvement, and parking facilities.⁶⁰ Small municipalities with a population of fewer than 100 persons may use special assessments to fund special security and crime prevention services and facilities.⁶¹

Florida law exempts certain properties from special assessments levied by municipalities. Currently, the following entities are exempt from special assessments:⁶²

⁵⁸ Florida Department of State, *County Governments*, available at: <https://dos.fl.gov/library-archives/research/florida-information/government/local-resources/fl-counties/> (last visited 3/4/25).

⁵⁹ Florida Department of State, *Florida Cities*, available at: <https://dos.fl.gov/library-archives/research/florida-information/government/local-resources/fl-cities/> (last visited 3/4/25).

⁶⁰ Section 170.201(1), F.S.

⁶¹ *Id.*

⁶² Section 170.201(2), F.S.

- Property owned or occupied by a religious institution and used as a place of worship or education;
- Property owned or occupied by a public or private elementary, middle, or high school; or
- Property owned or occupied by a governmentally financed, insured, or subsidized housing facility that is used primarily for persons who are elderly or disabled.

As of 2023, there were over 8,500 licensed preschools in Florida.⁶³

Effect of Proposed Changes

The bill amends s. 170.201, F.S., to include properties owned or occupied by a preschool to be included in the exemption from special assessments levied by local governments and municipalities.

The bill defines a preschool as a child care facility licensed under s. 402.305, F.S.

Other

The bill updates cross references and makes other conforming changes to align statute with the substantive changes of the language.

The bill provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

Article VII, s. 18(b) of the Florida Constitution provides that, except upon the approval of each house of the Legislature by a two-thirds vote of the membership, the Legislature may not enact, amend, or repeal any general law if the anticipated effect of doing so would be to reduce the authority that municipalities or counties have to raise revenue in the aggregate, as such authority existed on February 1, 1989. However, the mandates requirements do not apply to laws having an insignificant impact,⁶⁴ which is \$2.3 million or less for Fiscal Year 2025-2026.⁶⁵

The bill, in part, limits the authority to collect special assessments on preschools. The Revenue Estimating Conference determined that this provision in a previous version of this bill [SB 820 (2024)] would reduce the authority of local governments to raise revenue by \$4.4 million in Fiscal Year 2024-2025 and adjusted to \$4.5 million for Fiscal

⁶³ Department of Children and Families, *Child Care Provider List 11-1-2024*, available at: <https://www.myflfamilies.com/sites/default/files/2023-11/Public%20-%202023-11-1%20-%20Statewide.pdf> (last visited 3/4/25).

⁶⁴ FLA. CONST. art. VII, s. 18(d). An insignificant fiscal impact is the amount not greater than the average statewide population for the applicable fiscal year multiplied by \$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 March 8, 2025).

⁶⁵ Based on the Demographic Estimating Conference's estimated population adopted on April 1, 2024; Florida Population Estimates by County and Municipality Estimate, available at: https://edr.state.fl.us/Content/population-demographics/data/2024_Pop_Estimates.pdf (last visited March 8, 2025).

Year 2025-2026. Therefore, this bill may be a mandate requiring a two-thirds vote of the membership of each house of the Legislature for approval.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

Not applicable. The bill does not impose or raise a state tax or fee which would be subject to the provisions of Article VII, s. 19 of the Florida Constitution.

E. Other Constitutional Issues:

None Identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will have a negative indeterminate impact on local government as the bill reduces the ability of local governments to levy special assessments on preschools. The Revenue Estimating Conference determined that this provision in a previous version of this bill [SB 820 (2024)] would reduce the authority of local governments to raise revenue by \$4.5 million for Fiscal Year 2025-2026. The Revenue Estimating Conference has not yet reviewed the fiscal impact of CS/SB 738, therefore the fiscal impact to local government is potentially significant.⁶⁶

C. Government Sector Impact:

The bill will have a significant negative indeterminate fiscal impact on state government. The bill requires the Department of Children and Families (DCF) to provide online training coursework to child care personnel at no cost to the student. The DCF currently contracts with 13 training coordinating agencies (TCA) to administer and coordinate in-person courses and exams. Currently, TCAs receive training fees paid by child care personnel and through DCF contracts. TCAs received over \$3 million in Fiscal Year 2023-2024 from child care personnel for online coursework and \$838,062 through the

⁶⁶ Email from Steve Gross, Legislative Analyst, Senate Committee on Finance and Tax, to Diane Sneed, Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Mar. 19, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

DCF contracts. If the TCAs no longer charge child care personnel for the courses, the cost of the contracts that the DCF has with the TCAs could significantly increase.⁶⁷ The bill also requires the DCF to offer competency exams for child care personnel online. The DCF estimates that moving to an online exam will have a significant negative indeterminate fiscal impact on the agency due to the significant cost associated with the development, procurement and administration of testing. Unless the cost is passed on to the employee, the DCF would be unable to absorb the cost through existing resources.⁶⁸

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 170.201, 402.305, 402.306, 402.3115, 402.316, and 1002.59.

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 March 12, 2025:

- Amends technical language.
- Requires the DCF to provide background screening results to child care facilities within three business days upon receipt of the criminal history record check.
- Requires the DCF and local licensing agencies to develop and implement abbreviated inspections for family day care homes and large family child care homes.
- Removes amendments to s. 627.70161, F.S., which prevented large family child care homes from experiencing cancelation, denial, or nonrenewal of residential property insurance solely on the basis of the services provided at the residence.
- Exempts from licensure child care facilities and family day care homes that are authorized by the U.S. Department of Defense or the U.S. Coast Guard and have completed proper background screenings and receive favorable suitability and fitness determinations.
- Authorizes the DCF and local licensing agencies to adopt rules to administer provisions relating to child care licensure exemptions, including, but not limited to, assessments of previous licensure history.

⁶⁷ Florida Department of Children and Families, *CS for Senate Bill 738 Analysis*, p. 6 (Mar. 10, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

⁶⁸ Florida Department of Children and Families, *CS for Senate Bill 738 Analysis*, p. 6 (Mar. 10, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

B. Amendments:

None.

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

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

586-02324-25

2025738c1

1 A bill to be entitled
2 An act relating to child care and early learning
3 providers; amending s. 170.201, F.S.; exempting public
4 and private preschools from specified special
5 assessments levied by a municipality; defining the
6 term "preschool"; amending s. 402.305, F.S.; revising
7 licensing standards for all licensed child care
8 facilities and minimum standards and training
9 requirements for child care personnel; requiring the
10 Department of Children and Families to conduct
11 specified screenings of child care personnel within a
12 specified timeframe and issue provisional approval of
13 such personnel under certain conditions; providing an
14 exception; revising minimum standards for sanitation
15 and safety of child care facilities; making technical
16 changes; deleting provisions relating to educating
17 parents and children about specified topics; deleting
18 provisions relating to specialized child care
19 facilities for the care of mildly ill children;
20 amending s. 402.306, F.S.; requiring a county
21 commission to affirm annually certain decisions;
22 amending s. 402.3115, F.S.; expanding the types of
23 providers to be considered when developing and
24 implementing a plan to eliminate duplicative and
25 unnecessary inspections; revising requirements for an
26 abbreviated inspection plan for certain child care
27 facilities, family day care homes, and large family
28 child care homes; requiring the department to review
29 and update certain elements included in such

Page 1 of 15

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

586-02324-25

2025738c1

30 abbreviated inspections; requiring the department to
31 revise the abbreviated inspection plan as necessary;
32 amending s. 402.316, F.S.; providing that certain
33 child care facilities and family day care homes are
34 exempt from specified requirements; deleting a
35 provision requiring a county or city with certain
36 child care licensing programs in existence on a
37 specified date to continue to license certain
38 facilities under certain circumstances; authorizing
39 certain exempt child care facilities to submit an
40 application for licensure to the department or a local
41 licensing agency; requiring the department and the
42 local licensing agency to adopt rules; amending s.
43 1002.59, F.S.; conforming a cross-reference; providing
44 an effective date.

45
46 Be It Enacted by the Legislature of the State of Florida:

47
48 Section 1. Subsection (2) of section 170.201, Florida
49 Statutes, is amended to read:

50 170.201 Special assessments.—

51 (2) Property owned or occupied by a religious institution
52 and used as a place of worship or education; by a public or
53 private preschool, elementary school, middle school, or high
54 school; or by a governmentally financed, insured, or subsidized
55 housing facility that is used primarily for persons who are
56 elderly or disabled shall be exempt from any special assessment
57 levied by a municipality to fund any service if the municipality
58 so desires. As used in this subsection, the term "religious

Page 2 of 15

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

586-02324-25

2025738c1

59 institution" means any church, synagogue, or other established
60 physical place for worship at which nonprofit religious services
61 and activities are regularly conducted and carried on and the
62 term "governmentally financed, insured, or subsidized housing
63 facility" means a facility that is financed by a mortgage loan
64 made or insured by the United States Department of Housing and
65 Urban Development under s. 8, s. 202, s. 221(d)(3) or (4), s.
66 232, or s. 236 of the National Housing Act and is owned or
67 operated by an entity that qualifies as an exempt charitable
68 organization under s. 501(c)(3) of the Internal Revenue Code. As
69 used in this subsection, the term "preschool" means any child
70 care facility licensed under s. 402.305.

71 Section 2. Paragraphs (a) and (c) of subsection (1),
72 paragraphs (a), (e), and (f) of subsection (2), paragraphs (a)
73 and (c) of subsection (7), and subsections (9), (13), and (17)
74 of section 402.305, Florida Statutes, are amended to read:

75 402.305 Licensing standards; child care facilities.—

76 (1) LICENSING STANDARDS.—The department shall establish
77 licensing standards that each licensed child care facility must
78 meet regardless of the origin or source of the fees used to
79 operate the facility or the type of children served by the
80 facility.

81 (a) The standards shall be designed to address ~~the~~
82 ~~following areas:~~

83 ~~1. the health and nutrition, sanitation, safety,~~
84 ~~developmental needs, and sanitary adequate physical conditions~~
85 ~~surroundings for all children served by in child care~~
86 ~~facilities.~~

87 ~~2. The health and nutrition of all children in child care.~~

586-02324-25

2025738c1

88 ~~3. The child development needs of all children in child~~
89 ~~care.~~

90 (c) The minimum standards for child care facilities shall
91 be adopted in the rules of the department and shall address the
92 areas delineated in this section.

93 1. The department, in adopting rules to establish minimum
94 standards for child care facilities, shall recognize that
95 different age groups of children may require different
96 standards.

97 2. The department may adopt different minimum standards for
98 facilities that serve children in different age groups,
99 including school-age children.

100 3. The department may create up to three classification
101 levels for violations of licensing standards that directly
102 relate to the health and safety of a child. A class three
103 violation is the least serious in nature and must be the same
104 incident of noncompliance that occurs at least three times
105 within a 2-year period.

106 4. The department shall ~~also~~ adopt by rule a definition for
107 child care which distinguishes between child care programs that
108 require child care licensure and after-school programs that do
109 not require licensure. Notwithstanding any other provision of
110 law to the contrary, minimum child care licensing standards
111 shall be developed to provide for reasonable, affordable, and
112 safe before-school and after-school care. After-school programs
113 that otherwise meet the criteria for exclusion from licensure
114 may provide snacks and meals through the federal Afterschool
115 Meal Program (AMP) administered by the Department of Health in
116 accordance with federal regulations and standards. The

586-02324-25

2025738c1

117 Department of Health shall consider meals to be provided through
 118 the AMP only if the program is actively participating in the
 119 AMP, is in good standing with the department, and the meals meet
 120 AMP requirements. Standards, at a minimum, shall allow for a
 121 credentialed director to supervise multiple before-school and
 122 after-school sites.

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

125 (a) Good moral character based upon screening as defined in
 126 s. 402.302(15). This screening shall be conducted as provided in
 127 chapter 435, using the level 2 standards for screening provided
 128 ~~set forth~~ in that chapter, and include employment history
 129 checks, a search of criminal history records, sexual predator
 130 and sexual offender registries, and child abuse and neglect
 131 registry of any state in which the current or prospective child
 132 care personnel resided during the preceding 5 years. The
 133 department shall complete the screening and provide the results
 134 to the child care facility within 3 business days from the
 135 receipt of the criminal history record check. If the department
 136 is unable to complete the screening within 3 business days, the
 137 department shall issue the current or prospective child care
 138 personnel a 45-day provisional-hire status while all required
 139 information is being requested and the department is awaiting
 140 results unless the department has reason to believe a
 141 disqualifying factor may exist. During the 45-day period, the
 142 current or prospective child care personnel must be under the
 143 direct supervision of a screened and trained staff member when
 144 in contact with children.

145 (e) Minimum training requirements for child care personnel.

Page 5 of 15

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

586-02324-25

2025738c1

146 1. Such minimum standards for training shall ensure that
 147 all child care personnel take an approved 40-clock-hour
 148 introductory course in child care, which course covers ~~at least~~
 149 the following topic areas:

- 150 a. State and local rules and regulations which govern child
- 151 care.
- 152 b. Health, safety, and nutrition.
- 153 c. Identifying and reporting child abuse and neglect.
- 154 d. Child development, including typical and atypical
- 155 language, cognitive, motor, social, and self-help skills
- 156 development.
- 157 e. Observation of developmental behaviors, including using
- 158 a checklist or other similar observation tools and techniques to
- 159 determine the child's developmental age level.
- 160 f. Specialized areas, including computer technology for
- 161 professional and classroom use and early literacy and language
- 162 development of children from birth to 5 years of age, as
- 163 determined by the department, for owner-operators and child care
- 164 personnel of a child care facility.
- 165 g. Developmental disabilities, including autism spectrum
- 166 disorder and Down syndrome, and early identification, use of
- 167 available state and local resources, classroom integration, and
- 168 positive behavioral supports for children with developmental
- 169 disabilities.
- 170 h. Online training coursework, provided at no cost by the
- 171 department, to meet minimum training standards for child care
- 172 personnel.

173
 174 Within 90 days after employment, child care personnel shall

Page 6 of 15

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

586-02324-25

2025738c1

175 begin training to meet the training requirements. Child care
 176 personnel shall successfully complete such training within 1
 177 year after the date on which the training began, as evidenced by
 178 passage of an in-person or online ~~a~~ competency examination.
 179 Successful completion of the 40-clock-hour introductory course
 180 shall articulate into community college credit in early
 181 childhood education, pursuant to ss. 1007.24 and 1007.25.
 182 Exemption from all or a portion of the required training shall
 183 be granted to child care personnel based upon educational
 184 credentials or passage of competency examinations. Child care
 185 personnel possessing a 2-year degree or higher that includes 6
 186 college credit hours in early childhood development or child
 187 growth and development, or a child development associate
 188 credential or an equivalent state-approved child development
 189 associate credential, or a child development associate waiver
 190 certificate shall be automatically exempted from the training
 191 requirements in sub-subparagraphs b., d., and e.

192 ~~2. The introductory course in child care shall stress, to~~
 193 ~~the extent possible, an interdisciplinary approach to the study~~
 194 ~~of children.~~

195 ~~2.3-~~ The introductory course shall cover recognition and
 196 prevention of shaken baby syndrome; prevention of sudden infant
 197 death syndrome; recognition and care of infants and toddlers
 198 with developmental disabilities, including autism spectrum
 199 disorder and Down syndrome; and early childhood brain
 200 development within the topic areas identified in this paragraph.

201 ~~3.4-~~ On an annual basis in order to further their child
 202 care skills and, if appropriate, administrative skills, child
 203 care personnel who have fulfilled the requirements for the child

Page 7 of 15

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

586-02324-25

2025738c1

204 care training shall be required to take an additional 1
 205 continuing education unit of approved inservice training, or 10
 206 clock hours of equivalent training, as determined by the
 207 department.

208 ~~4.5-~~ Child care personnel shall be required to complete 0.5
 209 continuing education unit of approved training or 5 clock hours
 210 of equivalent training, as determined by the department, in
 211 early literacy and language development of children from birth
 212 to 5 years of age one time. The year that this training is
 213 completed, it shall fulfill the 0.5 continuing education unit or
 214 5 clock hours of the annual training required in subparagraph 3.
 215 ~~4-~~

216 ~~5.6-~~ Procedures for ensuring the training of qualified
 217 child care professionals to provide training of child care
 218 personnel, including onsite training, shall be included in the
 219 minimum standards. It is recommended that the state community
 220 child care coordination agencies (central agencies) be
 221 contracted by the department to coordinate such training when
 222 possible. Other district educational resources, such as
 223 community colleges and career programs, can be designated in
 224 such areas where central agencies may not exist or are
 225 determined not to have the capability to meet the coordination
 226 requirements set forth by the department.

227 ~~6.7-~~ Training requirements do ~~shall~~ not apply to certain
 228 occasional or part-time support staff, including, but not
 229 limited to, swimming instructors, piano teachers, dance
 230 instructors, and gymnastics instructors.

231 ~~7.8-~~ The child care operator shall be required to take
 232 basic training in serving children with disabilities within 5

Page 8 of 15

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

586-02324-25

2025738c1

233 years after employment, either as a part of the introductory
234 training or the annual 8 hours of inservice training.

235 (f) Periodic health examinations for child care facility
236 drivers.

237 (7) SANITATION AND SAFETY.-

238 (a) Minimum standards must shall include requirements for
239 sanitary and safety conditions, first aid treatment, emergency
240 procedures, and pediatric cardiopulmonary resuscitation. The
241 minimum standards must shall require that at least one staff
242 person trained in person in cardiopulmonary resuscitation, as
243 evidenced by current documentation of course completion, ~~must~~ be
244 present at all times that children are present.

245 ~~(c) Some type of communications system, such as a pocket~~
246 ~~pager or beeper, shall be provided to a parent whose child is in~~
247 ~~drop-in child care to ensure the immediate return of the parent~~
248 ~~to the child, if necessary.~~

249 (9) ADMISSIONS AND RECORDKEEPING.-

250 (a) Minimum standards must shall include requirements for
251 preadmission and periodic health examinations, requirements for
252 immunizations, and requirements for maintaining emergency
253 information and health records on all children.

254 ~~(b) During the months of August and September of each year,~~
255 ~~each child care facility shall provide parents of children~~
256 ~~enrolled in the facility detailed information regarding the~~
257 ~~causes, symptoms, and transmission of the influenza virus in an~~
258 ~~effort to educate those parents regarding the importance of~~
259 ~~immunizing their children against influenza as recommended by~~
260 ~~the Advisory Committee on Immunization Practices of the Centers~~
261 ~~for Disease Control and Prevention.~~

Page 9 of 15

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

586-02324-25

2025738c1

262 ~~(e) During the months of April and September of each year,~~
263 ~~at a minimum, each facility shall provide parents of children~~
264 ~~enrolled in the facility information regarding the potential for~~
265 ~~a distracted adult to fail to drop off a child at the facility~~
266 ~~and instead leave the child in the adult's vehicle upon arrival~~
267 ~~at the adult's destination. The child care facility shall also~~
268 ~~give parents information about resources with suggestions to~~
269 ~~avoid this occurrence. The department shall develop a flyer or~~
270 ~~brochure with this information that shall be posted to the~~
271 ~~department's website, which child care facilities may choose to~~
272 ~~reproduce and provide to parents to satisfy the requirements of~~
273 ~~this paragraph.~~

274 ~~(b)(d)~~ Because of the nature and duration of drop-in child
275 care, requirements for preadmission and periodic health
276 examinations and requirements for medically signed records of
277 immunization required for child care facilities do shall not
278 apply. A parent of a child in drop-in child care shall, however,
279 be required to attest to the child's health condition and the
280 type and current status of the child's immunizations.

281 ~~(c)(e)~~ Any child shall be exempt from medical or physical
282 examination or medical or surgical treatment upon written
283 request of the parent or guardian of such child who objects to
284 the examination and treatment. However, the laws, rules, and
285 regulations relating to contagious or communicable diseases and
286 sanitary matters shall not be violated because of any exemption
287 from or variation of the health and immunization minimum
288 standards.

289 (13) PLAN OF ACTIVITIES.-Minimum standards shall ensure
290 that each child care facility has and implements a written plan

Page 10 of 15

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

586-02324-25

2025738c1

291 for the daily provision of varied activities and active and
 292 quiet play opportunities appropriate to the age of the child.
 293 ~~The written plan must include a program, to be implemented~~
 294 ~~periodically for children of an appropriate age, which will~~
 295 ~~assist the children in preventing and avoiding physical and~~
 296 ~~mental abuse.~~

297 ~~(17) SPECIALIZED CHILD CARE FACILITIES FOR THE CARE OF~~
 298 ~~MILDLY ILL CHILDREN. Minimum standards shall be developed by the~~
 299 ~~department, in conjunction with the Department of Health, for~~
 300 ~~specialized child care facilities for the care of mildly ill~~
 301 ~~children. The minimum standards shall address the following~~
 302 ~~areas: personnel requirements; staff to child ratios; staff~~
 303 ~~training and credentials; health and safety; physical facility~~
 304 ~~requirements, including square footage; client eligibility,~~
 305 ~~including a definition of "mildly ill children"; sanitation and~~
 306 ~~safety; admission and recordkeeping; dispensing of medication;~~
 307 ~~and a schedule of activities.~~

308 Section 3. Subsection (1) of section 402.306, Florida
 309 Statutes, is amended to read:

310 402.306 Designation of licensing agency; dissemination by
 311 the department and local licensing agency of information on
 312 child care.—

313 (1) (a) Any county whose licensing standards meet or exceed
 314 state minimum standards may:

315 1.(a) Designate a local licensing agency to license child
 316 care facilities in the county; or

317 2.(b) Contract with the department to delegate the
 318 administration of state minimum standards in the county to the
 319 department.

586-02324-25

2025738c1

320 (b) The decision to designate a local licensing agency
 321 under subparagraph (a)1. must be annually affirmed by a majority
 322 vote of the county commission.

323 Section 4. Section 402.3115, Florida Statutes, is amended
 324 to read:

325 402.3115 Elimination of duplicative and unnecessary
 326 inspections; abbreviated inspections.—

327 (1) The Department of Children and Families and local
 328 governmental agencies that license child care facilities shall
 329 develop and implement a plan to eliminate duplicative and
 330 unnecessary inspections of child care facilities, family day
 331 care homes, and large family child care homes.

332 (2) (a) ~~In addition,~~ The department and the local
 333 governmental agencies shall develop and implement an abbreviated
 334 inspection plan for child care facilities, family day care
 335 homes, and large family child care homes that meet all of the
 336 following conditions:

337 1. Have been licensed for at least 2 consecutive years.

338 2. Have not had a ~~no~~ Class 1 deficiency, as defined by
 339 rule, for at least 2 consecutive years.

340 3. Have not had more than three of the same ~~or~~ Class 2
 341 deficiencies, as defined by rule, for at least 2 consecutive
 342 years.

343 4. Have received at least two full onsite renewal
 344 inspections in the most recent 2 years.

345 5. Do not have any current uncorrected violations.

346 6. Do not have any open regulatory complaints or active
 347 child protective services investigations.

348 (b) The abbreviated inspection must include those elements

586-02324-25

2025738c1

349 identified by the department ~~and the local governmental agencies~~
 350 as being key indicators of whether the child care facility
 351 continues to provide quality care and programming. The
 352 department shall review and update these elements every 5 years.

353 (3) The department shall revise the plan under subsection
 354 (1) as necessary to maintain the validity and effectiveness of
 355 inspections.

356 Section 5. Section 402.316, Florida Statutes, is amended to
 357 read:

358 402.316 Exemptions.—

359 (1) The provisions of ss. 402.301-402.319, except for the
 360 requirements regarding screening of child care personnel, do
 361 ~~shall~~ not apply to a child care facility which is an integral
 362 part of church or parochial schools, or a child care facility
 363 that solely provides child care to eligible children as defined
 364 in s. 402.261(1)(c), conducting regularly scheduled classes,
 365 courses of study, or educational programs accredited by, or by a
 366 member of, an organization which publishes and requires
 367 compliance with its standards for health, safety, and
 368 sanitation. However, such facilities shall meet minimum
 369 requirements of the applicable local governing body as to
 370 health, sanitation, and safety and shall meet the screening
 371 requirements pursuant to ss. 402.305 and 402.3055. Failure by a
 372 facility to comply with such screening requirements shall result
 373 in the loss of the facility's exemption from licensure.

374 (2) The provisions of ss. 402.301-402.319 do not apply to a
 375 child care facility or family day care home if the child care
 376 facility or family day care home has a certificate issued by the
 377 United States Department of Defense or by the United States

Page 13 of 15

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

586-02324-25

2025738c1

378 Coast Guard to provide child care and has completed background
 379 screening by the United States Department of Defense pursuant to
 380 34 U.S.C. s. 20351 and 32 C.F.R. part 86 and received a
 381 favorable suitability and fitness determination. If the child
 382 care facility or family day care home elects to serve children
 383 ineligible for care under the United States Department of
 384 Defense Instruction 6060.02, the child care facility or family
 385 day care home must be licensed under chapter 402.

386 ~~(3)(2)~~ Any county or city with state or local child care
 387 licensing programs in existence on July 1, 1974, will continue
 388 to license the child care facility facilities as covered by such
 389 programs, notwithstanding the exemption under provisions of
 390 subsection (1) which desires to be licensed may submit an
 391 application to the department or local licensing agency pursuant
 392 to s. 402.308(4), until and unless the licensing agency makes a
 393 determination to exempt them.

394 ~~(4)(3)~~ The department and the local licensing agency
 395 pursuant to s. 402.308(4) shall adopt rules to administer and
 396 implement this section, including, but not limited to, any
 397 assessments of previous licensure history ~~Any child care~~
 398 ~~facility covered by the exemption provisions of subsection (1),~~
 399 ~~but desiring to be included in this act, is authorized to do so~~
 400 ~~by submitting notification to the department. Once licensed,~~
 401 ~~such facility cannot withdraw from the act and continue to~~
 402 ~~operate.~~

403 Section 6. Subsection (1) of section 1002.59, Florida
 404 Statutes, is amended to read:

405 1002.59 Emergent literacy and performance standards
 406 training courses.—

Page 14 of 15

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

586-02324-25

2025738c1

407 (1) The department, in collaboration with the Just Read,
408 Florida! Office, shall adopt minimum standards for courses in
409 emergent literacy for prekindergarten instructors. Each course
410 must consist of 5 clock hours and provide instruction in
411 strategies and techniques to address the age-appropriate
412 progress of prekindergarten students in developing emergent
413 literacy skills, including oral communication, knowledge of
414 print and letters, phonological and phonemic awareness,
415 vocabulary and comprehension development, and foundational
416 background knowledge designed to correlate with the content that
417 students will encounter in grades K-12, consistent with the
418 evidence-based content and strategies grounded in the science of
419 reading identified pursuant to s. 1001.215(7). The course
420 standards must be reviewed as part of any review of subject
421 coverage or endorsement requirements in the elementary, reading,
422 and exceptional student educational areas conducted pursuant to
423 s. 1012.586. Each course must also provide resources containing
424 strategies that allow students with disabilities and other
425 special needs to derive maximum benefit from the Voluntary
426 Prekindergarten Education Program. Successful completion of an
427 emergent literacy training course approved under this section
428 satisfies requirements for approved training in early literacy
429 and language development under ss. 402.305(2)(e)4., 402.313(6),
430 and 402.3131(5) ss. 402.305(2)(e)5., 402.313(6), and
431 402.3131(5).

432 Section 7. This act shall take effect July 1, 2025.

From: Gross, Steve <Steve.Gross@LASPBS.STATE.FL.US>
Sent: Wednesday, March 19, 2025 2:28 PM
To: Sneed, Diane <Diane.Sneed@LASPBS.STATE.FL.US>
Cc: Khan, Azhar <Azhar.Khan@LASPBS.STATE.FL.US>
Subject: RE: SB 738 Special Assessment Exemption Preschools

Hi! That's correct. The conference has not reviewed 738.

From: Sneed, Diane <Diane.Sneed@LASPBS.STATE.FL.US>
Sent: Wednesday, March 19, 2025 2:18 PM
To: Gross, Steve <Steve.Gross@LASPBS.STATE.FL.US>
Subject: RE: SB 738 Special Assessment Exemption Preschools

Hey Steve,

I just wanted to make sure that the REC has not reviewed SB 738. If the answer is not yet, then no sweat. We'll just continue to refer to the 2024 REC for SB 820.

Thanks,

Diane Sneed

From: Gross, Steve <Steve.Gross@LASPBS.STATE.FL.US>
Sent: Monday, February 24, 2025 10:49 AM
To: Sneed, Diane <Diane.Sneed@LASPBS.STATE.FL.US>
Cc: Khan, Azhar <Azhar.Khan@LASPBS.STATE.FL.US>
Subject: RE: SB 738 Special Assessment Exemption Preschools

Sounds good, thanks!

From: Sneed, Diane <Diane.Sneed@LASPBS.STATE.FL.US>
Sent: Monday, February 24, 2025 10:46 AM
To: Gross, Steve <Steve.Gross@LASPBS.STATE.FL.US>
Subject: RE: SB 738 Special Assessment Exemption Preschools

Appreciate the update! Let's try to talk tomorrow.

From: Gross, Steve <Steve.Gross@LASPBS.STATE.FL.US>
Sent: Monday, February 24, 2025 9:29 AM
To: Sneed, Diane <Diane.Sneed@LASPBS.STATE.FL.US>
Cc: Khan, Azhar <Azhar.Khan@LASPBS.STATE.FL.US>
Subject: SB 738 Special Assessment Exemption Preschools

Hi Diane, I've attached the revenue analysis from last year's impact conference on CS/SB 820, in part exempting preschools from municipal special assessments.

The conference adopted a reduction equal to \$4.5 million for FY 25-26.

There is one caveat. The language last year included a clause that the facility serves children 5 and younger, which is not in this year's bill. I'm hoping to chat about that with you to determine its effect.

-Steve



2025 AGENCY LEGISLATIVE BILL ANALYSIS

Department of Children and Families

<u>BILL INFORMATION</u>	
BILL NUMBER:	CS/SB 738
BILL TITLE:	Child Care and Early Learning Providers
BILL SPONSOR:	Senator Burton
EFFECTIVE DATE:	July 1, 2025

<u>COMMITTEES OF REFERENCE</u>
1) Senate Children, Families, and Elder Affairs
2) Senate Appropriations Committee on Health and Human Services
3) Senate Fiscal Policy
4)
5)

<u>CURRENT COMMITTEE</u>
Senate Appropriations Committee on Health and Human Services

<u>SIMILAR BILLS</u>	
BILL NUMBER:	CS/HB 47
SPONSOR:	Representative McFarland

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	
SPONSOR:	

Is this bill part of an agency package?

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	3/10/2025 For further information, please contact Sam Kerce at (850) 488-9410.
LEAD AGENCY ANALYST:	Hillary Crow, Child Care Licensing Policy Manager
ADDITIONAL ANALYST(S):	Hannah McGlothlin, Child Care Policy Specialist
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill updates statutory language that pertains to multiple state agencies including the Departments of Revenue and Education. This analysis only addresses sections that impact the Department of Children and Families (Department).

The bill amends section 402.305, Florida Statutes, addressing child care licensing and minimum licensing standards. It solidifies the enforcement model to have up to three classification levels. It removes the annual requirements for child care providers to share information/brochures with parents/guardians regarding the flu virus and the dangers associated with a distracted adult leaving a child unattended in a car. It eliminates certain components from the written plan of activities and the need for drop-in child care programs to provide a communication system to parents whose child is in care. It also adds in an additional training requirement for pediatric cardiopulmonary resuscitation (CPR).

The bill requires the Department to complete the background screenings for child care personnel within three business days; allowing provisional hiring if results are still pending after three business days. It also requires free online training for child care personnel, with the option for online or in-person competency exams. It also removes the Department's obligation to emphasize an interdisciplinary approach, which is the study of children's developmental stages, in the child care personnel introductory training.

The bill removes the requirement for minimum standards for specialized child care facilities for the care of mildly ill children. The authority for abbreviated inspections is expanded to include licensed family day care homes (FDCH) and licensed large family child care homes (LFCCH) and to allow providers with more significant safety violations to be eligible for abbreviated inspections. The abbreviated inspections also include key indicators that must be updated every five years.

The bill also stipulates that to retain its status as a local licensing agency, there must be an annual confirmation through a majority vote by the county commission.

The legislation provides an exemption for special assessments imposed by a municipality to fund services. This exemption specifically applies to licensed child care providers situated on property owned or occupied by a religious institution, contingent upon the municipality choosing to adopt this exception.

The bill adds an exemption from child care providers certified as a child care facility by the United States Department of Defense or the United States Coast Guard from certain state licensing requirements.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Department licenses and registers child care programs across 63 of the 67 counties in Florida. Local licensing agencies (LLA) regulate child care programs in the following four counties: Broward, Palm Beach, Pinellas, and Sarasota. The Department and LLAs are responsible for regulating the health and safety of child care programs and are responsible for ensuring all applicable personnel employed by the provider are appropriately trained to care for children.

Special Assessments (Section 1)

The total number of child care providers that are exempt from Department licensure under s. 402.316, F.S., statewide is 579. This includes those providers who are religiously exempt and hold an accreditation from a recognized entity. The Office of Licensing does not track the number of children enrolled in exempt child care facilities and does not have regular oversight of these programs. Programs that are eligible for license exemption have the discretion to opt for licensure if they so choose.

Child Care Licensing and Minimum Licensing Standards (Section 2)

Section 402.302, F.S., currently defines specific terms used in reference to child care licensing. The term for "child care facility" includes any child care center or child care arrangement which provides child care for more

than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether operated for profit. This does not include the following:

- Public schools and nonpublic schools and their integral program, except as provided in s. 402.3025, F.S.,
- Summer camps having children in full-time residence.
- Summer day camps.
- Bible schools normally conducted during vacation periods.
- Operators of transient establishments, as defined in chapter 509, F.S., which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of Ch. 435, F.S.

Statewide Provider Count as of January 2, 2025			
	DCF	LLA	Statewide
Facilities	7,697	1,820	9,517
Family Day Care Homes	1,601	433	2,034
Large Family Child Care Homes	330	78	408
Mildly Ill Facilities	1	0	1
Total	9,629	2,331	11,960

Violations and Fines:

Licensing standards for child care facilities, per s. 402.305, F.S., are designed to address the following:

- The health, sanitation, safety, and adequate physical surroundings for all children in child care facilities.
- The health and nutrition of all children in care.
- The child development needs of all children in care.

Section 402.310, F.S., allows for the Department to impose administrative fines, not to exceed \$100 per violation, per day. However, if the violation could cause death or serious injury, the administrative fine is capped at \$500 per violation, per day. To ensure consistent regulation throughout the state, the Department’s current enforcement model utilizes three classification levels for violations of licensing standards.

- Class 1 violations are the most serious in nature, pose an imminent threat to a child including abuse or neglect and which could or does result in death or serious harm to the health, safety, and well-being of a child.
- Class 2 violations are less serious in nature than Class 1 violations and could be anticipated to pose a threat to the health, safety, or well-being of a child, although the threat is not imminent.
- Class 3 violations are less serious in nature than either Class 1 or Class 2 violations and pose a low potential for harm to children.

In the Fiscal Year (FY) 2023-24, the licensing inspection process recorded a total of 16,405 violations. Of these, 75 percent were classified as Class 3 violations. Specifically, 803 programs accumulated five or more Class 3 violations during the fiscal year.

FY 23/24 Violations	
Class 1	145
Class 2	3,908
Class 3	12,352
Grand Total	16,405

The Department utilizes the disciplinary sanctions outlined in s. 402.310, F.S., and 65C-22.010(2) and 65C-20.012(3), F.A.C., for facilities and homes. The disciplinary sanction matrix outlines the Department’s procedure for consistent enforcement of continued violations of licensing standards over a two-year period. Providers receive technical assistance whenever a violation occurs, regardless of its class (Class 1, 2, or 3). This assistance involves providing recommendations to help the provider comply with licensing standards. For Class 1 violations, technical assistance is offered simultaneously with an administrative fine with the first violation. For Class 2 violations, technical assistance is offered with the first violation. When a second Class 2 violation of the same standard occurs, technical assistance is offered along with the administrative fine. For Class 3 violations, technical assistance is offered for the first and second instances of the same standard of a Class 3 violation. The

provider is only subject to an administrative fine after the third occurrence of the same Class 3 violation. Subsequent Class 3 violations of the same standard would result in a per day administrative fine.

The Department's Child Care Provider Search (<https://caressearch.myffamilies.com/PublicSearch>) allows Florida's parents/guardians to search and view child care provider profiles that captures demographic information on each child care program, inspection reports for the last two years, and a visible indicator when the provider received a non-compliance violation.

Brochures:

It is required by s. 402.305(9), F.S., that during the months of August and September of each year, child care programs are required to provide parents/guardians of children enrolled detailed information regarding the causes, symptoms, and transmission of the influenza virus.

During the months of April and September of each year, at a minimum, each child care program shall provide parents/guardians of children enrolled information regarding the potential for a distracted adult who fails to drop off a child at the facility and leaves the child in the adult's vehicle upon arrival at the adult's destination. The child care program shall also give parents information about resources with suggestions to avoid this occurrence, especially when outdoor temperatures are hot.

According to www.noheatstroke.org, Florida has the second highest pediatric vehicular heat stroke deaths by state, with 113 deaths from 1998-2024. These brochures are one avenue in which the public is informed of safety measures.

The Department has developed materials with this information that is posted to the Department's website. Child care facilities may choose to reproduce and provide this information to parents/guardians to satisfy the requirements. Evidence of distribution must be retained for licensing review.

Drop in Child Care:

Because of the nature and duration of drop-in child care, requirements for preadmission and periodic health examinations and requirements for medically signed records of immunization required for child care facilities do not apply. A parent/guardian of a child in drop-in child care is required to attest to the child's health condition and the type and current status of the child's immunizations. In accordance with statute, the drop-in child care program must provide a means of communication to the parents/guardians of children enrolled at the program, such as a pocket pager or beeper, to ensure the immediate return of the child.

Written Activities:

Statutory minimum standards ensure that each child care facility establishes and implements a written plan for the daily provision of varied activities and active and quiet play opportunities appropriate to the age of the child. Under s. 402.305(13), F.S., the written plan must include a program, to be implemented periodically for children of an appropriate age, which will assist the children in preventing and avoiding physical and mental abuse.

Background Screening (Section 2)

The Department is responsible for licensing and regulating programs which serve children and vulnerable adults. A key component of this process includes completing a Level 2 background screening in accordance with Ch. 435, F.S. In FY 2023-2024, the Department screened 278,894 individuals for thousands of providers, to include but not limited to childcare facilities, CBC agencies, foster families, group home employees, summer camp employees, substance abuse treatment facilities, and mental health treatment facilities.

As it relates specially to child care personnel – they are subject to a level 2 background screening through the Clearinghouse.

Per s. 402.305, F.S., level 2 screening requirements include the following:

- Fingerprint submission in accordance with s. 435, F.S.
- Employment history checks.
- Florida sexual predator and sexual offender registry.
- Florida child abuse and neglect registry.

Step by step of an initial background screening or resubmission of fingerprints:

1. Initiate a Background Screening in the Care Provider Background Screening Clearinghouse (Clearinghouse):
 - a. Applicant responds to a livescan provider location and provides fingerprints;
 - b. The DCF Provider initiates a resubmission of fingerprints, which are already retained within the Clearinghouse;
2. Fingerprints are sent to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI)
4. Clearinghouse receives results of the fingerprint-based criminal history record check from FDLE and the FBI
 - a. While results from FDLE & FBI are typically uploaded to the clearinghouse within 24 to 48 hours, FDLE standards are to have this done within 72 hours.
5. Clearinghouse sends the results of the fingerprint-based criminal history record check to DCF
6. DCF processes the Background Screening by:
 - a. Verifying whether the applicant has a criminal history record
 - a. This also serves as the sexual offender check as anyone registered would be flagged in their criminal history record check.
 - b. Verifying whether the applicant has lived in another state within the previous 5 years
 - c. If the applicant has lived in a non- National Fingerprint File (NFF) state the Provider is sent a 45-day provisional hiring letter, while the Department requests a criminal history check from that state
 - d. Reviewing the Florida Child Abuse and Neglect Registry
 - e. If the applicant has a potentially disqualifying offense the department must request additional information from the applicant to determine eligibility.
7. After review, the Department marks the applicant eligible or ineligible in the clearinghouse and the provider is notified.

Mandatory Training and Health Examination (Section 2)

Child care personnel must complete specific mandatory introductory training. Training requirements and time frames for training completions vary for the different types of providers. Provider types subject to mandatory training include:

- Child Care Facilities: 40 hours introductory training as shown through passing competency exams. Must start training within 90 days after employment and complete within 15 months.
- Family Day Care Homes: 30 hours introductory training as shown through passing competency exams for operators and substitutes working 40 hours or more per month. Must be completed prior to licensure.
- Large Family Child Care Homes: 30 hours introductory training as shown through passing competency exams for operators. Must be completed prior to licensure.
- Registered Family Day Care Homes: 30 hours introductory training as shown by proof of completion. Must be completed prior to registration.

Mandatory training courses are currently offered online and in-person. Employees are responsible for payment. Each online course costs \$10.00, while instructor-led courses typically range from \$1.00 to \$10.00 per instructional-hour.

The completion of mandatory training is shown through passing competency exams for each course taken. The Department contracts with 13 Training Coordinating Agencies (TCAs) to administer and coordinate in-person courses and exams throughout the state's 67 counties. The training fee is paid through the Department's training system and passed through to the appropriate TCA. In addition to the training fees, TCAs are paid through Department contracts to support the cost of administration of training and examinations. The combined annual total of the 13 TCA contracts is \$838,062.00. TCAs are located at some state colleges/universities, within some county school districts, or are private providers:

Provider	Annual Contract Amount
Early Education and Care, Inc.	\$134,956.50
Florida State College at Jacksonville	\$27,500.00
Daytona State College	\$89,448.50
Community Coordinated Care for Children, Inc.	\$37,686.00
Child Care of Southwest Florida	\$39,794.00
Palm Beach State College	\$61,683.00

Nova Southeastern University	\$65,239.00
Miami Dade College	\$99,115.00
Childhood Development Services, Inc.	\$38,725.00
Polk State College	\$52,249.00
Indian River State College	\$42,410.00
Hillsborough County School Board	\$80,891.00
Pinellas County School Board	\$68,365.00
Total	\$838,062.00

TCAs are responsible for entering and maintaining data in the Child Care Training Application (CCTA) relating to child care training courses and exams, maintaining all pertinent documentation related to their contracts and ensuring proper registration for student coursework. Each exam costs \$1.00 per training hour of the corresponding course; the student is responsible for paying the cost of the coursework, although some employers may pay or reimburse this cost. In FY 2023-24, TCAs collected \$3,038,070 in course work fees.

Facility Drivers:

Drivers for childcare facilities must meet certain driver requirements prior to transporting children. The driver of any vehicle used by a child care program to provide transportation must have the following:

- A valid Florida driver's license including the proper endorsement.
- An annual physical examination which grants medical approval to drive.
- Valid certificate(s) of course completion for first aid training and pediatric cardiopulmonary resuscitation (CPR) procedures.

Specialized Child Care Facilities for the Care of Mildly Ill Children (Section 2)

Child care for mildly ill children means the care of children with short term illness or symptoms of illness or disability, provided either as an exclusive service in a center specialized for this purpose, or as a component of other child care services offered in a distinct part of a regularly licensed child care facility, for a period of less than 24 hours per day. Such programs may accept children exhibiting illnesses or symptoms for which they would be excluded from child care provided for well children.

The Department developed applicable standards for this type of program in 65C-25, F.A.C., as authorized in s. 402.302(17), F.S. Minimum standards of mildly ill child care facilities address the following areas: personnel requirements; staff-to-child ratios; staff training and credentials; health and safety; physical facility requirements, including square footage; client eligibility, including a definition of "mildly ill children"; sanitation and safety; admission and recordkeeping; dispensing of medication; and a schedule of activities. Programs licensed under this rule are subject to additional requirements that include the following: consulting with a health provider, stricter staff-to-child ratios, medical evaluations upon admission, ongoing monitoring by a licensed health caregiver, separate ventilation systems, additional toilet/bath facilities, and more frequent sanitation practices. Currently, the state only has one licensed mildly ill child care facility, which has a capacity of 10, and currently has no children enrolled.

Hospitals maintaining current Joint Commission for Accreditation of Healthcare Organizations (JCAHO) accreditation, operating hospital-based child care for mildly ill children are exempt from licensure under 65C-25, F.A.C.

Designation of Licensing Agency (Section 3)

Any county whose licensing standards meet or exceed state minimum standards may designate a local licensing agency (LLA) to license child care facilities in the county or the county may contract with the Department to delegate the administration of state minimum standards in the county to the Department, as outlined in s. 402.306, F.S. The Department is responsible for ensuring that the local standards meet or exceed the state's standards through annual review of each of the local licensing agency's "intent to continue licensure" and periodic Departmental monitoring. Currently, the four LLAs are Broward, Palm Beach, Pinellas, and Sarasota Counties.

Abbreviated Inspections (Section 4)

Section 402.3115, F.S., authorizes an abbreviated inspection process. This section allows for child care facilities that have had no Class 1 or Class 2 violations for at least two consecutive years to receive an abbreviated inspection, instead of the full routine inspection. The abbreviated inspection must include those elements identified by the Department and the local licensing agencies as being key indicators of whether the child care facility continues to provide quality care and programming.

In 2022, the Department expanded the eligible provider types for the abbreviated inspection process by promulgating rule changes in 65C-20, F.A.C. The amended rule offers abbreviated inspections to family day care homes and large family child care homes that meet the following criteria:

- Have been licensed for at least two consecutive years.
- Have had no Class 1 violations or Class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Have no current uncorrected violations.
- Have no open regulatory complaints or active child protective services investigations.

Additionally, the Department consulted with the National Association for Regulatory Administration (NARA) to revise the standards monitored during abbreviated inspections based on statistical data. NARA employs an algorithm that identifies a subset of licensing regulations that statistically predict compliance with the entire set of regulations, called Key Indicators. The Key indicators identified through this process replaced the historical abbreviated inspection template.

	FY 23/24 (July 23 – June 24)
Total Inspections Statewide	33,717
Abbreviated Inspections	2,044
Percentage of Inspections That Were Abbreviated	6%

Exemptions (Section 5)

Section 402.316, F.S., dictates the provisions of religious exempt providers. This section allows for those child care facilities that are an integral part of a church or parochial school, and accredited by an organization which publishes and requires compliance with its standards for health, safety, and sanitation, to be exempt from licensure. Though exempt from licensure, religious exempt providers must meet the level 2 screening requirements pursuant to s. 402.305, F.S., and s. 402.3055, F.S.

Family Day Care and Large Family Child Care Insurance (Section 5)

Family day care homes are excluded from residential property insurance policies unless included in the coverage. Residential insurance property insurance coverage should not be canceled, denied, or nonrenewed solely on the basis of the family daycare services at the residence.

For the purposes of licensing, family day care homes/large family child care homes need only to provide proof of vehicle insurance coverage if they offer transportation services to children in their care.

2. EFFECT OF THE BILL:

Special Assessments (Section 1)

Section 170.201, F.S., refers to preschool programs licensed under s. 402.305, F.S., serving children under 5 years of age for the special assessment exemption granted by their local municipality.

Child Care Licensing and Minimum Licensing Standards (Section 2)

The minimum licensing standards for licensed child care facilities under s. 402.305, F.S., are amended to address the “health and nutrition, safety, developmental needs, and sanitary physical conditions for all children served by child care facilities.” The bill revised the language in the first standard and eliminated the last two referring to “health and nutrition” and “child development.” Licensing standards within this section include “nutritional practices” under subsection (8), F.S.

Classification of Violations:

The bill allows for the Department to create up to three classification levels of licensing standards that directly relate to the health and safety of the child. A Class 3 violation is the least serious in nature and it must be the

same violation that occurs at least three times within a 2-year period. The intent of this change is to allow providers to fail a Class 3 standard three times before receiving an actual violation.

Drop-in Child Care:

The bill eliminates the mandate for Drop-in Child Care facilities to possess a communication system to share with the parents for promptly contacting parents if needed.

Brochures:

The bill eliminates the requirement to share information about the influenza virus, and resources that prevent distracted adults from leaving children in vehicles, with families during specific times of the year. Eliminating these informational documents for parent of children in licensed child care settings would require revision of licensing standards and handbooks by the Department.

Activity Plans:

Minimum standards for the plan of activities are revised in the bill to remove specific components of the written plan.

Specialized Child Care Facilities for the Care of Mildly Ill Children (Section 2)

The bill eliminates s. 402.305(17), F.S., that pertains to Specialized Child Care Facilities for the Care of Mildly Ill Children, and the Department's ability to implement rule. This change would result in the repeal of 65C-25, F.A.C. If 65C-25, F.A.C., is repealed, the facility currently licensed under this rule would be required to relinquish its license. If the provider decides to continue operating, they can apply for a regular child care facility license under 65C-22, F.A.C. Currently there is only one program licensed as a Specialized Child Care Facility and no children are being actively served.

Background Screening (Section 2)

Section 402.305(2), F.S., directs the Department to complete a screening and provide the results to the child care facility within three business days from the receipt of the criminal history record check. If the Department is unable to complete the screening within three business days, the Department will issue the current or prospective child care personnel a 45-day provisional letter while all required information is being requested and awaiting results. During the 45-day period, the current or prospective child care personnel must be under the direct supervision of a screened and trained staff member when in contact with children.

This modification enables providers to begin the hiring process before the preliminary review of the background screening is completed.

There are numerous steps that are required for a background screening coordinator to complete to ensure a person meets the eligibility requirements to work in childcare. Due to the volume of screenings that the Department handles a 3-day timeframe may prove challenging. However, a greater concern is that the bill does not contemplate the time it takes FDLE and the FBI to receive the results and upload them to the clearinghouse. If this takes 48 hours, the Department would be left with one day to complete the screening.

Mandatory Training and Health Examination (Section 2)

Free Coursework:

The bill adds to the minimum training requirements for child care personnel addressed in s. 402.305(2), F.S., an additional topic area of "Online training coursework, provided at no cost to the student, to meet minimum training standards for child care personnel."

This change would impact the Department's contracted Training Coordinating Agencies, as TCAs receive the funds generated by courses and exams. In 2018, the Department reduced TCA contracted amounts due to the increase in course revenue because of the increased availability of courses online. Currently, the combined annual total of the 13 TCA contracts is \$838,062.00. Free mandatory online courses could impact the TCAs ability to provide contracted services as the revenue generated from courses is used for staff salary and benefits.

See additional information in fiscal section.

Online Exams:

The legislation updates the settings in which a competency examination can be taken. The bill allows the ability for the student to take exams in-person or online, eliminating the need for students to travel to exam locations, allowing for greater exam availability, and providing students more flexibility and options.

See additional information in fiscal section.

Criteria for Coursework:

The bill eliminates a criterion for the mandatory introductory coursework to “stress, to the extent possible, an interdisciplinary approach to the study of children”. Eliminating this criterion has no impact as courses were previously developed with a holistic approach to child development and encourages providers to focus on all the domains of learning.

Health Screenings for Drivers:

The updated language requires that child care facility drivers receive periodic health examinations which is currently a requirement of drivers to have annual physical examinations as laid out in 2.5.1 of the Child Care Facility December 2021 Handbook which is incorporated by reference in rule 65C-22.001(6), F.A.C. This change will only apply to child care facilities, not Large Family Child Care Homes or Family Day Care Homes.

Additionally, s. 402.305(7), F.S., is updated to require that at least one staff person trained in-person in CPR must be present at all times children are present. Proof of training must be evidenced by current documentation of the course completion. This allows for staff to acquire accessible online training in CPR, so long as at least one person on staff has the in-person training and can be present at all times while children are on-site. This would not impact the rule requirement of the number of individuals needed to be currently trained in CPR on-site.

Designation of Licensing Agency (Section 3)

The bill stipulates that there must be an annual confirmation through a majority vote by the county commission, for a local licensing agency to retain its status. If a local licensing agency is not confirmed by their county commission, the Department would be required to administer child care licensing in that county. To implement this, the Department would need to create new FTE positions, conduct the onboarding and training for new hires, and establish a field office within the county.

Abbreviated Inspections (Section 4)

This section updates s. 402.3115, F.S., to include family day care homes and large family child care homes as eligible provider types for abbreviated inspections. This was established in rule 65C-20.012(4), F.A.C., in 2022.

The bill revises the requirements of a provider to have an abbreviated inspection. The provider shall:

- Have been licensed for at least two consecutive years.
- Have had no class 1 violations and no more than three of the same class 2 violations for at least two consecutive years.
- Have received at least two full onsite renewals in the most recent two years.
- Not have any current uncorrected violations.
- Not have any open regulatory complaints or active child protective services investigations.

Key indicators used to identify quality care and programming must be updated every five years.

The bill changes the requirement of the provider to have no Class 1 or Class 2 violations within two years to the provider having had no Class 1 violations and no more than three of the same Class 2 violations within two years. The language would allow a provider with multiple Class 2 violations to receive an abbreviated inspection as long as the same violation was not repeated in a 2-year period. Examples of Class 2 violations include failure to meet caregiver to child staffing ratios, children left unattended (supervision) and inappropriate disciplining. This change would expand the number of providers that would be eligible for abbreviated inspections both in facilities and homes.

Exemptions (Section 5)

The bill expands the existing statutory exemption in s. 402.316, F.S., to add additional programs that could be exempt aside from religious-based programs. One program is an employee-based program providing care exclusively for their employee's children and grandchildren. The employee-based program must meet the same conditions as the religious-based program exemption:

1. Conducts regularly scheduled classes, courses of study, or educational programs.
2. Is accredited by, or by a member of, an organization which publishes and requires compliance with its standards for health, safety, sanitation.
3. Meets minimum requires of the applicable local governing body as to health, sanitation, and safety.
4. Meets the screening requirements pursuant to ss. 402.305, and 402.3055, F.S.

The bill creates another exemption for child care facilities and family day care homes that have a certificate to provide child care issued by the United States Department of Defense (DoD) or by the United States Coast Guard

(USCG) and has completed a favorable background screening determination by the DoD pursuant to 34 U.S.C s. 20351 and 34 C.F.R. part 86. However, if the provider chooses to serve children outside of the eligibility for care under the Department of Defense Instruction 6060.02, the provider must be licensed or exempt under chapter 402, F.S.

Additionally, this section instructs the Department to create rules to administer and implement the provisions of this section. This will allow the Department to review the licensure history of a provider seeking exemption that may have a history of administrative action or existing unpaid fines.

Family Day Care and Large Family Child Care Insurance (Section 5)

The bill adds large family child care homes and allows for them to be excluded from residential property insurance policies. The bill defines large family child care homes which aligns with the definition outlined in s. 402.302, F.S. This change would not affect the licensing process of the Department.

3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES?

If yes, explain:	<p>Section 2, s. 402.305, F.S., outlines that the Department may create levels of violations of licensing standards.</p> <p>Section 4, s. 402.3115, F.S., states that the Department shall adopt rules and revise policies.</p> <p>Section 5, s. 402.316, F.S., states that the Department shall create rules to administer and implement the provisions of this section.</p>
What is the expected impact to the agency’s core mission?	N/A.
Rule(s) impacted (provide references to F.A.C., etc.):	<p>65C-22, F.A.C.</p> <p>65C-20, F.A.C.</p> <p>65C-25, F.A.C. will be repealed if s. 402.305(17), F.S., is deleted.</p>

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

List any known proponents and opponents:	N/A.
Provide a summary of the proponents’ and opponents’ positions:	N/A.

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?

If yes, provide a description:	N/A.
Date Due:	N/A.
Bill Section Number(s):	N/A.

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC. REQUIRED BY THIS BILL?

Board:	N/A.
Board Purpose:	N/A.

Who Appoints:	N/A.
Appointee Term:	N/A.
Changes:	N/A.
Bill Section Number(s):	N/A.

FISCAL ANALYSIS

1. WHAT IS THE FISCAL IMPACT TO LOCAL GOVERNMENT?

Revenues:	N/A.
Expenditures:	N/A.
Does the legislation increase local taxes or fees?	N/A.
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A.

2. WHAT IS THE FISCAL IMPACT TO STATE GOVERNMENT?

Revenues:	N/A.
Expenditures:	<p>Section 2: <u>Free Online Coursework: \$3,038,070</u> In FY 2023-24 training coordinating agencies (TCAs) received \$3,038,070 from online coursework. If TCAs are no longer able to charge for these courses, the Department anticipates the TCAs will not be able to continue their work without passing this cost onto the Department by increasing the current contract amounts.</p> <p><u>Online Exams: Indeterminate</u> Significant and indeterminate, without further market research, the Department cannot determine the overall cost of an online platform. Additionally, consideration would need to be given as to how much of this cost could be reasonably passed onto the child care worker who is taking the test.</p> <p>These cost cannot be absorbed within the Department’s existing budget.</p> <p>Section 3: The bill stipulates that there must be an annual confirmation through a majority vote by the county commission, for a local licensing agency to retain its status. If a local licensing agency is not confirmed by their county commission, the Department would be required to administer child care licensing in that county. This would require the Department to establish a field office, recruit, and train licensing staff. The Department absorbing this duty would present a significant fiscal impact. Additional funding and FTEs would be needed.</p>

Does the legislation contain a State Government appropriation?	N/A.
If yes, was this appropriated last year?	N/A.

3. WHAT IS THE FISCAL IMPACT TO THE PRIVATE SECTOR?

Revenues:	N/A.
Expenditures:	N/A.
Other:	N/A.

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES?

Does the bill increase taxes, fees or fines?	N/A.
Does the bill decrease taxes, fees or fines?	N/A.
What is the impact of the increase or decrease?	N/A.
Bill Section Number:	N/A.

TECHNOLOGY IMPACT

Does the legislation impact the agency's technology systems (i.e., IT support, licensing software, data storage, etc.)?	To enact provisions of this bill to include the new exempt programs the Department would have to make system enhancement to the child care licensing system – Childcare Administration, Regulation, Enforcement System (CARES).
If yes, describe the anticipated impact to the agency including any fiscal impact.	N/A.

FEDERAL IMPACT

Does the legislation have a federal impact (i.e. federal compliance, federal funding, federal agency involvement, etc.)?	No.
If yes, describe the anticipated impact including any fiscal impact.	

ADDITIONAL COMMENTS

The Department has noticed a workshop for March 21st in reference to child care rules. Specifically, the Department is seeking to implement a new licensing model for child care facilities. Any language, such as that found in lines 91-96 and line 327-337 which outline specific licensing model requirements in statute, has the potential to delay implementation of a new model as statute may need to be amended prior to implementing.

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments and recommended action:	
--	--

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 958

INTRODUCER: Health Policy Committee and Senator Bernard

SUBJECT: Type 1 Diabetes Early Detection Program

DATE: March 25, 2025 REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 958 creates s. 381.992, F.S., to require the Florida Department of Health (DOH), in collaboration with school districts, to develop Type 1 diabetes informational materials, and make such material available on its website by September 29, 2025. The bill requires the DOH to annually notify parents and guardians of VPK, kindergarten, and first-grade students of the availability of the informational materials.

The bill has an insignificant, negative fiscal impact on state expenditures that can be absorbed within existing resources. **See Section V. Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

II. Present Situation:

Diabetes

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

The human digestive system breaks down carbohydrates consumed as food into glucose¹ and releases it into the bloodstream, which increases the blood's glucose level. Such an increase in blood glucose should signal the pancreas² to release the hormone insulin, which acts as a catalyst to allow the body's cells to metabolize the glucose and convert it to energy, or to convert the glucose into forms suitable for short-term or long-term storage.

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

Type 1 Diabetes

Type 1 diabetes is thought to be caused by an autoimmune reaction in which the body's immune system attacks and destroys the cells in the pancreas that normally produce insulin. Roughly 5 to 10 percent of people with diabetes have Type 1. Symptoms of Type 1 often develop quickly. It is usually diagnosed in children, teens, and young adults. Someone with Type 1 diabetes must take insulin, usually through subcutaneous injection, on a regular basis to survive, one or more times per day. Currently, Type 1 diabetes can neither be prevented nor cured.³ In 2022-2023, there were 6,568 students with Type 1 diabetes in Florida public schools.⁴

While the exact cause of Type 1 diabetes remains unknown, scientists believe there is a strong genetic component. The risk of developing the disease with no family history is approximately 0.4 percent. If an individual's biological mother has Type 1 diabetes, the risk of developing the condition is 1 to 4 percent. If an individual's biological father has Type 1 diabetes, the risk of developing the disease is 3 to 8 percent. If both biological parents have Type 1 diabetes, the risk of developing the condition is as high as 30 percent.⁵

Scientists also believe certain factors, such as a virus or environmental toxins, can trigger the immune system to attack cells in the pancreas if an individual has a genetic predisposition for developing Type 1 diabetes.⁶

¹ Glucose is the simplest type of carbohydrate (chemical formula C₆H₁₂O₆), and all carbohydrates consumed as food must be broken down into glucose before the body can metabolize them.

² The pancreas is an organ located in the abdomen. It plays an essential role in converting food into fuel. The pancreas has two main functions: an exocrine function that helps in digestion and an endocrine function that regulates blood sugar. See: <https://columbiasurgery.org/pancreas/pancreas-and-its-functions> (last visited Mar. 15, 2025).

³ Centers for Disease Control and Prevention, *What Is Diabetes?*, available at: <https://www.cdc.gov/diabetes/basics/diabetes.html> (last visited Mar. 15, 2025).

⁴ Florida Department of Health, *Florida Diabetes Advisory Council Legislative Report (January 2025)*, available at <https://www.floridahealth.gov/%5C/provider-and-partner-resources/dac/ documents/2025-dac-report.pdf> (last visited Mar. 14, 2025).

⁵ Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).

⁶ *Id.*

Symptoms of Type 1

Symptoms of Type 1 diabetes are typically mild in the beginning, becoming progressively worse or more intense over time as the pancreas makes less insulin. Symptoms of Type 1 diabetes include:⁷

- Excessive thirst;
- Frequent urination, including frequent full diapers in infants and bedwetting in children;
- Excessive hunger;
- Unexplained weight loss;
- Fatigue;
- Blurred vision;
- Slow healing of cuts and sores; and
- Vaginal yeast infections.

Management and Treatment

People with Type 1 diabetes need synthetic insulin every day, multiple times a day, in order to live and be healthy. Insulin can be taken in the following ways:⁸

- Multiple daily injections using a vial and syringe – Insulin should be injected into fatty tissue in the belly, upper arm, thigh, or buttocks. Injections are usually the least expensive way to take insulin.
- Pre-filled insulin pens – Disposable pen needles can be more convenient than syringes, as well as a good option for individuals with poor vision.
- Insulin pumps – Devices that deliver insulin continuously and on-demand, mimicking the pancreas. Pumps deliver insulin through a tiny catheter that goes in a fleshy area of the body.
- Rapid-acting inhaled insulin – Works more quickly than other types of insulin and is inhaled through the mouth, much like an asthma inhaler.

The amount of insulin needed daily varies over time and under specific circumstances. For instance, a larger dose of insulin is typically needed during puberty, pregnancy, and while taking steroid medication.⁹

People with Type 1 diabetes must monitor blood sugar levels closely throughout the day. Maintaining a healthy blood sugar range is the best way to avoid health complications. Blood sugar can be monitored using a blood glucose meter¹⁰ or a continuous glucose monitor.^{11,12}

⁷ Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).

⁸ *Id.*

⁹ *Id.*

¹⁰ A finger is pricked with a lance, and a small drop of blood is placed on the meter's test strip. The blood glucose level appears on the meter within seconds. A blood glucose meter is usually the least expensive home testing option, but it only reports blood sugar at the time of the check.

¹¹ There are different types of continuous glucose monitors (CGMs), but most require a small sensor to be inserted under the skin at home every seven to 14 days. Some CGMs are implanted by a health care provider. The sensor continuously records blood glucose levels. People using a CGM require fewer finger sticks. CGM systems can be more expensive than fingerstick blood glucose meters but provide much more information about glucose levels, including previous and future trends. Different alarms can be set to alert the user when blood sugar is trending too low or too high.

¹² *Id.*

A large part of Type 1 diabetes management is monitoring the carbohydrates in food and drinks consumed to determine proper doses of insulin. Carbohydrate counting at its basic level involves counting the number of grams of carbohydrate in a meal by reading nutrition labels and then matching the dose of insulin. An insulin-to-carb ratio is used to calculate the amount of insulin that should be taken to manage blood sugars when eating. Insulin-to-carb ratios vary from person to person and may even be different at different times of the day.¹³

Complications

Low blood sugar (hypoglycemia) can occur from taking too much insulin based on food intake and/or activity level and needs to be treated right away. Hypoglycemia is usually considered to be below 70 milligrams per deciliter. Symptoms and consequences may include:¹⁴

- Shaking, trembling, sweating, and chills;
- Dizziness, lightheadedness, and faster heart rate;
- Headaches;
- Hunger;
- Nausea;
- Nervousness or irritability;
- Disorientation and confusion;
- In severe instances, seizure; and
- In the most severe instances, brain damage or death.

Poorly managed diabetes, over the long-term, results in continuous high blood sugar, leading to numerous complications, such as:¹⁵

- Eye problems, including diabetes-related retinopathy, diabetes-related macular edema, cataracts, and glaucoma;
- Foot problems, including ulcers and infections that can lead to gangrene and amputation;
- Heart disease;
- High blood pressure;
- Kidney disease;
- Oral health problems;
- Diabetes-related neuropathy or nerve damage;
- Skin conditions, including dry skin, bacterial and fungal infections, and diabetes-related dermopathy; and
- Strokes.

The School Health Services Program of the DOH

In partnership with the Florida Department of Education (DOE), the DOH's School Health Services Program (program) provides services required in ss. 381.0056, 381.0057, and 402.3026, F.S. School health services are intended to minimize health barriers to learning for public school students in pre-kindergarten through grade 12. To ensure the provision of safe and

¹³ Cleveland Clinic, *Type 1 Diabetes*, available at <https://my.clevelandclinic.org/health/diseases/21500-type-1-diabetes#management-and-treatment> (last visited Mar. 15, 2025).*Id.*

¹⁴ *Id.*

¹⁵ *Id.*

appropriate county-level school health services, the program provides funding, technical assistance, and oversight of health services provided in Florida's public schools. The three program components are: basic school health services, comprehensive school health services, and full-service schools.¹⁶

Basic School Health Services

Basic school health services are required by s. 381.0056, F.S., to promote student health through a variety of day-to-day health services to public school students. All 67 counties provide basic school health services, which include:¹⁷

- Nursing assessments, health counseling, referrals, and follow-up for suspected or confirmed health problems;
- Individualized health care plan development;
- In-school care management for chronic and acute health conditions, such as *diabetes*, asthma, allergies, and epilepsy;
- Assistance with medication administration and health care procedures;
- Vision, hearing, scoliosis, and growth and development screenings;
- First-aid and emergency health services;
- Communicable disease prevention and intervention; and
- Emergency preparedness.

School Health Services Plan

Every two years, the program ensures each county health department (CHD) and school district submits a School Health Services Plan (plan). This plan details how the local program will meet the requirements for school health services. Each local CHD and school district collaborates to meet the requirements outlined in its plan. The plan includes provisions related to the management and care of students living with diabetes, in accordance with s. 1002.20(3)(j), F.S. Additional guidance from the DOE can be found in Rule 6A-6.0253, F.A.C.¹⁸

Currently, school districts are required to have appropriate personnel, whether licensed nurses or trained school personnel, assigned to each school a student with diabetes would otherwise attend if he or she did not have diabetes. School districts must ensure that such personnel are available to provide the necessary diabetes care throughout the school day and during school-sponsored activities.¹⁹

Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools²⁰

In 2014, the DOH collaborated with multiple partners to develop the "Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools." This reference manual is

¹⁶ Florida Department of Health, *School Health Program*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/school-health-program.html> (last visited Mar. 14, 2025).

¹⁷ *Id.*

¹⁸ Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).


¹⁹ Rule 6A-6.0253, F.A.C.


²⁰ Florida Department of Health, *Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school->


a key resource for Florida school health nurses and local programs serving students with diabetes. The DOH is in the process of revising this manual.²¹


Program Infographic: “Helping your Child with Type 1 Diabetes Succeed in School”²²

**HELPING YOUR CHILD WITH
TYPE 1 DIABETES SUCCEED
AT SCHOOL**


 **Complete and submit the school's annual student emergency card** (form) at the beginning of the school year and sign written permissions to authorize treatment at school to share your child's health related information as necessary to ensure their health and safety at school.


 **Meet with the registered school nurse** (RN) at the beginning of each school year and any staff who will have contact with your child during the school day and participate in individualized education plan (IEP) or 504 plan meetings that include the RN.



 **Ensure that the school clinic receives a diabetes medical management plan** (DMMP) with the most up-to-date information provided by your child's doctor and every school year (and every time your child's medication or medication dose changes), complete, sign and submit medication authorization forms for each medication your child needs to take while at school. Your school district may require that your child's doctor sign the medication authorization also.



 **Provide the school clinic with your child's diabetes equipment, medication, supplies and snacks** in their original containers and packages. Make sure the expiration dates for your child's insulin, glucose test strips and ketone strips have not passed.




If you are unable to pay for your child's diabetes medications, equipment and supplies, speak to the registered school nurse assigned to your child's school. They can assist you in obtaining no-cost or reduced-price supplies.



FL Dept. of Health 11/18

[health/ documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf](https://www.floridahealth.gov/documents/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf) (last visited Mar. 14, 2025).

²¹ Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).

²² Florida Department of Health, *Helping your Child with Type 1 Diabetes Succeed at School*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/school-health/diabetes-school-card-2up.pdf> (last visited Mar. 14, 2025).

III. Effect of Proposed Changes:

The bill creates s. 381.992, F.S., to require the Department of Health (DOH), in collaboration with school districts throughout the state, to develop Type 1 diabetes informational materials for the parents and guardians of students. The informational materials must be made available to each school district, school board, and charter school through the DOH's website.

Within 90 days after July 1, 2025, the DOH must develop the materials related to the early detection of Type 1 diabetes and post the information on its website. The DOH must develop a standardized methodology for each school district, school board, and charter school for the notification of the parents or guardians of public school VPK, kindergarten, and first-grade students. Parents and guardians must be notified of the availability of the Type 1 diabetes early detection materials by September 30, 2025, and annually thereafter.

The bill requires the informational materials on Type 1 diabetes to include, at minimum:

- A description of Type 1 diabetes.
- A description of the risk factors and warning signs associated with Type 1 diabetes.
- A description of the process for screening students for early detection of Type 1 diabetes using a blood autoantibody test.
- A recommendation for further evaluation for students displaying warning signs associated with Type 1 diabetes or positive early detection screening results.

The bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 958 has an insignificant, negative fiscal impact on state expenditures. According to the Department of Health, the fiscal impact can be absorbed within existing resources.²³

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Department of Health (DOH) indicates that rulemaking authority would better allow the department to implement the methodology under which schools are required to notify parents and guardians of the informational materials, however, no such authority is provided to the DOH.²⁴

VIII. Statutes Affected:

This bill creates section 381.992 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 March 18, 2025:**

The committee substitute:

- Creates the Type 1 Diabetes Early Detection Program within ch. 381, F.S., instead of ch. 385, F.S.
- Includes school boards, in addition to the previously included school districts and charter schools, as parties to whom the bill's informational materials must be available.

²³ Florida Department of Health, *House Bill 723 Analysis* (Mar. 3, 2025) (on file with Senate Committee on Health Policy).

²⁴ *Id.*

- Includes parents of VPK and kindergarten students, in addition to first-grade students, as parties who must be notified of the availability of the materials.
- Adjusts the timeframes for the development of informational materials and the notification of the availability of the materials to parents and guardians, i.e. the DOH must develop the materials within 90 days after July 1, 2025, and parents or guardians must be notified of the availability of the materials by September 30, 2025, and annually thereafter.

B. Amendments:

None.



970238

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

Senate Amendment (with title amendment)

Delete lines 20 - 41

and insert:

made available to each early learning coalition, school
district, school board, and charter school through the
department's website.

(2) Within 90 days after July 1, 2025, the department shall
develop the materials related to the early detection of Type 1
diabetes and post the information on its website. The department



970238

11 shall develop a standardized methodology for each early learning
12 coalition, school district, school board, and charter school for
13 the notification of the parents or guardians of public school
14 voluntary prekindergarten, kindergarten, and first-grade
15 students, by September 30, 2025, and annually thereafter, of the
16 availability of the Type 1 diabetes early detection materials.

17 (3) Information provided to parents and guardians must
18 include, but not be limited to, all of the following:

19 (a) A description of Type 1 diabetes.

20 (b) A description of the risk factors and warning signs
21 associated with Type 1 diabetes.

22 (c) A description of the process for screening students for
23 early detection of Type 1 diabetes using a blood autoantibody
24 test.

25 (d) A recommendation for further evaluation for students
26 displaying warning signs associated with Type 1 diabetes or
27 positive early detection screening results.

28 Section 2. Subsection (5) of section 1002.53, Florida
29 Statutes, is amended to read:

30 1002.53 Voluntary Prekindergarten Education Program;
31 eligibility and enrollment.—

32 (5) The early learning coalition shall provide each parent
33 enrolling a child in the Voluntary Prekindergarten Education
34 Program with a profile of every private prekindergarten provider
35 and public school delivering the program within the county where
36 the child is being enrolled. The profiles must ~~shall~~ be provided
37 to parents in a format prescribed by the department in
38 accordance with s. 1002.92(3). The early learning coalition
39 shall also annually notify parents and guardians of the



970238

40 availability of informational materials for the early detection
41 of Type 1 diabetes pursuant to s. 381.992.

42
43 ===== T I T L E A M E N D M E N T =====

44 And the title is amended as follows:

45 Delete line 9

46 and insert:

47 informational materials; amending s. 1002.53, F.S.;

48 requiring early learning coalitions to notify parents

49 and guardians of the availability of specified

50 informational materials; providing an effective date.

By the Committee on Health Policy; and Senator Bernard

588-02571-25

2025958c1

1 A bill to be entitled
 2 An act relating to a Type 1 diabetes early detection
 3 program; creating s. 381.992, F.S.; requiring the
 4 Department of Health, in collaboration with school
 5 districts throughout the state, to develop
 6 informational materials for the early detection of
 7 Type 1 diabetes for parents and guardians of certain
 8 students; providing requirements for such
 9 informational materials; providing an effective date.

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

11 Section 1. Section 381.992, Florida Statutes, is created to
 12 read:

13 381.992 Type 1 diabetes early detection program.—

14 (1) The Department of Health, in collaboration with school
 15 districts throughout the state, shall develop informational
 16 materials for the early detection of Type 1 diabetes for parents
 17 and guardians of students. The informational materials shall be
 18 made available to each school district, school board, and
 19 charter school through the department's website.

20 (2) Within 90 days after July 1, 2025, the department shall
 21 develop the materials related to the early detection of Type 1
 22 diabetes and post the information on its website. The department
 23 shall develop a standardized methodology for each school
 24 district, school board, and charter school for the notification
 25 of the parents or guardians of public school voluntary
 26 prekindergarten, kindergarten, and first-grade students, by
 27 September 30, 2025, and annually thereafter, of the availability
 28
 29

Page 1 of 2

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

588-02571-25

2025958c1

30 of the Type 1 diabetes early detection materials.
 31 (3) Information provided to parents and guardians shall
 32 include, but not be limited to, all of the following:
 33 (a) A description of Type 1 diabetes.
 34 (b) A description of the risk factors and warning signs
 35 associated with Type 1 diabetes.
 36 (c) A description of the process for screening students for
 37 early detection of Type 1 diabetes using a blood autoantibody
 38 test.
 39 (d) A recommendation for further evaluation for students
 40 displaying warning signs associated with Type 1 diabetes or
 41 positive early detection screening results.

42 Section 2. This act shall take effect July 1, 2025.

Page 2 of 2

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1356

INTRODUCER: Education Postsecondary Committee and Senator Burton

SUBJECT: Florida Institute for Pediatric Rare Diseases

DATE: March 25, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Jahnke</u>	<u>Bouck</u>	<u>HE</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1356 codifies the Florida Institute for Pediatric Rare Diseases (Institute) within the Florida State University College of Medicine as a statewide resource dedicated to research and clinical care related to pediatric rare diseases. The Institute will conduct research, develop diagnostic and genetic screening tools, provide multidisciplinary clinical services and care, educate and train healthcare professionals, and collaborate with other institutions and organizations.

The bill requires the Institute to establish and administer the Sunshine Genetics Pilot Program for five years. This opt-in pilot program offers genetic screening, to include whole genome sequencing to newborns, contingent upon parental consent. Clinical findings from the screening must be released to the newborn's healthcare practitioner and parent. The Institute is required to maintain a secure database of pilot program data and provide deidentified data to support research.

Additionally, the bill establishes the Sunshine Genetics Consortium (Consortium) to facilitate collaboration among researchers, geneticists, and physicians from Florida's state universities and children's hospitals. The Consortium's responsibilities include integrating genomic sequencing technologies, advancing genetic and precision medicine research, educating healthcare professionals, leveraging artificial intelligence in genomics, and securing external funding to expand genetic screening efforts. An oversight board appointed by state universities and government officials will administer the Consortium and meet at least once every six months.

The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute, and \$20 million in nonrecurring funds from the General Revenue Fund for the implementation of the Sunshine Genetics Pilot Program. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025

II. Present Situation:

Rare Diseases

In the United States, a rare disease is any condition that nationally affects fewer than 200,000 people. There may be as many as 10,000 rare diseases impacting the lives of 30 million Americans and their families.¹ So, while the individual diseases may be rare, the total number of people impacted by a rare disease is large. Rare diseases include genetic disorders, infectious diseases, cancers, and various other pediatric and adult conditions. A rare disease can affect anyone at any point in their life and can be acute or chronic. It is estimated that 80 percent or more of rare diseases are genetic. For rare genetic diseases, genetic testing is often the only way to make a definitive diagnosis.²

Rare diseases present a fundamentally different array of challenges compared to those of more common diseases; often, patients are set on a “diagnostic odyssey” in order to determine the cause of their symptoms as they seek treatment in healthcare settings where their condition may have never been seen before.³

The Andrew John Anderson Pediatric Rare Disease Grant Program

In 2024, the Florida Legislature established the Andrew John Anderson Pediatric Rare Disease Grant Program (Grant Program) within the Department of Health (DOH) to support research on pediatric rare diseases. The Grant Program awards grants through a competitive, peer-reviewed process to advance new diagnostics, treatments, and cures.⁴

The DOH, in consultation with the Rare Diseases Advisory Council,⁵ awards grants to universities and established research institutes in Florida for scientific and clinical research. Preference may be given to proposals that foster collaborations among institutions, researchers, and community practitioners.⁶

¹ National Organization for Rare Diseases (NORD), *NORD Rare Disease Database*, <https://rarediseases.org/rare-diseases/> (last visited Mar. 10, 2025).

² Department of Health, *Rare Disease Advisory Council: Legislative Report, Fiscal Year 2023-2024 (2024)*, at 6-7, available at <https://www.floridahealth.gov/provider-and-partner-resources/rdac/documents/2024-rdac-annual-report.pdf>.

³ *Id.*

⁴ Section 381.991(1)(a), F.S.; *See also* ch. 224-246, Laws of Fla.

⁵ *See* Section 381.99, F.S. The Rare Disease Advisory Council is created adjunct to the DOH for the purpose of providing recommendations on ways to improve health outcomes for individuals residing in this state who have a rare disease.

⁶ Section 381.991(1)(b) – (2)(a), F.S. *See also*, Florida Health, *Rare Pediatric Diseases Research Grant Program*, <https://www.floridahealth.gov/provider-and-partner-resources/research/research-programs1/RarePediatricDiseasesResearchGrantProgram.html> (last visited Mar. 10, 2025).

In both 2023 and 2024, the Legislature appropriated \$500,000 for the Grant Program.⁷

Florida State University Institute for Pediatric Rare Diseases

In 2024, Florida State University (FSU) established the Institute for Pediatric Rare Diseases (Institute) at the FSU College of Medicine. It is the mission of the Institute to transform the lives of children affected by rare diseases through research, education, diagnosis, and clinical care.⁸

The goals include:⁹

- Harnessing interdisciplinary collaboration by bringing together scientists, clinicians, and educators to address the challenges of pediatric rare diseases.
- Leveraging advancements in gene therapy and immune response research to improve treatment outcomes.
- Enhancing the quality of life for the 15 million children across the United States affected by pediatric rare diseases.

In 2023, the Legislature appropriated \$1,000,000 in nonrecurring general revenue funds to the Institute,¹⁰ and another \$5,000,000 in nonrecurring general revenue funds in 2024.¹¹

Newborn Screening Program

The Legislature created the Florida Newborn Screening Program (NSP) within the DOH, to promote the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect.¹² The NSP also promotes the identification and screening of all newborns in the state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services.¹³

The NSP attempts to screen all newborns for hearing impairment and to identify, diagnose, and manage newborns at risk for select disorders that, without detection and treatment, can lead to permanent developmental and physical damage or death.¹⁴ The NSP is intended to screen all

⁷ Specific Appropriation 539A, s. 3, ch. 2023-239, Laws of Fla., and Specific Appropriation 546A, s. 3, ch. 2024-231, Laws of Fla.

⁸ Florida State University, Florida State University News, *FSU launches groundbreaking Institute for Pediatric Rare Diseases*, <https://news.fsu.edu/news/health-medicine/2024/02/01/fsu-launches-groundbreaking-institute-for-pediatric-rare-diseases/>; See also, Florida State University, *Institute for Pediatric Rare Diseases*, <https://med.fsu.edu/iprd/home> (last visited Mar. 10, 2025).

⁹ *Id.*

¹⁰ Chapter 2023-239, s. 2, Laws of Fla. (Specific Appropriation 143).

¹¹ Chapter 2024-231, s. 2, Laws of Fla. (Specific Appropriation 147).

¹² Section 383.14(1), F.S.

¹³ Section 383.148(1), F.S.

¹⁴ Florida Department of Health, *Florida Newborn Screening 2022 Guidelines*, available at <https://floridanewbornscreening.com/wp-content/uploads/NBS-Protocols-2022-FINAL.pdf>. See also, Florida Newborn Screening, <https://floridanewbornscreening.com/> (last visited Mar. 10, 2025)

prenatal women and newborns, however, parents and guardians may choose to decline the screening.¹⁵

Newborn screenings are completed after the baby is 24 hours of age and before discharge from the hospital. For births outside a hospital setting, the birth provider either completes the screening or arranges for testing within 1- 2 days after birth.¹⁶

The Florida Genetics and Newborn Screening Advisory Council advises the DOH on disorders to be included in the NSP panel of screened disorders and the procedures for collecting and transmitting specimens.¹⁷ Florida's NSP currently screens for 58 conditions, 55 of which are screened through the collection of blood spots.¹⁸ Healthcare providers collect drops of blood from the newborn's heel on a standardized specimen collection card which is then sent to the state laboratory for testing.¹⁹

If necessary, healthcare providers refer patients to the appropriate health, education, and social services.²⁰ Screening results are released to the newborn's healthcare provider; in the event of an abnormal result, the baby's healthcare provider or a nurse or specialist from NSP's Follow-up Program provides follow-up services and referrals for the child and his or her family.²¹

III. Effect of Proposed Changes:

The bill creates s. 1004.4210, F.S., to codify the Florida Institute for Pediatric Rare Diseases (Institute) within the Florida State University College of Medicine as a statewide resource for pediatric rare disease research and clinical care. The Institute's purpose is to enhance the quality of life and health outcomes for children and families affected by rare diseases by advancing knowledge, diagnosis, and treatment of pediatric rare diseases through research, clinical care, education, and advocacy. The bill specifies the goals of the Institute, which are:

- Conducting research to better understand the causes, mechanisms, and potential treatments for pediatric rare diseases, including leveraging emerging research methods.
- Developing advanced diagnostic and genetic screening tools and techniques to enable healthcare providers to identify rare diseases in newborns and children more rapidly, accurately, and economically.
- Providing comprehensive, multidisciplinary clinical services and care for affected children and their families. Such care may include, but is not limited to, patient, family, and caregiver

¹⁵ Section 383.14(4), F.S.; Rule 64C-7.008, F.A.C.; The hospital provider shall request any parent or guardian who objects to infant (postnatal) risk screening of their child or ward, after the purpose of the screening has been fully explained, to indicate the objection in writing on the electronic birth record risk screening instrument.

¹⁶ Florida Newborn Screening, *What is Newborn Screening?*, <https://floridanewbornscreening.com/parents/what-is-newborn-screening/> (last visited Mar. 10, 2025).

¹⁷ Section 383.14(6)(a), F.S.

¹⁸ Department of Health, *2024 Agency Analysis of HB 1441* (Feb. 5, 2024).

¹⁹ Florida Newborn Screening Program, *What is Newborn Screening?* available at <https://floridanewbornscreening.com/parents/what-is-newborn-screening/> (last visited March 10, 2025). See also, Florida Newborn Screening, Specimen Collection Card, <http://floridanewbornscreening.com/wp-content/uploads/Order-Form.png> (last visited March 10, 2025).

²⁰ *Id.*

²¹ Department of Health, *2024 Agency Analysis of HB 1441* (Feb. 5, 2024).

support and resources to help navigate the challenges associated with these conditions, support groups, and patient advocacy.

- Educating and training healthcare professionals, including, but not limited to, genetic counselors, pediatricians, scientists, and other specialists.
- Establishing collaborations with other research institutions, medical centers, patient and family advocacy organizations, and government agencies.

The bill requires the Institute to establish and administer the Sunshine Genetics Pilot Program for five years, providing genetic screening, including, but not limited to, whole genome sequencing to newborns in addition to the state's existing newborn screening program. Upon approval of the oversight board, the genetic screening will be performed by the Institute and institutional members of the oversight board. The Institute is authorized to partner with Florida universities and colleges and healthcare service providers to promote and assist in the implementation of the pilot program. Parental consent is required for participation and the Institute and institutional members of the oversight board must release clinical findings of a newborn's screening to the newborn's health care practitioner and the newborn's parent.

The bill defines "health care practitioner" to include:

- a physician or physician assistant licensed under chapter 458;
- an osteopathic physician or physician assistant licensed under chapter 459;
- an advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464;
- a midwife licensed under chapter 467;
- a speech-language pathologist or audiologist licensed under part I of chapter 468;
- a dietitian or nutritionist licensed under part X of chapter 468; or
- a genetic counselor licensed under part III of chapter 483.

The bill requires the Institute to:

- Maintain a secure database to collect and store all pilot program data, including, but not limited to, newborn genomics sequence data and deidentified newborn data.
- Provide deidentified newborn data to members of the Consortium pursuant to a data sharing agreement to support ongoing and future research.

Additionally, by December 1, 2030, the Institute is required to provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the pilot program, including, at a minimum:

- Study population and enrollment metrics.
- Whole genome sequencing metrics.
- Clinical and public health impact.
- Cost effectiveness and economic benefits.

The bill also establishes the Sunshine Genetics Consortium (Consortium) to create a network of clinical and academic research professionals, geneticists, and physicians from state universities and the state's children's hospitals to collaborate with leaders in the genetic industry, build, and support a culture of collaborative research and the development of cutting-edge genetic and precision medicine in the state. The Consortium will:

- Integrate state-of-the-art genomic sequencing technologies.
- Advance research and the development of cutting-edge genetic and precision medicine.
- Leverage artificial intelligence in genomics.
- Develop clinician education on genomic tools.
- Support education and growth of geneticists to meet demand.
- Solicit and leverage external funding to expand the pilot program and support genetic screenings by institutional members of the oversight board.
- Promote patient care to support families with children diagnosed with genetic disorders.
- Report on the use of deidentified newborn data by members of the Consortium.

The bill requires the Consortium to be administrated at the Institute by an oversight board and meet at least once every six months. The oversight board consists of the director of the Institute, who serves as chair, and the following voting members who are *required* to serve two-year terms:

- One member nominated by the dean of the University of Florida's College of Medicine and approved by the university's president.
- One member nominated by the dean of the University of South Florida's College of Medicine and approved by the university's president.
- One member nominated by the dean of the University of Miami's School of Medicine and approved by the university's president.
- One member appointed by the Governor.
- One member appointed by the President of the Senate.
- One member appointed by the Speaker of the House of Representatives.

The oversight board is *responsible for the* promotion and oversight of the Consortium, including, but not limited to, the nomination and appointment of members of the Consortium.

The bill requires the Consortium, beginning October 15, 2026, and annually thereafter, to provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, research findings, community outreach initiatives, and future plans for the Consortium.

The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute, and \$20 million in nonrecurring funds from the General Revenue Fund for the implementation of the Sunshine Genetics Pilot Program.

The bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill appropriates \$5 million in recurring funds from the General Revenue Fund for Fiscal Year 2025-2026 to support the Institute and \$20 million in nonrecurring funds for the implementation of the Sunshine Genetics Pilot Program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 1004.4210 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 Education Postsecondary on March 17, 2025:

The committee substitute maintains provisions in SB 1356, with the following modifications:

- Removes the requirement for the Consortium to create a biorepository network.

- Removes the requirement for the pilot program to be implemented in accordance with specific genetic testing regulations.
- Extends the duration of the Sunshine Genetics Pilot Program from three years to five years.
- Clarifies genetic testing as whole genome sequencing.
- Specifies that the Institute and institutional members of the oversight board, upon approval, will perform the genetic screening.
- Authorizes, rather than requires, the Institute to establish partnerships to promote and assist in the implementation of the pilot program.
- Clarifies that clinical findings of a newborn's screenings must be delivered to both the newborn's healthcare practitioner and parent.
- Specifies that the Institute must collect and store pilot program data, explicitly including genomics sequence data and deidentified newborn data.
- Requires the Institute to provide deidentified newborn data to members of the Consortium pursuant to a data sharing agreement to support ongoing and future research.
- Revises the Institute's reporting requirements on the pilot program specifying that, by December 1, 2030, the Institute must provide a report to include an overview of key metrics and the program's impact on health, cost-effectiveness, and economic benefits.
- Requires the Consortium to advance research and the development of cutting edge genetic and precision medicine.
- Clarifies that the Consortium must solicit and leverage funds, rather than simply raise them, and expands the purpose of funding to explicitly support genetic screenings by institutional members of the oversight board in addition to expanding the pilot program.
- Requires the Consortium to report on the use of deidentified newborn data by members of the Consortium.
- Specifies that the Consortium's oversight board must meet at least every six months.
- Requires the director of the Institute to serve as the chair of the oversight board.
- Modifies the selection process for university-approved members of the Consortium oversight board.
- Revises the oversight board's responsibilities from financial and technical management to general promotion and oversight of the Consortium.
- Specifies that the Consortium's annual reporting must begin on October 15, 2026, and expands reporting requirements to include research projects, findings, community outreach initiatives, and future plans.
- Broadens the scope of the \$20 million appropriation from funding only whole genome sequencing at birthing centers to supporting the full implementation of the Sunshine Genetics Pilot Program.

B. Amendments:

None.

By the Committee on Education Postsecondary; and Senator Burton

589-02481-25

20251356c1

A bill to be entitled

An act relating to the Florida Institute for Pediatric Rare Diseases; creating s. 1004.4211, F.S.; establishing the Florida Institute for Pediatric Rare Diseases within the Florida State University College of Medicine; providing the goals of the institute; requiring the institute to establish and administer the Sunshine Genetics Pilot Program for a specified period; providing the purpose of the pilot program; providing institute responsibilities and duties relating to the pilot program; providing requirements for participation in the pilot program and data collection and release in the pilot program; defining the term "health care practitioner"; providing reporting requirements for the pilot program; establishing the Sunshine Genetics Consortium for specified purposes; requiring the consortium to be administered at the institute by an oversight board; providing for the membership and terms of the board; providing meeting and reporting requirements for the consortium; providing appropriations; providing an effective date.

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

Section 1. Section 1004.4211, Florida Statutes, is created to read:
1004.4211 The Florida Institute for Pediatric Rare Diseases; the Sunshine Genetics Pilot Program; the Sunshine

Page 1 of 6

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

589-02481-25

20251356c1

Genetics Consortium.

(1) The Florida Institute for Pediatric Rare Diseases is established within the Florida State University College of Medicine as a statewide resource for pediatric rare disease research and clinical care. The purpose of the institute is to improve the quality of life and health outcomes for children and families affected by rare diseases by advancing knowledge, diagnosis, and treatment of pediatric rare diseases through research, clinical care, education, and advocacy.

(2) The goals of the institute are to:

(a) Conduct research to better understand the causes, mechanisms, and potential treatments for pediatric rare diseases, including leveraging emerging research methods.

(b) Develop advanced diagnostic and genetic screening tools and techniques to enable health care providers to identify rare diseases in newborns and children more rapidly, accurately, and economically.

(c) Provide comprehensive multidisciplinary clinical services and care for children with rare diseases. Such care may include, but is not limited to, patient, family, and caregiver support and resources to help navigate the challenges associated with these conditions, support groups, and patient advocacy.

(d) Educate and train health care professionals, including, but not limited to, genetic counselors, pediatricians, scientists, and other specialists in the field of pediatric rare diseases.

(e) Establish collaborations with other research institutions, medical centers, patient and family advocacy organizations, and government agencies whenever deemed

Page 2 of 6

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

589-02481-25

20251356c1

59 appropriate by the institute director to share expertise, raise
 60 awareness, and promote a collective effort to tackle pediatric
 61 rare diseases.

62 (3) (a) The institute shall establish and administer the
 63 Sunshine Genetics Pilot Program to be administered for a period
 64 of 5 years. The pilot program shall provide newborn genetic
 65 screening, including, but not limited to, whole genome
 66 sequencing. Genetic screening shall be performed by the
 67 institute and institutional members of the oversight board upon
 68 approval of the oversight board.

69 (b) The institute may establish partnerships with Florida
 70 universities and colleges and health care service providers to
 71 promote and assist in the implementation of the pilot program.

72 (c) The pilot program shall be an opt-in program and a
 73 parent of a newborn must provide consent to participate in the
 74 pilot program.

75 (d) The institute and institutional members of the
 76 oversight board shall release clinical findings of a newborn's
 77 screening to the newborn's health care practitioner and the
 78 newborn's parent. As used in this paragraph, the term "health
 79 care practitioner" means a physician or physician assistant
 80 licensed under chapter 458; an osteopathic physician or
 81 physician assistant licensed under chapter 459; an advanced
 82 practice registered nurse, registered nurse, or licensed
 83 practical nurse licensed under part I of chapter 464; a midwife
 84 licensed under chapter 467; a speech-language pathologist or
 85 audiologist licensed under part I of chapter 468; a dietitian or
 86 nutritionist licensed under part X of chapter 468; or a genetic
 87 counselor licensed under part III of chapter 483.

Page 3 of 6

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

589-02481-25

20251356c1

88 (e) The institute shall:

89 1. Maintain a secure database to collect and store all
 90 pilot program data, including, but not limited to, newborn
 91 genomics sequence data and deidentified newborn data.

92 2. Provide deidentified newborn data to members of the
 93 consortium pursuant to a data sharing agreement to support
 94 ongoing and future research.

95 (f) By December 1, 2030, the institute shall provide a
 96 report on the Sunshine Genetics Pilot Program to the Governor,
 97 the President of the Senate, and the Speaker of the House of
 98 Representatives. The report must include, at a minimum:

99 1. Study population and enrollment metrics.

100 2. Whole genome sequencing metrics.

101 3. Clinical and public health impact.

102 4. Cost effectiveness and economic benefits.

103 (4) (a) The Sunshine Genetics Consortium is established to
 104 create a network of clinical and academic research
 105 professionals, geneticists, and physicians from state
 106 universities and the state's children's hospitals to collaborate
 107 with leaders in the genetic industry and build and support a
 108 culture of collaborative research and the development of cutting
 109 edge genetic and precision medicine in the state. The consortium
 110 shall:

111 1. Integrate state-of-the-art genomic sequencing
 112 technologies.

113 2. Advance research and the development of cutting edge
 114 genetic and precision medicine.

115 3. Leverage advancements in artificial intelligence
 116 utilization in genomics.

Page 4 of 6

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

589-02481-25

20251356c1

- 117 4. Develop educational opportunities for clinicians on
 118 genomic tools.
- 119 5. Support the growth and education of geneticists to meet
 120 demand.
- 121 6. Solicit and leverage funds from nonprofits, private
 122 industry, and others for the purpose of expanding the Sunshine
 123 Genetics Pilot Program and to support genetic screenings by
 124 institutional members of the oversight board.
- 125 7. Promote patient care that supports families with
 126 children diagnosed with genetic disorders.
- 127 8. Report on the use of deidentified newborn data by
 128 members of the consortium.
- 129 (b)1. The consortium shall be administered at the institute
 130 by an oversight board. The board shall convene at least once
 131 every 6 months.
- 132 2. The oversight board for the consortium shall consist of
 133 the director of the institute who shall serve as chair and the
 134 following voting members who shall serve 2-year terms:
- 135 a. One member nominated by the dean of the University of
 136 Florida's College of Medicine and approved by the university's
 137 president.
- 138 b. One member nominated by the dean of the University of
 139 South Florida's College of Medicine and approved by the
 140 university's president.
- 141 c. One member nominated by the dean of the University of
 142 Miami's School of Medicine and approved by the university's
 143 president.
- 144 d. One member appointed by the Governor.
- 145 e. One member appointed by the President of the Senate.

Page 5 of 6

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

589-02481-25

20251356c1

- 146 f. One member appointed by the Speaker of the House of
 147 Representatives.
- 148 3. The board shall be responsible for the promotion and
 149 oversight of the consortium, including, but not limited to, the
 150 nomination and appointment of members of the consortium.
- 151 (c) Beginning October 15, 2026, and annually thereafter,
 152 the consortium shall provide a report to the Governor, the
 153 President of the Senate, and the Speaker of the House of
 154 Representatives on research projects, research findings,
 155 community outreach initiatives, and future plans for the
 156 consortium.
- 157 Section 2. For the 2025-2026 fiscal year, the sum of \$5
 158 million in recurring funds is appropriated from the General
 159 Revenue Fund to the Florida Institute for Pediatric Rare
 160 Diseases.
- 161 Section 3. For the 2025-2026 fiscal year, the sum of \$20
 162 million in nonrecurring funds is appropriated from the General
 163 Revenue Fund to the Florida Institute for Pediatric Rare
 164 Diseases for the implementation of the Sunshine Genetics Pilot
 165 Program established in s. 1004.4211, Florida Statutes.
- 166 Section 4. This act shall take effect July 1, 2025.

Page 6 of 6

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

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1370

INTRODUCER: Senator Trumbull

SUBJECT: Ambulatory Surgical Centers

DATE: March 25, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Barr</u>	<u>McKnight</u>	<u>AHS</u>	Pre-meeting
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 1370 amends numerous sections of the Florida Statutes to remove regulation of ambulatory surgical centers (ASC) from Part I of ch. 395, F.S., which currently houses regulations for both ASCs and hospitals, and creates a new chapter, ch. 396, F.S., specific to the regulation of ASCs. The bill also specifies that it is the intent of the Legislature to bifurcate all fees and public records exemptions related to ASCs established in ch. 395, F.S., and transfer those fees to, and preserve such public records exemptions under, ch. 396, F.S.

This bill has no fiscal impact on state revenues or expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

II. Present Situation:

Ambulatory Surgical Centers

An ambulatory surgical center (ASC) is a licensed health care facility that is not part of a hospital and has the primary purpose of providing elective surgical care. A patient is admitted to and discharged from the facility within 24 hours.¹ ASCs are required to be licensed by the Agency for Health Care Administration (AHCA) and may choose to be Medicare certified and/or accredited.²

¹ Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

² *Id.*

Licensure

ASCs are licensed and regulated under ch. 395, F.S., by the AHCA under the same regulatory framework as hospitals.³ Applicants for ASC licensure are required to submit certain information to the AHCA prior to accepting patients for care or treatment, including:

- An affidavit of compliance with fictitious name;
- Registration of articles of incorporation; and
- The applicant's zoning certificate or proof of compliance with zoning requirements.⁴

Upon receipt of an initial ASC application, the AHCA is required to conduct a survey to determine compliance with all laws and rules. Applicants are required to provide certain information during the initial inspection, including:

- Governing body bylaws, rules, and regulations;
- Medical staff bylaws, rules, and regulations;
- A roster of medical staff members;
- A roster of registered nurses and licensed practical nurses with current license numbers;
- A nursing procedure manual;
- A fire plan; and
- A comprehensive emergency management plan.⁵

The licensure fee is \$1,679.82 and the survey/inspection fee is \$400.⁶ Currently there are 532 licensed ASCs in Florida.⁷ In 2023, ASCs were visited by patients for outpatient services 3,205,371 times which equals 53.6 percent of all outpatient visits in Florida.⁸

Accreditation

If an ASC chooses to become accredited by an organization recognized by the AHCA, including the Accreditation Association for Ambulatory Health Care, the QUAD A, the Accreditation Commission for Health Care, or the Joint Commission, the ASC may be deemed to be in compliance with state licensure and certification requirements. Deemed ASCs are not scheduled for routine on-site licensure or recertification surveys, although periodic Life Safety Code inspections are still required. Facilities must provide a complete copy of the most recent survey report indicating continuation as an accredited facility in lieu of inspections. The survey report should include correspondence from the accrediting organization containing:

- The dates of the survey,
- Any citations to which the accreditation organization requires a response,
- A response to each citation,
- The effective date of accreditation,

³ Sections 395.001-395.1065, F.S., and part II, ch. 408, F.S.

⁴ Fla. Admin. Code R. 59A-5.003(4) (2019)

⁵ Fla. Admin. Code R. 59A-5.003(5) (2019)

⁶ Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

⁷ Florida Health Finder report, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch>, (last visited Mar. 13, 2025).

⁸ Ambulatory (outpatient) Surgery Query Results, Florida Health Finder, available at <https://quality.healthfinder.fl.gov/QueryTool/QTRResults#>, (last visited Mar. 13, 2025).

- Any follow-up reports, and
- Verification of Medicare (CMS) deemed status, if applicable.

Facilities no longer accredited or granted accreditation status other than accredited, or fail to submit the requested documentation, will be scheduled for annual licensure or recertification surveys to be conducted by AHCA field office staff.⁹

Licensure Requirements

Pursuant to s. 395.1055, F.S., the AHCA is authorized to adopt rules for hospitals and ASCs. Separate standards may be provided for general and specialty hospitals, ASCs, mobile surgical facilities, and statutory rural hospitals, but the rules for all hospitals and ASCs are required to include minimum standards for ensuring that:

- A sufficient number of qualified types of personnel and occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards.

Rule 59A-5 of the Florida Administrative Code implements the minimum standards for ASCs. Those rules require policies and procedures to ensure the protection of patient rights.

Staff and Personnel Rules

ASCs are required to have written policies and procedures for surgical services, anesthesia services, nursing services, pharmaceutical services, laboratory services, and radiologic services. In providing these services, ACSs are required to have certain professional staff available, including:

- A qualified person responsible for the daily functioning and maintenance of the surgical suite;
- An anesthesiologist or other physician, or a certified registered nurse anesthetist under the on-site medical direction of a licensed physician, or an anesthesiologist assistant under the direct supervision of an anesthesiologist, who must be in the center during the anesthesia and post-anesthesia recovery period until all patients are cleared for discharge;
- A registered professional nurse who is responsible for coordinating and supervising all nursing services;
- A registered professional circulating nurse for a patient during that patient's surgical procedure; and
- A registered professional nurse who must be in the recovery area at all times when a patient is present.¹⁰

⁹ Agency for Health Care Administration, Ambulatory Surgical Center, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/ambulatory-surgical-center>, (last visited Mar. 13, 2025).

¹⁰ Fla. Admin. Code R. 59A-5.0085 (2021)

Infection Control Program

ASCs are required to establish an infection control program involving members of the medical, nursing, and administrative staff. The program must include written policies and procedures reflecting the scope of the infection control program. The written policies and procedures must be reviewed at least every two years by the infection control program members. The infection control program must include:

- Surveillance, prevention, and control of infection among patients and personnel;
- A system for identifying, reporting, evaluating, and maintaining records of infections;
- Ongoing review and evaluation of aseptic, isolation, and sanitation techniques employed by the ASC; and
- Development and coordination of training programs in infection control for all personnel.¹¹

Emergency Management Plan

ASCs are required to develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency. The ASC must review the plan and update it annually.¹²

Medicare Requirements

ASCs are required to have an agreement with the federal Centers for Medicare & Medicaid Services (CMS) to participate in Medicare. ASCs are also required to comply with specific conditions for coverage. The CMS defines “ASC” as any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and for whom the expected duration of services would not exceed 24 hours following an admission.¹³

The CMS may deem an ASC to be in compliance with all of the conditions for coverage if the ASC is accredited by a national accrediting body or licensed by a state agency and if the CMS determines that such accreditation or licensure provides reasonable assurance that the conditions for coverage are met.¹⁴ All CMS conditions for coverage requirements are specifically required in Rule 59A-5 of the Florida Administrative Code and apply to all ASCs in Florida. The conditions for coverage require ASCs to have a:

- Governing body that assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC’s total operation;
- Quality assessment and performance improvement program;
- Transfer agreement with one or more acute care general hospitals, which will admit any patient referred who requires continuing care;
- Disaster preparedness plan;
- Organized medical staff;
- Fire control plan;
- Sanitary environment;
- Infection control program; and

¹¹ Fla. Admin. Code R. 59A-5.011 (2016)

¹² Fla. Admin. Code R. 59A-5.018 (2014)

¹³ 42 C.F.R. s. 416.2

¹⁴ 42 C.F.R. s. 416.26(a)(1)

- Procedure for patient admission, assessment and discharge.

III. Effect of Proposed Changes:

Section 1 creates ch. 396, F.S., consisting of ss. 396.201-396.225, F.S., entitled “Ambulatory Surgical Centers.”

Sections 2 through 25 duplicate provisions from Part I of ch. 395, F.S., as necessary to create substantively identical requirements for ambulatory surgery centers (ASC) in the newly created ch. 396, F.S.

Sections 26 through 76 amend provisions in part I of ch. 395, F.S., as well as multiple other sections of the Florida Statutes, to remove the regulation of ASCs from Part I of ch. 395, F.S., and make conforming changes.

Section 77 provides that it is the intent of the Legislature to bifurcate all fees applicable to ASCs authorized and imposed under ch. 395, F.S., and transfer them to ch. 396, F.S. The Agency for Health Care Administration is authorized to maintain its current fees for ASCs and may adopt rules to codify such fees in rule to conform to changes made by the bill. Additionally, the bill specifies that it is the intent of the Legislature to bifurcate any exemptions from public records and public meetings requirements applicable to ASCs under ch. 395, F.S., and preserve such exemptions under ch. 396, F.S.

Section 78 provides that the bill takes effect July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

The bill creates a new chapter of the Florida Statutes specific to the regulation of ambulatory surgical centers (ASC) and removes ASC regulation from ch. 395, F.S., where it is currently housed. As such, many other statutes are required to be amended to make conforming changes to refer to ch. 396, F.S., rather than ch. 395, F.S. As drafted, the bill includes some of the necessary conforming changes but does not amend numerous other statutes that reference ch. 395, F.S., and include both ASCs and hospitals. Such additional statutes should be amended to conform to the changes made by the bill.

Additionally, the Agency for Health Care Regulation has raised several technical issues with the bill including citing multiple incorrect cross-references and several places in which not cross-referencing ch. 396, F.S., may inadvertently leave out ASCs from exemptions or regulations that are necessary for ASCs.¹⁵

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.145, 383.50, 385.211, 390.011, 394.4787, 395.001, 395.002, 395.003, 395.1055, 395.10973, 395.3025, 395.607, 395.701, 400.518, 400.93, 400.9935, 401.272, 408.051, 408.07, 408.802, 408.820, 409.905, 409.906, 409.975, 456.041, 456.053, 456.056, 458.3145, 458.320, 458.351, 459.0085, 459.026, 465.0125, 468.505, 627.351, 627.357, 627.6056, 627.6405, 627.64194, 627.6616, 627.736, 627.912, 765.101, 766.101, 766.110, 766.1115, 766.118, 766.202, 766.316, 812.014, 945.6041, and 985.6441.

This bill creates the following sections of the Florida Statutes: 396.201, 396.202, 396.203, 396.204, 396.205, 396.206, 396.207, 396.208, 396.209, 396.211, 396.212, 396.213, 396.214, 396.215, 396.216, 396.217, 396.218, 396.219, 396.221, 396.222, 396.223, 396.224, and 396.225.

¹⁵ Agency for Health Care Administration, *Senate Bill 1730 Analysis* (Mar. 7, 2025)(on file with the Senate Appropriations Committee on Health and Human Services.)

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Trumbull

2-01226-25

20251370__

1 A bill to be entitled
 2 An act relating to ambulatory surgical centers;
 3 creating ch. 396, F.S., to be entitled "Ambulatory
 4 Surgical Centers"; creating s. 396.201, F.S.;
 5 providing legislative intent; creating s. 396.202,
 6 F.S.; defining terms; creating s. 396.203, F.S.;
 7 providing requirements for issuance, denial,
 8 suspension, and revocation of ambulatory surgical
 9 center licenses; creating s. 396.204, F.S.; providing
 10 for application fees; creating s. 396.205, F.S.;
 11 providing requirements for specified clinical and
 12 diagnostic results as a condition for issuance or
 13 renewal of a license; creating s. 396.206, F.S.;
 14 requiring the Agency for Health Care Administration to
 15 make or cause to be made specified inspections of
 16 licensed facilities; authorizing the agency to accept
 17 surveys or inspections from certain accrediting
 18 organizations in lieu of its own periodic inspections,
 19 provided certain conditions are met; requiring the
 20 agency to develop and adopt by rule certain criteria;
 21 requiring an applicant or a licensee to pay certain
 22 fees at the time of inspection; requiring the agency
 23 to coordinate periodic inspections to minimize costs
 24 and disruption of services; creating s. 396.207, F.S.;
 25 requiring each licensed facility to maintain and
 26 provide upon request records of all inspection reports
 27 pertaining to that facility; providing that such
 28 reports be retained for a specified timeframe;
 29 prohibiting the distribution of specified records;

Page 1 of 108

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

2-01226-25

20251370__

30 requiring a licensed facility to provide a copy of its
 31 most recent inspection report to certain parties upon
 32 request; providing for a charge for such copies;
 33 creating s. 396.208, F.S.; providing that specified
 34 provisions govern the design, construction, erection,
 35 alteration, modification, repair, and demolition of
 36 licensed facilities; requiring the agency to review
 37 facility plans and survey the construction of licensed
 38 facilities; authorizing the agency to conduct certain
 39 inspections and investigations; authorizing the agency
 40 to adopt certain rules; requiring the agency to
 41 approve or disapprove facility plans and
 42 specifications within a specified timeframe; providing
 43 an extension under certain circumstances; deeming a
 44 facility plan or specification approved if the agency
 45 fails to act within the specified timeframe; requiring
 46 the agency to set forth in writing its reasons for any
 47 disapprovals; authorizing the agency to charge and
 48 collect specified fees; creating s. 396.209, F.S.;
 49 prohibiting any person from paying or receiving a
 50 commission, bonus, kickback, or rebate for referring a
 51 patient to a licensed facility; requiring agency
 52 enforcement; providing administrative penalties;
 53 creating s. 396.211, F.S.; providing facility
 54 requirements for considering and acting upon
 55 applications for staff membership and clinical
 56 privileges at a licensed facility; requiring a
 57 licensed facility to establish rules and procedures
 58 for consideration of such applications; specifying

Page 2 of 108

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

2-01226-25

20251370__

59 requirements for such rules and procedures; providing
 60 for the termination of clinical privileges for
 61 physician assistants under certain circumstances;
 62 requiring a licensed facility to make available
 63 specified membership or privileges to physicians under
 64 certain circumstances; providing construction;
 65 requiring the governing board of a licensed facility
 66 to set standards and procedures to be applied in
 67 considering and acting upon applications; providing
 68 that such standards and procedures must be made
 69 available for public inspection; requiring a licensed
 70 facility to provide an applicant with reasons for
 71 denial within a specified timeframe; providing
 72 immunity from monetary liability to certain persons
 73 and entities; providing that investigations,
 74 proceedings, and records produced or acquired by the
 75 governing board or its agent are not subject to
 76 discovery or introduction into evidence in certain
 77 proceedings under certain circumstances; providing for
 78 the award of specified fees and costs; requiring
 79 applicants who bring an action against a review team
 80 to post a bond or other security in a certain amount,
 81 as set by the court; creating s. 396.212, F.S.;

82 providing legislative intent; requiring licensed
 83 facilities to provide for peer review of certain
 84 physicians and develop procedures to conduct such
 85 reviews; providing requirements for such procedures;
 86 providing grounds for peer review and reporting
 87 requirements; providing immunity from monetary

Page 3 of 108

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

2-01226-25

20251370__

88 liability to certain persons and entities; providing
 89 construction; providing administrative penalties;
 90 providing that certain proceedings and records of peer
 91 review panels, committees, and governing boards or
 92 agents thereof are exempt from public record
 93 requirements and are not subject to discovery or
 94 introduction into evidence in certain proceedings;
 95 prohibiting persons in attendance at certain meetings
 96 from testifying in certain civil or administrative
 97 actions; providing construction; providing for the
 98 award of specified fees and costs; requiring persons
 99 who bring an action against a review team to post a
 100 bond or other security in a certain amount, as set by
 101 the court; creating s. 396.213, F.S.; requiring
 102 licensed facilities to establish an internal risk
 103 management program; providing requirements for such
 104 program; providing that the governing board of the
 105 licensed facility is responsible for the program;
 106 requiring licensed facilities to hire a risk manager;
 107 providing requirements for such risk manager;
 108 encouraging licensed facilities to implement certain
 109 innovative approaches; requiring licensed facilities
 110 to report specified information annually to the
 111 Department of Health; requiring the agency and the
 112 department to include certain statistical information
 113 in their respective annual reports; requiring the
 114 agency to adopt certain rules relating to internal
 115 risk management programs; defining the term "adverse
 116 incident"; requiring licensed facilities to report

Page 4 of 108

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

2-01226-25

20251370__

117 specified information annually to the agency;
 118 requiring the agency to review the reported
 119 information and make certain determinations; providing
 120 that the reported information is exempt from public
 121 record requirements and is not discoverable or
 122 admissible in civil or administrative actions, with
 123 exceptions; requiring licensed facilities to report
 124 certain adverse incidents to the agency within a
 125 specified timeframe; authorizing the agency to grant
 126 extensions to the reporting requirement under certain
 127 circumstances and subject to certain conditions;
 128 providing that such reports are exempt from public
 129 records requirements and are not discoverable or
 130 admissible in civil an administrative actions, with
 131 exceptions; authorizing the agency to investigate
 132 reported adverse incidents and prescribe response
 133 measures; requiring the agency to review adverse
 134 incidents and make certain determinations; requiring
 135 the agency to publish certain reports and summaries
 136 within certain timeframes on its website; providing a
 137 purpose; providing certain investigative and reporting
 138 requirements for internal risk managers relating to
 139 the investigation and reporting of allegations of
 140 sexual misconduct or sexual abuse at licensed
 141 facilities; specifying requirements for witnesses to
 142 such allegations; defining the term "sexual abuse";
 143 providing criminal penalties for making a false
 144 allegation of sexual misconduct; requiring the agency
 145 to require a written plan of correction from the

2-01226-25

20251370__

146 licensed facility for certain violations; requiring
 147 licensed facilities to provide the agency with all
 148 access to the facility records it needs for specified
 149 purposes; providing that such records obtained by the
 150 agency are exempt from public record requirements and
 151 are not discoverable or admissible in civil and
 152 administrative actions, with exceptions; providing an
 153 exemption from public meeting and record requirements
 154 for certain meetings of the committees and governing
 155 board of a licensed facility; requiring the agency to
 156 review the internal risk management program of each
 157 licensed facility as part of its licensure review
 158 process; providing risk managers with immunity from
 159 monetary and civil liability in certain proceedings
 160 under certain circumstances; providing immunity from
 161 civil liability to risk managers and licensed
 162 facilities in certain actions, with an exception;
 163 requiring the agency to report certain investigative
 164 results to the applicable regulatory board;
 165 prohibiting intimidation of a risk manager; providing
 166 for civil penalties; creating s. 396.214, F.S.;
 167 requiring licensed facilities to comply with specified
 168 requirements for the transportation of biomedical
 169 waste; creating s. 396.215, F.S.; requiring licensed
 170 facilities to adopt a patient safety plan, appoint a
 171 patient safety officer, and conduct a patient safety
 172 culture survey at least biennially; providing
 173 requirements for such survey; requiring that survey
 174 data be submitted to the agency in a certain format;

2-01226-25

20251370__

175 authorizing licensed facilities to develop an internal
 176 action plan for a certain purpose; creating s.
 177 396.216, F.S.; requiring licensed facilities to adopt
 178 specified protocols for the treatment of victims of
 179 child abuse, abandonment, or neglect; requiring
 180 licensed facilities to submit a copy of such protocols
 181 to the agency and the Department of Children and
 182 Families; providing for administrative penalties;
 183 creating s. 396.217, F.S.; providing requirements for
 184 notifying patients about adverse incidents; providing
 185 construction; creating s. 396.218, F.S.; requiring the
 186 agency to adopt specified rules relating to minimum
 187 standards for licensed facilities; providing
 188 construction; providing that certain licensed
 189 facilities have a specified timeframe in which to
 190 comply with any newly adopted agency rules; preempting
 191 the adoption of certain rules to the Florida Building
 192 Commission and the State Fire Marshal; creating s.
 193 396.219, F.S.; providing criminal and administrative
 194 penalties; authorizing the agency to impose an
 195 immediate moratorium on elective admissions to any
 196 licensed facility under certain circumstances;
 197 creating s. 396.221, F.S.; providing powers and duties
 198 of the agency; creating s. 396.222, F.S.; requiring a
 199 licensed facility to provide timely and accurate
 200 financial information and quality of service measures
 201 to certain individuals; providing an exemption;
 202 requiring a licensed facility to make available on its
 203 website certain information on payments made to that

Page 7 of 108

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

2-01226-25

20251370__

204 facility for defined bundles of services and
 205 procedures and other information for consumers and
 206 patients; requiring that facility websites provide
 207 specified information and notify and inform patients
 208 or prospective patients of certain information;
 209 defining the terms "shoppable health care services"
 210 and "standard charge"; requiring a licensed facility
 211 to provide a written or an electronic good faith
 212 estimate of charges to a patient or prospective
 213 patient within a certain timeframe; specifying
 214 requirements for such estimates; requiring a licensed
 215 facility to provide information regarding financial
 216 assistance from the facility which may be available to
 217 a patient or a prospective patient; providing a civil
 218 penalty for failing to provide an estimate of charges
 219 to a patient; requiring licensed facilities to provide
 220 an itemized statement or bill to a patient or his or
 221 her survivor or legal guardian within a specified
 222 timeframe upon request and after discharge; specifying
 223 requirements for the statement or bill; requiring
 224 licensed facilities to make available certain records
 225 to the patient within a specified timeframe and in a
 226 specified manner; authorizing licensed facilities to
 227 charge fees in a specified amount for copies of such
 228 records; requiring licensed facilities to establish
 229 certain internal processes relating to itemized
 230 statements and bills and grievances; requiring
 231 licensed facilities to disclose certain information
 232 relating to the patient's cost-sharing obligation;

Page 8 of 108

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

2-01226-25

20251370__

233 providing an administrative penalty for failure to
 234 disclose such information; creating s. 396.223, F.S.;
 235 defining the term "extraordinary collection action";
 236 prohibiting certain collection actions by a licensed
 237 facility; creating s. 396.224, F.S.; prohibiting the
 238 fraudulent alteration, defacement, or falsification of
 239 medical records; providing criminal penalties and for
 240 disciplinary action; creating s. 396.225, F.S.;
 241 providing requirements for appropriate disclosure of
 242 patient records; specifying authorized charges for
 243 copies of such records; providing for confidentiality
 244 of patient records; providing exceptions; authorizing
 245 the department to examine certain records for certain
 246 purposes; providing criminal penalties; providing
 247 content and use requirements for patient records;
 248 requiring a licensed facility to furnish, in a timely
 249 manner, a true and correct copy of all patient records
 250 to certain persons; providing exemptions from public
 251 records requirements for specified personal
 252 information relating to employees of licensed
 253 facilities who provide direct patient care or security
 254 services and their spouses and children, and for
 255 specified personal information relating to other
 256 employees of licensed facilities and their spouses and
 257 children upon their request; amending ss. 383.145,
 258 383.50, 385.211, 390.011, 394.4787, 395.001, 395.002,
 259 395.003, 395.1055, 395.10973, 395.3025, 395.607,
 260 395.701, 400.518, 400.93, 400.9935, 401.272, 408.051,
 261 408.07, 408.802, 408.820, 409.905, 409.906, 409.975,

Page 9 of 108

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

2-01226-25

20251370__

262 456.041, 456.053, 456.056, 458.3145, 458.320, 458.351,
 263 459.0085, 459.026, 465.0125, 468.505, 627.351,
 264 627.357, 627.6056, 627.6405, 627.64194, 627.6616,
 265 627.736, 627.912, 765.101, 766.101, 766.110, 766.1115,
 266 766.118, 766.202, 766.316, 812.014, 945.6041, and
 267 985.6441, F.S.; conforming cross-references and
 268 provisions to changes made by the act; bifurcating
 269 fees applicable to ambulatory surgical centers under
 270 ch. 395, F.S., and transferring them to ch. 396, F.S.;
 271 authorizing the agency to maintain its current fees
 272 for ambulatory surgical centers and adopt certain
 273 rules; bifurcating public records and public meetings
 274 exemptions applicable to ambulatory surgical centers
 275 under ch. 395, F.S., and preserving them under ch.
 276 396, F.S.; providing an effective date.

277
 278 Be It Enacted by the Legislature of the State of Florida:

279
 280 Section 1. Chapter 396, Florida Statutes, consisting of ss.
 281 396.201-396.225, Florida Statutes, is created and entitled
 282 "Ambulatory Surgical Centers."

283 Section 2. Section 396.201, Florida Statutes, is created to
 284 read:

285 396.201 Legislative intent.—It is the intent of the
 286 Legislature to provide for the protection of public health and
 287 safety in the establishment, construction, maintenance, and
 288 operation of ambulatory surgical centers by providing for
 289 licensure of the same and for the development, establishment,
 290 and enforcement of minimum standards with respect thereto.

Page 10 of 108

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

2-01226-25 20251370__

291 Section 3. Section 396.202, Florida Statutes, is created to
292 read:

293 396.202 Definitions.—As used in this chapter, the term:
294 (1) “Accrediting organization” means a national accrediting
295 organization approved by the Centers for Medicare and Medicaid
296 Services whose standards incorporate comparable licensure
297 regulations required by this state.

298 (2) “Agency” means the Agency for Health Care
299 Administration.

300 (3) “Ambulatory surgical center” means a facility, the
301 primary purpose of which is to provide elective surgical care,
302 in which the patient is admitted to and discharged from such
303 facility within 24 hours, and which is not part of a hospital.
304 The term does not include a facility existing for the primary
305 purpose of performing terminations of pregnancy, an office
306 maintained by a physician for the practice of medicine, or an
307 office maintained for the practice of dentistry, except that
308 that any such facility or office that is certified or seeks
309 certification as a Medicare ambulatory surgical center must be
310 licensed as an ambulatory surgical center under this chapter.

311 (4) “Biomedical waste” has the same meaning as provided in
312 s. 381.0098(2).

313 (5) “Clinical privileges” means the privileges granted to a
314 physician or other licensed health care practitioner to render
315 patient care services in a hospital, but does not include the
316 privilege of admitting patients.

317 (6) “Department” means the Department of Health.

318 (7) “Director” means any member of the official board of
319 directors as reported in the organization’s annual corporate

2-01226-25 20251370__

320 report to the Department of State or, if no such report is made,
321 any member of the operating board of directors. The term does
322 not include members of separate, restricted boards who serve
323 only in an advisory capacity to the operating board.

324 (8) “Licensed facility” means an ambulatory surgical center
325 licensed under this chapter.

326 (9) “Lifesafety” means the control and prevention of fire
327 and other life-threatening conditions on a premises for the
328 purpose of preserving human life.

329 (10) “Managing employee” means the administrator or other
330 similarly titled individual who is responsible for the daily
331 operation of the licensed facility.

332 (11) “Medical staff” means physicians licensed under
333 chapter 458 or chapter 459 with privileges in a licensed
334 facility, as well as other licensed health care practitioners
335 with clinical privileges as approved by a licensed facility’s
336 governing board.

337 (12) “Person” means any individual, partnership,
338 corporation, association, or governmental unit.

339 (13) “Validation inspection” means an inspection of the
340 premises of a licensed facility by the agency to assess whether
341 a review by an accrediting organization has adequately evaluated
342 the licensed facility according to minimum state standards.

343 Section 4. Section 396.203, Florida Statutes, is created to
344 read:

345 396.203 Licensure; denial, suspension, and revocation.—

346 (1)(a) The requirements of part II of chapter 408 apply to
347 the provision of services that require licensure pursuant to ss.
348 396.201-396.225 and part II of chapter 408 and to entities

2-01226-25 20251370__

349 licensed by or applying for such licensure from the Agency for
 350 Health Care Administration pursuant to ss. 396.201-396.225. A
 351 license issued by the agency is required in order to operate an
 352 ambulatory surgical center in this state.

353 (b)1. It is unlawful for a person to use or advertise to
 354 the public, in any way or by any medium whatsoever, any facility
 355 as an "ambulatory surgical center" unless such facility has
 356 first secured a license under this chapter.

357 2. This chapter does not apply to veterinary hospitals or
 358 to commercial business establishments using the word "hospital"
 359 or "ambulatory surgical center" as a part of a trade name if no
 360 treatment of human beings is performed on the premises of such
 361 establishments.

362 (2) In addition to the requirements in part II of chapter
 363 408, the agency shall, at the request of a licensee, issue a
 364 single license to a licensee for facilities located on separate
 365 premises. Such a license shall specifically state the location
 366 of the facilities, the services, and the licensed beds available
 367 on each separate premises. If a licensee requests a single
 368 license, the licensee shall designate which facility or office
 369 is responsible for receipt of information, payment of fees,
 370 service of process, and all other activities necessary for the
 371 agency to implement this chapter.

372 (3) In addition to the requirements of s. 408.807, after a
 373 change of ownership has been approved by the agency, the
 374 transferee shall be liable for any liability to the state,
 375 regardless of when identified, resulting from changes to
 376 allowable costs affecting provider reimbursement for Medicaid
 377 participation or Public Medical Assistance Trust Fund

2-01226-25 20251370__

378 Assessments, and related administrative fines.

379 (4) An ambulatory surgical center must comply with ss.
 380 627.64194 and 641.513 as a condition of licensure.

381 (5) In addition to the requirements of part II of chapter
 382 408, whenever the agency finds that there has been a substantial
 383 failure to comply with the requirements established under this
 384 chapter or in rules, the agency is authorized to deny, modify,
 385 suspend, and revoke:

386 (a) A license;

387 (b) That part of a license which is limited to a separate
 388 premises, as designated on the license; or

389 (c) Licensure approval limited to a facility, building, or
 390 portion thereof, or a service, within a given premises.

391 Section 5. Section 396.204, Florida Statutes, is created to
 392 read:

393 396.204 Application for license; fees.—In accordance with
 394 s. 408.805, an applicant or a licensee shall pay a fee for each
 395 license application submitted under this chapter, part II of
 396 chapter 408, and applicable rules. The amount of the fee shall
 397 be established by rule. The license fee required of a facility
 398 licensed under this chapter shall be established by rule except
 399 that the minimum license fee shall be \$1,500.

400 Section 6. Section 396.205, Florida Statutes, is created to
 401 read:

402 396.205 Minimum standards for clinical laboratory test
 403 results and diagnostic X-ray results; prerequisite for issuance
 404 or renewal of license.—

405 (1) As a requirement for issuance or renewal of its
 406 license, each licensed facility shall require that all clinical

2-01226-25

20251370__

407 laboratory tests performed by or for the licensed facility be
 408 performed by a clinical laboratory appropriately certified by
 409 the Centers for Medicare and Medicaid Services under the federal
 410 Clinical Laboratory Improvement Amendments and the federal rules
 411 adopted thereunder.

412 (2) Each licensed facility, as a requirement for issuance
 413 or renewal of its license, shall establish minimum standards for
 414 acceptance of results of diagnostic X rays performed by or for
 415 the licensed facility. Such standards shall require licensure or
 416 registration of the source of ionizing radiation under chapter
 417 404.

418 (3) The results of clinical laboratory tests and diagnostic
 419 X rays performed before admission which meet the minimum
 420 standards required by law shall be accepted in lieu of routine
 421 examinations required upon admission and in lieu of clinical
 422 laboratory tests and diagnostic X rays which may be ordered by a
 423 physician for patients of the licensed facility.

424 Section 7. Section 396.206, Florida Statutes, is created to
 425 read:

426 396.206 Licensure inspection.—

427 (1) In addition to the requirement of s. 408.811, the
 428 agency shall make or cause to be made such inspections and
 429 investigations as it deems necessary, including, but not limited
 430 to, all of the following:

431 (a) Inspections directed by the Centers for Medicare and
 432 Medicaid Services.

433 (b) Validation inspections.

434 (c) Lifesafety inspections.

435 (d) Licensure complaint investigations, including full

2-01226-25

20251370__

436 licensure investigations with a review of all licensure
 437 standards as outlined in the administrative rules. Complaints
 438 received by the agency from individuals, organizations, or other
 439 sources are subject to review and investigation by the agency.

440 (e) Emergency access complaint investigations.

441 (2) The agency shall accept, in lieu of its own periodic
 442 inspections for licensure, the survey or inspection of an
 443 accrediting organization, provided that the accreditation of the
 444 licensed facility is not provisional and provided that the
 445 licensed facility authorizes release of, and the agency receives
 446 the report of, the accrediting organization. The agency shall
 447 develop, and adopt by rule, criteria for accepting survey
 448 reports of accrediting organizations in lieu of conducting a
 449 state licensure inspection.

450 (3) In accordance with s. 408.805, an applicant or a
 451 licensee shall pay a fee for each license application submitted
 452 under this chapter, part II of chapter 408, and applicable
 453 rules. With the exception of state-operated licensed facilities,
 454 each facility licensed under this chapter shall pay to the
 455 agency, at the time of inspection, the following fees:

456 (a) Inspection for licensure.—A fee of at least \$400 per
 457 facility.

458 (b) Inspection for lifesafety only.—A fee of at least \$40
 459 per facility.

460 (4) The agency shall coordinate all periodic inspections
 461 for licensure made by the agency to ensure that the cost to the
 462 facility of such inspections and the disruption of services by
 463 such inspections are minimized.

464 Section 8. Section 396.207, Florida Statutes, is created to

2-01226-25

20251370__

465 read:

466 396.207 Inspection reports.—

467 (1) Each licensed facility shall maintain as public
 468 information, available upon request, records of all inspection
 469 reports pertaining to that facility. Copies of such reports
 470 shall be retained in its records for at least 5 years after the
 471 date the reports are filed and issued.

472 (2) Any records, reports, or documents which are
 473 confidential and exempt from s. 119.07(1) may not be distributed
 474 or made available for purposes of compliance with this section
 475 unless or until such confidential status expires.

476 (3) A licensed facility shall, upon the request of any
 477 person who has completed a written application with intent to be
 478 admitted to such facility, any person who is a patient of such
 479 facility, or any relative, spouse, guardian, or surrogate of any
 480 such person, furnish to the requester a copy of the last
 481 inspection report filed with or issued by the agency pertaining
 482 to the licensed facility, as provided in subsection (1),
 483 provided that the person requesting such report agrees to pay a
 484 reasonable charge to cover copying costs, not to exceed \$1 per
 485 page.

486 Section 9. Section 396.208, Florida Statutes, is created to
 487 read:

488 396.208 Construction inspections; plan submission and
 489 approval; fees.—

490 (1)(a) The design, construction, erection, alteration,
 491 modification, repair, and demolition of all licensed health care
 492 facilities are governed by the Florida Building Code and the
 493 Florida Fire Prevention Code under ss. 553.73 and 633.206. In

Page 17 of 108

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

2-01226-25

20251370__

494 addition to the requirements of ss. 553.79 and 553.80, the
 495 agency shall review facility plans and survey the construction
 496 of any facility licensed under this chapter. The agency shall
 497 make, or cause to be made, such construction inspections and
 498 investigations as it deems necessary. The agency may prescribe
 499 by rule that any licensee or applicant desiring to make
 500 specified types of alterations or additions to its facilities or
 501 to construct new facilities shall, before commencing such
 502 alteration, addition, or new construction, submit plans and
 503 specifications therefor to the agency for preliminary inspection
 504 and approval or recommendation with respect to compliance with
 505 applicable provisions of the Florida Building Code or agency
 506 rules and standards. The agency shall approve or disapprove the
 507 plans and specifications within 60 days after receipt of the fee
 508 for review of plans as required in subsection (2). The agency
 509 may be granted one 15-day extension for the review period if the
 510 director of the agency approves the extension. If the agency
 511 fails to act within the specified time, it shall be deemed to
 512 have approved the plans and specifications. When the agency
 513 disapproves plans and specifications, it shall set forth in
 514 writing the reasons for its disapproval. Conferences and
 515 consultations may be provided as necessary.

516 (b) All licensed facilities shall submit plans and
 517 specifications to the agency for review under this section.

518 (2) The agency may charge an initial fee of \$2,000 for
 519 review of plans and construction on all projects, no part of
 520 which is refundable. The agency may also collect a fee, not to
 521 exceed 1 percent of the estimated construction cost or the
 522 actual cost of review, whichever is less, for the portion of the

Page 18 of 108

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

2-01226-25 20251370__

523 review which encompasses initial review through the initial
 524 revised construction document review. The agency is further
 525 authorized to collect its actual costs on all subsequent
 526 portions of the review and construction inspections. The initial
 527 fee payment shall accompany the initial submission of plans and
 528 specifications. Any subsequent payment that is due is payable
 529 upon receipt of the invoice from the agency.

530 Section 10. Section 396.209, Florida Statutes, is created
 531 to read:

532 396.209 Rebates prohibited; penalties.-

533 (1) It is unlawful for any person to pay or receive any
 534 commission, bonus, kickback, or rebate or engage in any split-
 535 fee arrangement, in any form whatsoever, with any physician,
 536 surgeon, organization, or person, either directly or indirectly,
 537 for patients referred to a licensed facility.

538 (2) The agency shall enforce subsection (1). In the case of
 539 an entity not licensed by the agency, administrative penalties
 540 may include:

541 (a) A fine not to exceed \$1,000.

542 (b) If applicable, a recommendation by the agency to the
 543 appropriate licensing board that disciplinary action be taken.

544 Section 11. Section 396.211, Florida Statutes, is created
 545 to read:

546 396.211 Staff membership and clinical privileges.-

547 (1) A licensed facility, in considering and acting upon an
 548 application for staff membership or clinical privileges, may not
 549 deny the application of a qualified doctor of medicine licensed
 550 under chapter 458, a doctor of osteopathic medicine licensed
 551 under chapter 459, a doctor of dentistry licensed under chapter

2-01226-25 20251370__

552 466, a doctor of podiatric medicine licensed under chapter 461,
 553 or a psychologist licensed under chapter 490 for such staff
 554 membership or clinical privileges within the scope of his or her
 555 respective licensure solely because the applicant is licensed
 556 under any of such chapters.

557 (2) (a) Each licensed facility shall establish rules and
 558 procedures for consideration of an application for clinical
 559 privileges submitted by an advanced practice registered nurse
 560 licensed under part I of chapter 464, in accordance with this
 561 section. A licensed facility may not deny such application
 562 solely because the applicant is licensed under part I of chapter
 563 464 or because the applicant is not a participant in the Florida
 564 Birth-Related Neurological Injury Compensation Plan.

565 (b) An advanced practice registered nurse who is certified
 566 as a registered nurse anesthetist licensed under part I of
 567 chapter 464 may administer anesthesia under the onsite medical
 568 direction of a professional licensed under chapter 458, chapter
 569 459, or chapter 466, and in accordance with an established
 570 protocol approved by the medical staff. The medical direction
 571 shall specifically address the needs of the individual patient.

572 (c) Each licensed facility shall establish rules and
 573 procedures for consideration of an application for clinical
 574 privileges submitted by a physician assistant licensed pursuant
 575 to s. 458.347 or s. 459.022. Clinical privileges granted to a
 576 physician assistant pursuant to this subsection shall
 577 automatically terminate upon termination of staff membership of
 578 the physician assistant's supervising physician.

579 (3) When a licensed facility requires, as a precondition to
 580 obtaining staff membership or clinical privileges, the

2-01226-25 20251370__

581 completion of, eligibility in, or graduation from any program or
 582 society established by or relating to the American Medical
 583 Association or the Liaison Committee on Graduate Medical
 584 Education, the licensed facility shall also make available such
 585 membership or privileges to physicians who have attained
 586 completion of, eligibility in, or graduation from any equivalent
 587 program established by or relating to the American Osteopathic
 588 Association.

589 (4) This section does not restrict in any way the authority
 590 of the medical staff of a licensed facility to review for
 591 approval or disapproval all applications for appointment and
 592 reappointment to all categories of staff and to make
 593 recommendations on each applicant to the governing board,
 594 including the delineation of privileges to be granted in each
 595 case. In making such recommendations and in the delineation of
 596 privileges, each applicant shall be considered individually
 597 pursuant to criteria for a doctor licensed under chapter 458,
 598 chapter 459, chapter 461, or chapter 466, or for an advanced
 599 practice registered nurse licensed under part I of chapter 464,
 600 or for a psychologist licensed under chapter 490, as applicable.
 601 The applicant's eligibility for staff membership or clinical
 602 privileges shall be determined by the applicant's background,
 603 experience, health, training, and demonstrated competency; the
 604 applicant's adherence to applicable professional ethics; the
 605 applicant's reputation; and the applicant's ability to work with
 606 others and by such other elements as determined by the governing
 607 board, consistent with this chapter.

608 (5) The governing board of each licensed facility shall set
 609 standards and procedures to be applied by the licensed facility

2-01226-25 20251370__

610 and its medical staff in considering and acting upon
 611 applications for staff membership or clinical privileges. Such
 612 standards and procedures must be made available for public
 613 inspection.

614 (6) Upon the written request of the applicant, any licensed
 615 facility that has denied staff membership or clinical privileges
 616 to an applicant specified in subsection (1) or subsection (2)
 617 must, within 30 days after such request, provide the applicant
 618 with the reasons for such denial in writing. A denial of staff
 619 membership or clinical privileges to any applicant shall be
 620 submitted, in writing, to the applicant's respective licensing
 621 board.

622 (7) There is no monetary liability on the part of, and no
 623 cause of action for injunctive relief or damages may arise
 624 against, any licensed facility, its governing board or governing
 625 board members, medical staff, or disciplinary board or against
 626 its agents, investigators, witnesses, or employees, or against
 627 any other person, for any action arising out of or related to
 628 carrying out this section, absent intentional fraud.

629 (8) The investigations, proceedings, and records of the
 630 board, or its agent with whom there is a specific written
 631 contract for the purposes of this section, as described in this
 632 section are not subject to discovery or introduction into
 633 evidence in any civil action against a provider of professional
 634 health services arising out of matters that are the subject of
 635 evaluation and review by such board, and any person who was in
 636 attendance at a meeting of such board or its agent is not
 637 permitted or required to testify in any such civil action as to
 638 any evidence or other matters produced or presented during the

2-01226-25 20251370__

639 proceedings of such board or its agent or as to any findings,
 640 recommendations, evaluations, opinions, or other actions of such
 641 board or its agent or any members thereof. However, information,
 642 documents, or records otherwise available from original sources
 643 are not to be construed as immune from discovery or use in any
 644 such civil action merely because they were presented during
 645 proceedings of such board; nor should any person who testifies
 646 before such board or who is a member of such board be prevented
 647 from testifying as to matters within his or her knowledge, but
 648 such witness cannot be asked about his or her testimony before
 649 such a board or opinions formed by him or her as a result of
 650 such board hearings.

651 (9) (a) If the defendant prevails in an action brought by an
 652 applicant against any person or entity that initiated,
 653 participated in, was a witness in, or conducted any review as
 654 authorized by this section, the court shall award reasonable
 655 attorney fees and costs to the defendant.

656 (b) As a condition of any applicant bringing any action
 657 against any person or entity that initiated, participated in,
 658 was a witness in, or conducted any review as authorized by this
 659 section and before any responsive pleading is due, the applicant
 660 shall post a bond or other security, as set by the court having
 661 jurisdiction in the action, in an amount sufficient to pay the
 662 costs and attorney fees.

663 Section 12. Section 396.212, Florida Statutes, is created
 664 to read:

665 396.212 Licensed facilities; peer review; disciplinary
 666 powers; agency or partnership with physicians.—

667 (1) It is the intent of the Legislature that good faith

2-01226-25 20251370__

668 participants in the process of investigating and disciplining
 669 physicians pursuant to the state-mandated peer review process
 670 shall, in addition to receiving immunity from retaliatory tort
 671 suits pursuant to s. 456.073(12), be protected from federal
 672 antitrust suits filed under the Sherman Antitrust Act, 15 U.S.C.
 673 ss. 1 et seq. Such intent is within the public policy of the
 674 state to secure the provision of quality medical services to the
 675 public.

676 (2) Each licensed facility, as a condition of licensure,
 677 shall provide for peer review of physicians who deliver health
 678 care services at the facility. Each licensed facility shall
 679 develop written, binding procedures by which such peer review
 680 shall be conducted. Such procedures shall include all of the
 681 following:

682 (a) A mechanism for choosing the membership of the body or
 683 bodies that conduct peer review.

684 (b) Adoption of rules of order for the peer review process.

685 (c) Fair review of the case with the physician involved.

686 (d) A mechanism to identify and avoid conflict of interest
 687 on the part of the peer review panel members.

688 (e) Recording of agendas and minutes that do not contain
 689 confidential material, for review by the Division of Health
 690 Quality Assurance of the agency.

691 (f) A review, at least annually, of the peer review
 692 procedures by the governing board of the licensed facility.

693 (g) Focus the peer review process on reviewing professional
 694 practices at the facility to reduce morbidity and mortality and
 695 to improve patient care.

696 (3) If reasonable belief exists that conduct by a staff

2-01226-25

20251370__

697 member or physician who delivers health care services at the
 698 licensed facility may constitute one or more grounds for
 699 discipline as provided in this subsection, a peer review panel
 700 must investigate and determine whether grounds for discipline
 701 exist with respect to such staff member or physician. The
 702 governing board of a licensed facility, after considering the
 703 recommendations of its peer review panel, shall suspend, deny,
 704 revoke, or curtail the privileges, or reprimand, counsel, or
 705 require education, of any such staff member or physician after a
 706 final determination has been made that one or more of the
 707 following grounds exist:

708 (a) Incompetence.

709 (b) Being found to be a habitual user of intoxicants or
 710 drugs to the extent that he or she is deemed dangerous to
 711 himself, herself, or others.

712 (c) Mental or physical impairment which may adversely
 713 affect patient care.

714 (d) Being found liable by a court of competent jurisdiction
 715 for medical negligence or malpractice involving negligent
 716 conduct.

717 (e) One or more settlements exceeding \$10,000 for medical
 718 negligence or malpractice involving negligent conduct by the
 719 staff member or physician.

720 (f) Medical negligence other than as specified in paragraph
 721 (d) or paragraph (e).

722 (g) Failure to comply with the policies, procedures, or
 723 directives of the risk management program or any quality
 724 assurance committees of any licensed facility.

725 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary

2-01226-25

20251370__

726 actions taken under subsection (3) shall be reported in writing
 727 to the Division of Medical Quality Assurance of the Department
 728 of Health within 30 working days after its initial occurrence,
 729 regardless of the pendency of appeals to the governing board of
 730 the licensed facility. The notification shall identify the
 731 disciplined practitioner, the action taken, and the reason for
 732 such action. All final disciplinary actions taken under
 733 subsection (3), if different from those which were reported to
 734 the agency within 30 days after the initial occurrence, shall be
 735 reported within 10 working days to the Division of Medical
 736 Quality Assurance in writing and shall specify the disciplinary
 737 action taken and the specific grounds therefor. The division
 738 shall review each report and determine whether it potentially
 739 involved conduct by the licensee which is subject to
 740 disciplinary action, in which case s. 456.073 shall apply. The
 741 reports are not subject to inspection under s. 119.07(1) even if
 742 the division's investigation results in a finding of probable
 743 cause.

744 (5) There is no monetary liability on the part of, and no
 745 cause of action for damages may rise against, any licensed
 746 facility, its governing board or governing board members, peer
 747 review panel, medical staff, or disciplinary body, or its
 748 agents, investigators, witnesses, or employees; a committee of a
 749 licensed facility; or any other person for any action taken
 750 without intentional fraud in carrying out this section.

751 (6) For a single incident or series of isolated incidents
 752 that are nonwillful violations of the reporting requirements of
 753 this section or part II of chapter 408, the agency shall first
 754 seek to obtain corrective action by the licensed facility. If

2-01226-25 20251370__
 755 correction is not demonstrated within the timeframe established
 756 by the agency or if there is a pattern of nonwillful violations
 757 of this section or part II of chapter 408, the agency may impose
 758 an administrative fine, not to exceed \$5,000 for any violation
 759 of the reporting requirements of this section or part II of
 760 chapter 408. The administrative fine for repeated nonwillful
 761 violations may not exceed \$10,000 for any violation. The
 762 administrative fine for each intentional and willful violation
 763 may not exceed \$25,000 per violation, per day. The fine for an
 764 intentional and willful violation of this section or part II of
 765 chapter 408 may not exceed \$250,000. In determining the amount
 766 of fine to be levied, the agency shall be guided by s.
 767 395.1065(2) (b).

768 (7) The proceedings and records of peer review panels,
 769 committees, and governing boards or agents thereof which relate
 770 solely to actions taken in carrying out this section are not
 771 subject to inspection under s. 119.07(1); and meetings held
 772 pursuant to achieving the objectives of such panels, committees,
 773 and governing boards or agents thereof are not open to the
 774 public under chapter 286.

775 (8) The investigations, proceedings, and records of the
 776 peer review panel, a committee of an ambulatory surgical center,
 777 a disciplinary board, or a governing board, or agents thereof
 778 with whom there is a specific written contract for that purpose,
 779 as described in this section are not subject to discovery or
 780 introduction into evidence in any civil or administrative action
 781 against a provider of professional health services arising out
 782 of the matters that are the subject of evaluation and review by
 783 such group or its agent, and a person who was in attendance at a

2-01226-25 20251370__
 784 meeting of such group or its agent is not permitted and may not
 785 be required to testify in any such civil or administrative
 786 action as to any evidence or other matters produced or presented
 787 during the proceedings of such group or its agent or as to any
 788 findings, recommendations, evaluations, opinions, or other
 789 actions of such group or its agent or any members thereof.
 790 However, information, documents, or records otherwise available
 791 from original sources are not to be construed as immune from
 792 discovery or use in any such civil or administrative action
 793 merely because they were presented during proceedings of such
 794 group, and any person who testifies before such group or who is
 795 a member of such group may not be prevented from testifying as
 796 to matters within his or her knowledge, but such witness may not
 797 be asked about his or her testimony before such a group or
 798 opinions formed by him or her as a result of such group
 799 hearings.

800 (9) (a) If the defendant prevails in an action brought by a
 801 staff member or physician who delivers health care services at
 802 the licensed facility against any person or entity that
 803 initiated, participated in, was a witness in, or conducted any
 804 review as authorized by this section, the court shall award
 805 reasonable attorney fees and costs to the defendant.

806 (b) As a condition of any staff member or physician
 807 bringing any action against any person or entity that initiated,
 808 participated in, was a witness in, or conducted any review as
 809 authorized by this section and before any responsive pleading is
 810 due, the staff member or physician shall post a bond or other
 811 security, as set by the court having jurisdiction in the action,
 812 in an amount sufficient to pay the costs and attorney fees.

2-01226-25 20251370__

813 Section 13. Section 396.213, Florida Statutes, is created
 814 to read:
 815 396.213 Internal risk management program.-
 816 (1) Every licensed facility shall, as a part of its
 817 administrative functions, establish an internal risk management
 818 program that includes, at a minimum, all of the following
 819 components:
 820 (a) The investigation and analysis of the frequency and
 821 causes of general categories and specific types of adverse
 822 incidents to patients.
 823 (b) The development of appropriate measures to minimize the
 824 risk of adverse incidents to patients, including, but not
 825 limited to:
 826 1. Risk management and risk prevention education and
 827 training of all nonphysician personnel as follows:
 828 a. Such education and training of all nonphysician
 829 personnel as part of their initial orientation; and
 830 b. At least 1 hour of such education and training annually
 831 for all personnel of the licensed facility working in clinical
 832 areas and providing patient care, except those persons licensed
 833 as health care practitioners who are required to complete
 834 continuing education coursework pursuant to chapter 456 or the
 835 respective practice act.
 836 2. A prohibition, except when emergency circumstances
 837 require otherwise, against a staff member of the licensed
 838 facility attending a patient in the recovery room, unless the
 839 staff member is authorized to attend the patient in the recovery
 840 room and is in the company of at least one other person.
 841 However, a licensed facility is exempt from the two-person

2-01226-25 20251370__

842 requirement if it has:
 843 a. Live visual observation;
 844 b. Electronic observation; or
 845 c. Any other reasonable measure taken to ensure patient
 846 protection and privacy.
 847 3. A prohibition against an unlicensed person assisting or
 848 participating in any surgical procedure unless the licensed
 849 facility has authorized the person to do so following a
 850 competency assessment, and such assistance or participation is
 851 done under the direct and immediate supervision of a licensed
 852 physician and is not otherwise an activity that may only be
 853 performed by a licensed health care practitioner.
 854 4. Development, implementation, and ongoing evaluation of
 855 procedures, protocols, and systems to accurately identify
 856 patients, planned procedures, and the correct site of planned
 857 procedures so as to minimize the performance of a surgical
 858 procedure on the wrong patient, a wrong surgical procedure, a
 859 wrong-site surgical procedure, or a surgical procedure otherwise
 860 unrelated to the patient's diagnosis or medical condition.
 861 (c) The analysis of patient grievances that relate to
 862 patient care and the quality of medical services.
 863 (d) A system for informing a patient or an individual
 864 identified pursuant to s. 765.401(1) that the patient was the
 865 subject of an adverse incident, as defined in subsection (5).
 866 Such notice shall be given by an appropriately trained person
 867 designated by the licensed facility as soon as practicable to
 868 allow the patient an opportunity to minimize damage or injury.
 869 (e) The development and implementation of an incident
 870 reporting system based upon the affirmative duty of all health

2-01226-25 20251370__

871 care providers and all agents and employees of the licensed
 872 facility to report adverse incidents to the risk manager, or to
 873 his or her designee, within 3 business days after the occurrence
 874 of such incidents.

875 (2) The internal risk management program is the
 876 responsibility of the governing board of the licensed facility.
 877 Each licensed facility shall hire a risk manager who is
 878 responsible for implementation and oversight of the facility's
 879 internal risk management program and who demonstrates
 880 competence, through education or experience, in all of the
 881 following areas:

882 (a) Applicable standards of health care risk management.
 883 (b) Applicable federal, state, and local health and safety
 884 laws and rules.

885 (c) General risk management administration.
 886 (d) Patient care.
 887 (e) Medical care.
 888 (f) Personal and social care.
 889 (g) Accident prevention.
 890 (h) Departmental organization and management.
 891 (i) Community interrelationships.
 892 (j) Medical terminology.

893 (3) In addition to the programs mandated by this section,
 894 other innovative approaches intended to reduce the frequency and
 895 severity of medical malpractice and patient injury claims are
 896 encouraged and their implementation and operation facilitated.
 897 Such additional approaches may include extending internal risk
 898 management programs to health care providers' offices and the
 899 assuming of provider liability by a licensed facility for acts

2-01226-25 20251370__

900 or omissions occurring within the licensed facility. Each
 901 licensed facility shall annually report to the agency and the
 902 Department of Health the name and judgments entered against each
 903 health care practitioner for which it assumes liability. The
 904 agency and the department, in their respective annual reports,
 905 shall include statistics that report the number of licensed
 906 facilities that assume such liability and the number of health
 907 care practitioners, by profession, for whom they assume
 908 liability.

909 (4) The agency shall adopt rules governing the
 910 establishment of internal risk management programs to meet the
 911 needs of individual licensed facilities. Each internal risk
 912 management program shall include the use of incident reports to
 913 be filed with a responsible individual who is competent in risk
 914 management techniques, such as an insurance coordinator, in the
 915 employ of each licensed facility, or who is retained by the
 916 licensed facility as a consultant. The individual responsible
 917 for the risk management program shall have free access to all
 918 medical records of the licensed facility. The incident reports
 919 are part of the workpapers of the attorney defending the
 920 licensed facility in litigation relating to the licensed
 921 facility and are subject to discovery, but are not admissible as
 922 evidence in court. A person filing an incident report is not
 923 subject to civil suit by virtue of such incident report. As a
 924 part of each internal risk management program, the incident
 925 reports shall be used to develop categories of incidents which
 926 identify problem areas. Once identified, procedures shall be
 927 adjusted to correct the problem areas.

928 (5) For purposes of reporting to the agency pursuant to

2-01226-25 20251370__

929 this section, the term "adverse incident" means an event over
 930 which health care personnel could exercise control and which is
 931 associated in whole or in part with medical intervention, rather
 932 than the condition for which such intervention occurred, and
 933 which:

934 (a) Results in one of the following outcomes:

- 935 1. Death;
- 936 2. Brain or spinal damage;
- 937 3. Permanent disfigurement;
- 938 4. Fracture or dislocation of bones or joints;
- 939 5. A resulting limitation of neurological, physical, or
 940 sensory function which continues after discharge from the
 941 licensed facility;
- 942 6. Any condition that required specialized medical
 943 attention or surgical intervention resulting from nonemergency
 944 medical intervention, other than an emergency medical condition,
 945 to which the patient has not given his or her informed consent;
 946 or
- 947 7. Any condition that required the transfer of the patient,
 948 within or outside the licensed facility, to a unit providing a
 949 more acute level of care due to the adverse incident, rather
 950 than the patient's condition before the adverse incident.

951 (b) Was the performance of a surgical procedure on the
 952 wrong patient, a wrong surgical procedure, a wrong-site surgical
 953 procedure, or a surgical procedure otherwise unrelated to the
 954 patient's diagnosis or medical condition;

955 (c) Required the surgical repair of damage resulting to a
 956 patient from a planned surgical procedure, where the damage was
 957 not a recognized specific risk, as disclosed to the patient and

2-01226-25 20251370__

958 documented through the informed-consent process; or
 959 (d) Was a procedure to remove unplanned foreign objects
 960 remaining from a surgical procedure.

961 (6) (a) Each licensed facility subject to this section shall
 962 submit an annual report to the agency summarizing the adverse
 963 incident reports that have been filed in the facility for that
 964 year. The report shall include:

- 965 1. The total number of adverse incidents.
- 966 2. A listing, by category, of the types of operations,
 967 diagnostic or treatment procedures, or other actions causing the
 968 injuries, and the number of incidents occurring within each
 969 category.
- 970 3. A listing, by category, of the types of injuries caused
 971 and the number of incidents occurring within each category.
- 972 4. A code number using the health care professional's
 973 license number and a separate code number identifying all
 974 other individuals directly involved in adverse incidents to
 975 patients, the relationship of the individual to the licensed
 976 facility, and the number of incidents in which each individual
 977 has been directly involved. Each licensed facility shall
 978 maintain names of the health care professionals and individuals
 979 identified by code numbers for purposes of this section.
- 980 5. A description of all malpractice claims filed against
 981 the licensed facility, including the total number of pending and
 982 closed claims and the nature of the incident which led to, the
 983 persons involved in, and the status and disposition of each
 984 claim. Each report shall update status and disposition for all
 985 prior reports.

986 (b) The information reported to the agency pursuant to

2-01226-25 20251370__

987 paragraph (a) which relates to persons licensed under chapter
 988 458, chapter 459, chapter 461, or chapter 466 shall be reviewed
 989 by the agency. The agency shall determine whether any of the
 990 incidents potentially involved conduct by a health care
 991 professional who is subject to disciplinary action, in which
 992 case s. 456.073 applies.

993 (c) The report submitted to the agency must also contain
 994 the name of the risk manager of the licensed facility, a copy of
 995 the policies and procedures governing the measures taken by the
 996 licensed facility and its risk manager to reduce the risk of
 997 injuries and adverse incidents, and the results of such
 998 measures. The annual report is confidential and is not available
 999 to the public pursuant to s. 119.07(1) or any other law
 1000 providing access to public records. The annual report is not
 1001 discoverable or admissible in any civil or administrative
 1002 action, except in disciplinary proceedings by the agency or the
 1003 appropriate regulatory board. The annual report is not available
 1004 to the public as part of the record of investigation for and
 1005 prosecution in disciplinary proceedings made available to the
 1006 public by the agency or the appropriate regulatory board.
 1007 However, the agency or the appropriate regulatory board shall
 1008 make available, upon written request by a health care
 1009 professional against whom probable cause has been found, any
 1010 such records which form the basis of the determination of
 1011 probable cause.

1012 (7) Any of the following adverse incidents, whether
 1013 occurring in the licensed facility or arising from health care
 1014 services administered before admission in the licensed facility,
 1015 shall be reported by the licensed facility to the agency within

Page 35 of 108

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

2-01226-25 20251370__

1016 15 calendar days after its occurrence:
 1017 (a) The death of a patient;
 1018 (b) Brain or spinal damage to a patient;
 1019 (c) The performance of a surgical procedure on the wrong
 1020 patient;
 1021 (d) The performance of a wrong-site surgical procedure;
 1022 (e) The performance of a wrong surgical procedure;
 1023 (f) The performance of a surgical procedure that is
 1024 medically unnecessary or otherwise unrelated to the patient's
 1025 diagnosis or medical condition;
 1026 (g) The surgical repair of damage resulting to a patient
 1027 from a planned surgical procedure, where the damage is not a
 1028 recognized specific risk, as disclosed to the patient and
 1029 documented through the informed-consent process; or
 1030 (h) The performance of procedures to remove unplanned
 1031 foreign objects remaining from a surgical procedure.
 1032
 1033 The agency may grant extensions to this reporting requirement
 1034 for more than 15 days upon justification submitted in writing by
 1035 the licensed facility administrator to the agency. The agency
 1036 may require an additional, final report. These reports may not
 1037 be available to the public pursuant to s. 119.07(1) or any other
 1038 law providing access to public records, nor be discoverable or
 1039 admissible in any civil or administrative action, except in
 1040 disciplinary proceedings by the agency or the appropriate
 1041 regulatory board, nor shall they be available to the public as
 1042 part of the record of investigation for and prosecution in
 1043 disciplinary proceedings made available to the public by the
 1044 agency or the appropriate regulatory board. However, the agency

Page 36 of 108

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

2-01226-25 20251370__
 1045 or the appropriate regulatory board shall make available, upon
 1046 written request by a health care professional against whom
 1047 probable cause has been found, any such records which form the
 1048 basis of the determination of probable cause. The agency may
 1049 investigate, as it deems appropriate, any such incident and
 1050 prescribe measures that must or may be taken in response to the
 1051 incident. The agency shall review each incident and determine
 1052 whether it potentially involved conduct by the health care
 1053 professional, who would be subject to disciplinary action, in
 1054 which case s. 456.073 applies.

(8) The agency shall publish on the agency's website, at
 1055 least quarterly, a summary and trend analysis of adverse
 1056 incident reports received pursuant to this section, which may
 1057 not include information that would identify the patient, the
 1058 reporting facility, or the health care practitioners involved.
 1059 The agency shall publish on the agency's website an annual
 1060 summary and trend analysis of all adverse incident reports and
 1061 malpractice claims information provided by licensed facilities
 1062 in their annual reports, which may not include information that
 1063 would identify the patient, the reporting facility, or the
 1064 practitioners involved. The purpose of the publication of the
 1065 summary and trend analysis is to promote the rapid dissemination
 1066 of information relating to adverse incidents and malpractice
 1067 claims to assist in avoidance of similar incidents and reduce
 1068 morbidity and mortality.

(9) The internal risk manager of each licensed facility
 1070 shall:

(a) Investigate every allegation of sexual misconduct which
 1072 is made against a member of the licensed facility's personnel
 1073

2-01226-25 20251370__
 1074 who has direct patient contact, when the allegation is that the
 1075 sexual misconduct occurred at the facility or on the grounds of
 1076 the facility.

(b) Report every allegation of sexual misconduct to the
 1077 administrator of the licensed facility.

(c) Notify the family or guardian of the victim, if a
 1079 minor, that an allegation of sexual misconduct has been made and
 1080 that an investigation is being conducted.

(d) Report to the Department of Health every allegation of
 1082 sexual misconduct, as defined in chapter 456 and the respective
 1083 practice act, by a licensed health care practitioner which
 1084 involves a patient.

(10) Any witness who witnessed or who possesses actual
 1086 knowledge of the act that is the basis of an allegation of
 1087 sexual abuse shall:

(a) Notify the local police; and

(b) Notify the risk manager and the administrator.

1089
 1090
 1091
 1092 For purposes of this subsection, the term "sexual abuse" means
 1093 acts of a sexual nature committed for the sexual gratification
 1094 of anyone upon, or in the presence of, a vulnerable adult,
 1095 without the vulnerable adult's informed consent, or a minor. The
 1096 term includes, but is not limited to, the acts defined in s.
 1097 794.011(1)(j), fondling, exposure of a vulnerable adult's or
 1098 minor's sexual organs, or the use of the vulnerable adult or
 1099 minor to solicit for or engage in prostitution or sexual
 1100 performance. The term does not include any act intended for a
 1101 valid medical purpose or any act which may reasonably be
 1102 construed to be a normal caregiving action.

2-01226-25

20251370__

1103 (11) A person who, with malice or with intent to discredit
 1104 or harm a licensed facility or any person, makes a false
 1105 allegation of sexual misconduct against a member of a licensed
 1106 facility's personnel is guilty of a misdemeanor of the second
 1107 degree, punishable as provided in s. 775.082 or s. 775.083.

1108 (12) In addition to any penalty imposed pursuant to this
 1109 section or part II of chapter 408, the agency shall require a
 1110 written plan of correction from the licensed facility. For a
 1111 single incident or series of isolated incidents that are
 1112 nonwillful violations of the reporting requirements of this
 1113 section or part II of chapter 408, the agency shall first seek
 1114 to obtain corrective action by the licensed facility. If the
 1115 correction is not demonstrated within the timeframe established
 1116 by the agency or if there is a pattern of nonwillful violations
 1117 of this section or part II of chapter 408, the agency may impose
 1118 an administrative fine, not to exceed \$5,000 for any violation
 1119 of the reporting requirements of this section or part II of
 1120 chapter 408. The administrative fine for repeated nonwillful
 1121 violations may not exceed \$10,000 for any violation. The
 1122 administrative fine for each intentional and willful violation
 1123 may not exceed \$25,000 per violation, per day. The fine for an
 1124 intentional and willful violation of this section or part II of
 1125 chapter 408 may not exceed \$250,000. In determining the amount
 1126 of fine to be levied, the agency shall be guided by s.
 1127 395.1065(2)(b).

1128 (13) The agency must be given access to all licensed
 1129 facility records necessary to carry out this section. The
 1130 records obtained by the agency under subsection (6), subsection
 1131 (7), or subsection (9) are not available to the public under s.

Page 39 of 108

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

2-01226-25

20251370__

1132 119.07(1), nor are they discoverable or admissible in any civil
 1133 or administrative action, except in disciplinary proceedings by
 1134 the agency or the appropriate regulatory board, nor are records
 1135 obtained pursuant to s. 456.071 available to the public as part
 1136 of the record of investigation for and prosecution in
 1137 disciplinary proceedings made available to the public by the
 1138 agency or the appropriate regulatory board. However, the agency
 1139 or the appropriate regulatory board shall make available, upon
 1140 written request by a health care practitioner against whom
 1141 probable cause has been found, any such records which form the
 1142 basis of the determination of probable cause, except that, with
 1143 respect to medical review committee records, s. 766.101
 1144 controls.

1145 (14) The meetings of the committees and governing board of
 1146 a licensed facility held solely for the purpose of achieving the
 1147 objectives of risk management as provided by this section may
 1148 not be open to the public under chapter 286. The records of such
 1149 meetings are confidential and exempt from s. 119.07(1), except
 1150 as provided in subsection (13).

1151 (15) The agency shall review, as part of its licensure
 1152 inspection process, the internal risk management program at each
 1153 licensed facility regulated by this section to determine whether
 1154 the program meets standards established in statutes and rules,
 1155 whether the program is being conducted in a manner designed to
 1156 reduce adverse incidents, and whether the program is
 1157 appropriately reporting incidents under this section.

1158 (16) There is no monetary liability on the part of, and no
 1159 cause of action for damages may arise against, any risk manager
 1160 for the implementation and oversight of the internal risk

Page 40 of 108

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

2-01226-25 20251370__

1161 management program in a facility licensed under this chapter or
 1162 chapter 390 as required by this section, for any act or
 1163 proceeding undertaken or performed within the scope of the
 1164 functions of such internal risk management program, if the risk
 1165 manager acts without intentional fraud.

1166 (17) A privilege against civil liability is granted to any
 1167 risk manager or licensed facility with regard to information
 1168 furnished pursuant to this chapter, unless the risk manager or
 1169 facility acted in bad faith or with malice in providing such
 1170 information.

1171 (18) If the agency, through its receipt of any reports
 1172 required under this section or through any investigation, has a
 1173 reasonable belief that conduct by a staff member or employee of
 1174 a licensed facility is grounds for disciplinary action by the
 1175 appropriate regulatory board, the agency shall report this fact
 1176 to such regulatory board.

1177 (19) It is unlawful for any person to coerce, intimidate,
 1178 or preclude a risk manager from lawfully executing his or her
 1179 reporting obligations pursuant to this chapter. Such unlawful
 1180 action is subject to civil monetary penalties not to exceed
 1181 \$10,000 per violation.

1182 Section 14. Section 396.214, Florida Statutes, is created
 1183 to read:

1184 396.214 Identification, segregation, and separation of
 1185 biomedical waste.—Each licensed facility shall comply with the
 1186 requirements in s. 381.0098 relating to biomedical waste. Any
 1187 transporter or potential transporter of such waste shall be
 1188 notified of the existence and locations of such waste.

1189 Section 15. Section 396.215, Florida Statutes, is created

2-01226-25 20251370__

1190 to read:

1191 396.215 Patient safety.—

1192 (1) Each licensed facility must adopt a patient safety
 1193 plan. A plan adopted to implement the requirements of 42 C.F.R.
 1194 s. 482.21 shall be deemed to comply with this requirement.

1195 (2) Each licensed facility shall appoint a patient safety
 1196 officer for the purpose of promoting the health and safety of
 1197 patients, reviewing and evaluating the quality of patient safety
 1198 measures used by the facility, and assisting in the
 1199 implementation of the facility patient safety plan.

1200 (3) Each licensed facility must, at least biennially,
 1201 conduct a patient safety culture survey using the applicable
 1202 Survey on Patient Safety Culture developed by the federal Agency
 1203 for Healthcare Research and Quality. Each licensed facility
 1204 shall conduct the survey anonymously to encourage completion of
 1205 the survey by staff working in or employed by the facility. Each
 1206 licensed facility may contract to administer the survey. Each
 1207 licensed facility shall biennially submit the survey data to the
 1208 agency in a format specified by rule, which must include the
 1209 survey participation rate. Each licensed facility may develop an
 1210 internal action plan between conducting surveys to identify
 1211 measures to improve the survey and submit the plan to the
 1212 agency.

1213 Section 16. Section 396.216, Florida Statutes, is created
 1214 to read:

1215 396.216 Cases of child abuse, abandonment, or neglect;
 1216 duties.—Each licensed facility shall adopt a protocol that, at a
 1217 minimum, requires the facility to:

1218 (1) Incorporate a facility policy that every staff member

2-01226-25 20251370__

1219 has an affirmative duty to report, pursuant to chapter 39, any
 1220 actual or suspected case of child abuse, abandonment, or
 1221 neglect; and

1222 (2) In any case involving suspected child abuse,
 1223 abandonment, or neglect, designate, at the request of the
 1224 Department of Children and Families, a staff physician to act as
 1225 a liaison between the licensed facility and the Department of
 1226 Children and Families office that is investigating the suspected
 1227 abuse, abandonment, or neglect, and the Child Protection Team,
 1228 as defined in s. 39.01, when the case is referred to such a
 1229 team.

1230
 1231 Each licensed facility shall provide a copy of its policy to the
 1232 agency and the department as specified by agency rule. Failure
 1233 to comply with this section is punishable by a fine not to
 1234 exceed \$1,000, to be fixed, imposed, and collected by the
 1235 agency. Each day in violation of this section is considered a
 1236 separate offense.

1237 Section 17. Section 396.217, Florida Statutes, is created
 1238 to read:

1239 396.217 Duty to notify patients.—An appropriately trained
 1240 person designated by each licensed facility shall inform each
 1241 patient, or an individual identified pursuant to s. 765.401(1),
 1242 in person about adverse incidents that result in serious harm to
 1243 the patient. Notifications of outcomes of care that result in
 1244 harm to the patient under this section do not constitute an
 1245 acknowledgment or admission of liability, and may not be
 1246 introduced as evidence.

1247 Section 18. Section 396.218, Florida Statutes, is created

2-01226-25 20251370__

1248 to read:

1249 396.218 Rules and enforcement.—

1250 (1) The agency shall adopt rules pursuant to ss. 120.536(1)
 1251 and 120.54 to implement this chapter, which shall include
 1252 reasonable and fair minimum standards for ensuring that:

1253 (a) Sufficient numbers and qualified types of personnel and
 1254 occupational disciplines are on duty and available at all times
 1255 to provide necessary and adequate patient care and safety.

1256 (b) Infection control, housekeeping, sanitary conditions,
 1257 and medical record procedures that will adequately protect
 1258 patient care and safety are established and implemented.

1259 (c) A comprehensive emergency management plan is prepared
 1260 and updated annually. Such standards must be included in the
 1261 rules adopted by the agency after consulting with the Division
 1262 of Emergency Management. At a minimum, the rules must provide
 1263 for plan components that address emergency evacuation
 1264 transportation; adequate sheltering arrangements; postdisaster
 1265 activities, including emergency power, food, and water;
 1266 postdisaster transportation; supplies; staffing; emergency
 1267 equipment; individual identification of residents and transfer
 1268 of records, and responding to family inquiries. The
 1269 comprehensive emergency management plan is subject to review and
 1270 approval by the local emergency management agency. During its
 1271 review, the local emergency management agency shall ensure that
 1272 the following agencies, at a minimum, are given the opportunity
 1273 to review the plan: the Department of Elderly Affairs, the
 1274 Department of Health, the Agency for Health Care Administration,
 1275 and the Division of Emergency Management. Also, appropriate
 1276 volunteer organizations must be given the opportunity to review

2-01226-25 20251370__

1277 the plan. The local emergency management agency shall complete
 1278 its review within 60 days and either approve the plan or advise
 1279 the licensed facility of necessary revisions.

1280 (d) Licensed facilities are established, organized, and
 1281 operated consistent with established standards and rules.

1282 (e) Licensed facility beds conform to minimum space,
 1283 equipment, and furnishings standards as specified by the
 1284 department.

1285 (f) Each licensed facility has a quality improvement
 1286 program designed according to standards established by its
 1287 current accrediting organization. This program will enhance
 1288 quality of care and emphasize quality patient outcomes,
 1289 corrective action for problems, governing board review, and
 1290 reporting to the agency of standardized data elements necessary
 1291 to analyze quality of care outcomes. The agency shall use
 1292 existing data, when available, and may not duplicate the efforts
 1293 of other state agencies in order to obtain such data.

1294 (g) Licensed facilities make available on their Internet
 1295 websites, and in a hard copy format upon request, a description
 1296 of and a link to the patient charge and performance outcome data
 1297 collected from licensed facilities pursuant to s. 408.061.

1298 (2) The agency shall adopt rules that establish minimum
 1299 standards for pediatric patient care in ambulatory surgical
 1300 centers to ensure the safe and effective delivery of surgical
 1301 care to children. Such standards must include quality of care,
 1302 nurse staffing, physician staffing, and equipment standards.
 1303 Ambulatory surgical centers may not provide operative procedures
 1304 to children under 18 years of age which require a length of stay
 1305 past midnight until such standards are established by rule.

Page 45 of 108

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

2-01226-25 20251370__

1306 (3) Any rule adopted under this chapter by the agency may
 1307 not deny a license to a facility required to be licensed under
 1308 this chapter solely by reason of the school or system of
 1309 practice employed or permitted to be employed by physicians
 1310 therein, provided that such school or system of practice is
 1311 recognized by the laws of this state. However, this subsection
 1312 does not limit the powers of the agency to provide and require
 1313 minimum standards for the maintenance and operation of, and for
 1314 the treatment of patients in, those licensed facilities which
 1315 receive federal aid, in order to meet minimum standards related
 1316 to such matters in such licensed facilities which may now or
 1317 hereafter be required by appropriate federal officers or
 1318 agencies pursuant to federal law or rules adopted pursuant
 1319 thereto.

1320 (4) Any licensed facility which is in operation at the time
 1321 of adoption of any applicable rules under this chapter must be
 1322 given a reasonable time, under the particular circumstances, but
 1323 not to exceed 1 year after the date of such adoption, within
 1324 which to comply with such rules.

1325 (5) The agency may not adopt any rule governing the design,
 1326 construction, erection, alteration, modification, repair, or
 1327 demolition of any ambulatory surgical center. It is the intent
 1328 of the Legislature to preempt that function to the Florida
 1329 Building Commission and the State Fire Marshal through adoption
 1330 and maintenance of the Florida Building Code and the Florida
 1331 Fire Prevention Code. However, the agency shall provide
 1332 technical assistance to the commission and the State Fire
 1333 Marshal in updating the construction standards of the Florida
 1334 Building Code and the Florida Fire Prevention Code which govern

Page 46 of 108

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

2-01226-25 20251370__

1335 ambulatory surgical centers.

1336 Section 19. Section 396.219, Florida Statutes, is created
1337 to read:

1338 396.219 Criminal and administrative penalties; moratorium.—

1339 (1) In addition to s. 408.812, any person establishing,
1340 conducting, managing, or operating any facility without a
1341 license under this chapter commits a misdemeanor and, upon
1342 conviction, shall be fined not more than \$500 for the first
1343 offense and not more than \$1,000 for each subsequent offense,
1344 and each day of continuing violation after conviction is
1345 considered a separate offense.

1346 (2) (a) The agency may impose an administrative fine, not to
1347 exceed \$1,000 per violation, per day, for the violation of any
1348 provision of this chapter, part II of chapter 408, or applicable
1349 rules. Each day of violation constitutes a separate violation
1350 and is subject to a separate fine.

1351 (b) In determining the amount of fine to be levied for a
1352 violation, as provided in paragraph (a), the following factors
1353 must be considered:

1354 1. The severity of the violation, including the probability
1355 that death or serious harm to the health or safety of any person
1356 will result or has resulted, the severity of the actual or
1357 potential harm, and the extent to which the provisions of this
1358 chapter were violated.

1359 2. Actions taken by the licensee to correct the violations
1360 or to remedy complaints.

1361 3. Any previous violations of the licensee.

1362 (c) The agency may impose an administrative fine for the
1363 violation of s. 641.3154 or, if sufficient claims due to a

2-01226-25 20251370__

1364 provider from a health maintenance organization do not exist to
1365 enable the take-back of an overpayment, as provided under s.
1366 641.3155(5), for the violation of s. 641.3155(5). The
1367 administrative fine for a violation cited in this paragraph
1368 shall be in the amounts specified in s. 641.52(5), and paragraph
1369 (a) does not apply.

1370 (3) In accordance with part II of chapter 408, the agency
1371 may impose an immediate moratorium on elective admissions to any
1372 licensed facility, building, or portion thereof, or service,
1373 when the agency determines that any condition in the licensed
1374 facility presents a threat to public health or safety.

1375 (4) The agency shall impose a fine of \$500 for each
1376 instance of the licensed facility's failure to provide the
1377 information required by rules adopted pursuant to s.
1378 395.1055(1)(g).

1379 Section 20. Section 396.221, Florida Statutes, is created
1380 to read:

1381 396.221 Powers and duties of the agency.—The agency shall:

1382 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
1383 implement this chapter and part II of chapter 408 conferring
1384 duties upon it.

1385 (2) Develop a model risk management program for licensed
1386 facilities which will satisfy the requirements of s. 395.0197.

1387 (3) Enforce the special-occupancy provisions of the Florida
1388 Building Code which apply to ambulatory surgical centers in
1389 conducting any inspection authorized by this chapter and part II
1390 of chapter 408.

1391 Section 21. Section 396.222, Florida Statutes, is created
1392 to read:

2-01226-25

20251370__

1393 396.222 Price transparency; itemized patient statement or
 1394 bill; patient admission status notification.-

1395 (1) A facility licensed under this chapter shall provide
 1396 timely and accurate financial information and quality of service
 1397 measures to patients and prospective patients of the facility,
 1398 or to patients' survivors or legal guardians, as appropriate.
 1399 Such information shall be provided in accordance with this
 1400 section and rules adopted by the agency pursuant to this chapter
 1401 and s. 408.05. Licensed facilities operating exclusively as
 1402 state facilities are exempt from this subsection.

1403 (a) Each licensed facility shall make available to the
 1404 public on its website information on payments made to that
 1405 facility for defined bundles of services and procedures. The
 1406 payment data must be presented and searchable in accordance
 1407 with, and through a hyperlink to, the system established by the
 1408 agency and its vendor using the descriptive service bundles
 1409 developed under s. 408.05(3)(c). At a minimum, the licensed
 1410 facility shall provide the estimated average payment received
 1411 from all payors, excluding Medicaid and Medicare, for the
 1412 descriptive service bundles available at that facility and the
 1413 estimated payment range for such bundles. Using plain language,
 1414 comprehensible to an ordinary layperson, the licensed facility
 1415 must disclose that the information on average payments and the
 1416 payment ranges is an estimate of costs that may be incurred by
 1417 the patient or prospective patient and that actual costs will be
 1418 based on the services actually provided to the patient. The
 1419 licensed facility's website must:

1420 1. Provide information to prospective patients on the
 1421 licensed facility's financial assistance policy, including the

Page 49 of 108

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

2-01226-25

20251370__

1422 application process, payment plans, and discounts, and the
 1423 facility's charity care policy and collection procedures.

1424 2. If applicable, notify patients and prospective patients
 1425 that services may be provided in the licensed facility by that
 1426 facility as well as by other health care providers who may
 1427 separately bill the patient and that such health care providers
 1428 may or may not participate with the same health insurers or
 1429 health maintenance organizations as the facility.

1430 3. Inform patients and prospective patients that they may
 1431 request from the licensed facility and other health care
 1432 providers a more personalized estimate of charges and other
 1433 information, and inform patients that they should contact each
 1434 health care practitioner who will provide services in the
 1435 facility to determine the health insurers and health maintenance
 1436 organizations with which the health care practitioner
 1437 participates as a network provider or preferred provider.

1438 4. Provide the names, mailing addresses, and telephone
 1439 numbers of the health care practitioners and medical practice
 1440 groups with which it contracts to provide services in the
 1441 licensed facility and instructions on how to contact the
 1442 practitioners and groups to determine the health insurers and
 1443 health maintenance organizations with which they participate as
 1444 network providers or preferred providers.

1445 (b) Each licensed facility shall post on its website a
 1446 consumer-friendly list of standard charges for at least 300
 1447 shoppable health care services, or an Internet-based price
 1448 estimator tool meeting federal standards. If a licensed facility
 1449 provides fewer than 300 distinct shoppable health care services,
 1450 it shall make available on its website the standard charges for

Page 50 of 108

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

2-01226-25

20251370__

1451 each service it provides. As used in this paragraph, the term:

1452 1. "Shoppable health care service" means a service that can
 1453 be scheduled by a healthcare consumer in advance. The term
 1454 includes, but is not limited to, the services described in s.
 1455 627.6387(2)(e) and any services defined in regulations or
 1456 guidance issued by the United States Department of Health and
 1457 Human Services.

1458 2. "Standard charge" has the same meaning as that term is
 1459 defined in regulations or guidance issued by the United States
 1460 Department of Health and Human Services for purposes of
 1461 ambulatory surgical center price transparency.

1462 (c)1. Before providing any nonemergency medical services,
 1463 each licensed facility shall provide in writing or by electronic
 1464 means a good faith estimate of reasonably anticipated charges
 1465 for the treatment of a patient's or prospective patient's
 1466 specific condition. The licensed facility is not required to
 1467 adjust the estimate for any potential insurance coverage. The
 1468 licensed facility must provide the estimate to the patient's
 1469 health insurer, as defined in s. 627.446(1), and the patient at
 1470 least 3 business days before the date such service is to be
 1471 provided, but no later than 1 business day after the date such
 1472 service is scheduled or, in the case of a service scheduled at
 1473 least 10 business days in advance, no later than 3 business days
 1474 after the date the service is scheduled. The licensed facility
 1475 must provide the estimate to the patient no later than 3
 1476 business days after the date the patient requests an estimate.
 1477 The estimate may be based on the descriptive service bundles
 1478 developed by the agency under s. 408.05(3)(c) unless the patient
 1479 or prospective patient requests a more personalized and specific

Page 51 of 108

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

2-01226-25

20251370__

1480 estimate that accounts for the specific condition and
 1481 characteristics of the patient or prospective patient. The
 1482 licensed facility shall inform the patient or prospective
 1483 patient that he or she may contact his or her health insurer for
 1484 additional information concerning cost-sharing responsibilities.

1485 2. In the estimate, the licensed facility shall provide to
 1486 the patient or prospective patient information on the facility's
 1487 financial assistance policy, including the application process,
 1488 payment plans, and discounts and the facility's charity care
 1489 policy and collection procedures.

1490 3. The estimate shall clearly identify any facility fees
 1491 and, if applicable, include a statement notifying the patient or
 1492 prospective patient that a facility fee is included in the
 1493 estimate, the purpose of the fee, and that the patient may pay
 1494 less for the procedure or service at another facility or in
 1495 another health care setting.

1496 4. The licensed facility shall notify the patient or
 1497 prospective patient of any revision to the estimate.

1498 5. In the estimate, the licensed facility must notify the
 1499 patient or prospective patient that services may be provided in
 1500 the facility by the facility as well as by other health care
 1501 providers that may separately bill the patient, if applicable.

1502 6. Failure to timely provide the estimate pursuant to this
 1503 paragraph shall result in a daily fine of \$1,000 until the
 1504 estimate is provided to the patient or prospective patient and
 1505 the health insurer. The total fine per patient estimate may not
 1506 exceed \$10,000.

1507 (d) Each licensed facility shall make available on its
 1508 website a hyperlink to the health-related data, including

Page 52 of 108

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

2-01226-25 20251370__

1509 quality measures and statistics that are disseminated by the
 1510 agency pursuant to s. 408.05. The licensed facility shall also
 1511 take action to notify the public that such information is
 1512 electronically available and provide a hyperlink to the agency's
 1513 website.

1514 (e)1. Upon request, and after the patient's discharge or
 1515 release from a licensed facility, the facility must provide to
 1516 the patient or to the patient's survivor or legal guardian, as
 1517 appropriate, an itemized statement or a bill detailing in plain
 1518 language, comprehensible to an ordinary layperson, the specific
 1519 nature of charges or expenses incurred by the patient. The
 1520 initial statement or bill shall be provided within 7 days after
 1521 the patient's discharge or release or after a request for such
 1522 statement or bill, whichever is later. The initial statement or
 1523 bill must contain a statement of specific services received and
 1524 expenses incurred by date and provider for such items of
 1525 service, enumerating in detail as prescribed by the agency the
 1526 constituent components of the services received within each
 1527 department of the licensed facility and including unit price
 1528 data on rates charged by the licensed facility. The statement or
 1529 bill must also clearly identify any facility fee and explain the
 1530 purpose of the fee. The statement or bill must identify each
 1531 item as paid, pending payment by a third party, or pending
 1532 payment by the patient, and must include the amount due, if
 1533 applicable. If an amount is due from the patient, a due date
 1534 must be included. The initial statement or bill must direct the
 1535 patient or the patient's survivor or legal guardian, as
 1536 appropriate, to contact the patient's insurer or health
 1537 maintenance organization regarding the patient's cost-sharing

Page 53 of 108

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

2-01226-25 20251370__

1538 responsibilities.

1539 2. Any subsequent statement or bill provided to a patient
 1540 or to the patient's survivor or legal guardian, as appropriate,
 1541 relating to the episode of care must include all of the
 1542 information required by subparagraph 1., with any revisions
 1543 clearly delineated.

1544 3. Each statement or bill provided pursuant to this
 1545 subsection:

1546 a. Must include notice of physicians and other health care
 1547 providers who bill separately.

1548 b. May not include any generalized category of expenses
 1549 such as "other" or "miscellaneous" or similar categories.

1550 (2) Each itemized statement or bill must prominently
 1551 display the telephone number of the licensed facility's patient
 1552 liaison who is responsible for expediting the resolution of any
 1553 billing dispute between the patient, or the patient's survivor
 1554 or legal guardian, and the billing department.

1555 (3) A licensed facility shall make available to a patient
 1556 all records necessary for verification of the accuracy of the
 1557 patient's statement or bill within 10 business days after the
 1558 request for such records. The records must be made available in
 1559 the licensed facility's offices and through electronic means
 1560 that comply with the Health Insurance Portability and
 1561 Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended. Such
 1562 records must be available to the patient before and after
 1563 payment of the statement or bill. The licensed facility may not
 1564 charge the patient for making such verification records
 1565 available; however, the facility may charge fees for providing
 1566 copies of records as specified in s. 395.3025(1).

Page 54 of 108

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

2-01226-25

20251370__

1567 (4) Each licensed facility shall establish a method for
 1568 reviewing and responding to questions from patients concerning
 1569 the patient's itemized statement or bill. Such response shall be
 1570 provided within 7 business days after the date a question is
 1571 received. If the patient is not satisfied with the response, the
 1572 facility must provide the patient with the contact information
 1573 of the agency to which the issue may be sent for review.

1574 (5) Each licensed facility shall establish an internal
 1575 process for reviewing and responding to grievances from
 1576 patients. Such process must allow a patient to dispute charges
 1577 that appear on the patient's itemized statement or bill. The
 1578 licensed facility shall prominently post on its website and
 1579 indicate in bold print on each itemized statement or bill the
 1580 instructions for initiating a grievance and the direct contact
 1581 information required to initiate the grievance process. The
 1582 licensed facility must provide an initial response to a patient
 1583 grievance within 7 business days after the patient formally
 1584 files a grievance disputing all or a portion of an itemized
 1585 statement or bill.

1586 (6) Each licensed facility shall disclose to a patient, a
 1587 prospective patient, or a patient's legal guardian whether a
 1588 cost-sharing obligation for a particular covered health care
 1589 service or item exceeds the charge that applies to an individual
 1590 who pays cash or the cash equivalent for the same health care
 1591 service or item in the absence of health insurance coverage.
 1592 Failure to provide a disclosure in compliance with this
 1593 subsection may result in a fine not to exceed \$500 per incident.

1594 Section 22. Section 396.223, Florida Statutes, is created
 1595 to read:

Page 55 of 108

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

2-01226-25

20251370__

1596 396.223 Billing and collection activities.—

1597 (1) As used in this section, the term "extraordinary
 1598 collection action" means any of the following actions taken by a
 1599 licensed facility against an individual in relation to obtaining
 1600 payment of a bill for care covered under the licensed facility's
 1601 financial assistance policy:

1602 (a) Selling the individual's debt to another party.

1603 (b) Reporting adverse information about the individual to
 1604 consumer credit reporting agencies or credit bureaus.

1605 (c) Deferring, denying, or requiring a payment before
 1606 providing medically necessary care because of the individual's
 1607 nonpayment of one or more bills for previously provided care
 1608 covered under the licensed facility's financial assistance
 1609 policy.

1610 (d) Actions that require a legal or judicial process,
 1611 including, but not limited to:

1612 1. Placing a lien on the individual's property;

1613 2. Foreclosing on the individual's real property;

1614 3. Attaching or seizing the individual's bank account or
 1615 any other personal property;

1616 4. Commencing a civil action against the individual;

1617 5. Causing the individual's arrest; or

1618 6. Garnishing the individual's wages.

1619 (2) A licensed facility may not engage in an extraordinary
 1620 collection action against an individual to obtain payment for
 1621 services:

1622 (a) Before the licensed facility has made reasonable
 1623 efforts to determine whether the individual is eligible for
 1624 assistance under its financial assistance policy for the care

Page 56 of 108

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

2-01226-25 20251370__

1625 provided and, if eligible, before a decision is made by the
 1626 facility on the patient's application for such financial
 1627 assistance.

1628 (b) Before the licensed facility has provided the
 1629 individual with an itemized statement or bill.

1630 (c) During an ongoing grievance process as described in s.
 1631 395.301(6) or an ongoing appeal of a claim adjudication.

1632 (d) Before billing any applicable insurer and allowing the
 1633 insurer to adjudicate a claim.

1634 (e) For 30 days after notifying the patient in writing, by
 1635 certified mail or by other traceable delivery method, that a
 1636 collection action will commence absent additional action by the
 1637 patient.

1638 (f) While the individual:

1639 1. Negotiates in good faith the final amount of a bill for
 1640 services rendered; or

1641 2. Complies with all terms of a payment plan with the
 1642 licensed facility.

1643 Section 23. Section 396.224, Florida Statutes, is created
 1644 to read:

1645 396.224 Patient records; penalties for alteration.—

1646 (1) Any person who fraudulently alters, defaces, or
 1647 falsifies any medical record, or causes or procures any of these
 1648 offenses to be committed, commits a misdemeanor of the second
 1649 degree, punishable as provided in s. 775.082 or s. 775.083.

1650 (2) A conviction under subsection (1) is also grounds for
 1651 restriction, suspension, or termination of a license.

1652 Section 24. Section 396.225, Florida Statutes, is created
 1653 to read:

2-01226-25 20251370__

1654 396.225 Patient and personnel records; copies;
 1655 examination.—

1656 (1) A licensed facility shall, upon written request, and
 1657 only after discharge of the patient, furnish, in a timely
 1658 manner, without delays for legal review, to any person admitted
 1659 to the licensed facility for care and treatment or treated at
 1660 the licensed facility, or to any such person's guardian,
 1661 curator, or personal representative, or in the absence of one of
 1662 those persons, to the next of kin of a decedent or the parent of
 1663 a minor, or to anyone designated by such person in writing, a
 1664 true and correct copy of all patient records, including X rays,
 1665 and insurance information concerning such person, which records
 1666 are in the possession of the licensed facility, provided that
 1667 the person requesting such records agrees to pay a charge. The
 1668 exclusive charge for copies of patient records may include sales
 1669 tax and actual postage, and, except for nonpaper records that
 1670 are subject to a charge not to exceed \$2, may not exceed \$1 per
 1671 page. A fee of up to \$1 may be charged for each year of records
 1672 requested. These charges shall apply to all records furnished,
 1673 whether directly from the licensed facility or from a copy
 1674 service providing these services on behalf of the licensed
 1675 facility. However, a patient whose records are copied or
 1676 searched for the purpose of continuing to receive medical care
 1677 is not required to pay a charge for copying or for the search.
 1678 The licensed facility shall further allow any such person to
 1679 examine the original records in its possession, or microforms or
 1680 other suitable reproductions of the records, upon such
 1681 reasonable terms as shall be imposed to ensure that the records
 1682 will not be damaged, destroyed, or altered.

2-01226-25

20251370__

1683 (2) Patient records are confidential and must not be
 1684 disclosed without the consent of the patient or his or her legal
 1685 representative, but appropriate disclosure may be made without
 1686 such consent to:

1687 (a) Licensed facility personnel, attending physicians, or
 1688 other health care practitioners and providers currently involved
 1689 in the care or treatment of the patient for use only in
 1690 connection with the treatment of the patient.

1691 (b) Licensed facility personnel only for administrative
 1692 purposes or risk management and quality assurance functions.

1693 (c) The agency, for purposes of health care cost
 1694 containment.

1695 (d) In any civil or criminal action, unless otherwise
 1696 prohibited by law, upon the issuance of a subpoena from a court
 1697 of competent jurisdiction and proper notice by the party seeking
 1698 such records to the patient or his or her legal representative.

1699 (e) The agency upon subpoena issued pursuant to s. 456.071,
 1700 but the records obtained must be used solely for the purpose of
 1701 the agency and the appropriate professional board in its
 1702 investigation, prosecution, and appeal of disciplinary
 1703 proceedings. If the agency requests copies of the records, the
 1704 licensed facility shall charge no more than its actual copying
 1705 costs, including reasonable staff time. The records must be
 1706 sealed and must not be available to the public pursuant to s.
 1707 119.07(1) or any other statute providing access to records, nor
 1708 may they be available to the public as part of the record of
 1709 investigation for and prosecution in disciplinary proceedings
 1710 made available to the public by the agency or the appropriate
 1711 regulatory board. However, the agency must make available, upon

Page 59 of 108

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

2-01226-25

20251370__

1712 written request by a practitioner against whom probable cause
 1713 has been found, any such records that form the basis of the
 1714 determination of probable cause.

1715 (f) The Medicaid Fraud Control Unit in the Department of
 1716 Legal Affairs pursuant to s. 409.920.

1717 (g) The Department of Financial Services, or an agent,
 1718 employee, or independent contractor of the department who is
 1719 auditing for unclaimed property pursuant to chapter 717.

1720 (h) If applicable to a licensed facility, a regional poison
 1721 control center for purposes of treating a poison episode under
 1722 evaluation, case management of poison cases, or compliance with
 1723 data collection and reporting requirements of s. 395.1027 and
 1724 the professional organization that certifies poison control
 1725 centers in accordance with federal law.

1726 (3) The Department of Health may examine patient records of
 1727 a licensed facility, whether held by the licensed facility or
 1728 the agency, for the purpose of epidemiological investigations.
 1729 The unauthorized release of information by agents of the
 1730 department which would identify an individual patient is a
 1731 misdemeanor of the first degree, punishable as provided in s.
 1732 775.082 or s. 775.083.

1733 (4) Patient records shall contain information required for
 1734 completion of birth, death, and fetal death certificates.

1735 (5)(a) If the content of any record of patient treatment is
 1736 provided under this section, the recipient, if other than the
 1737 patient or the patient's representative, may use such
 1738 information only for the purpose provided and may not further
 1739 disclose any information to any other person or entity, unless
 1740 expressly permitted by the written consent of the patient. A

Page 60 of 108

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

2-01226-25 20251370__

1741 general authorization for the release of medical information is
 1742 not sufficient for this purpose. The content of such patient
 1743 treatment record is confidential and exempt from s. 119.07(1)
 1744 and s. 24(a), Art. I of the State Constitution.

1745 (b) Absent a specific written release or authorization
 1746 permitting utilization of patient information for solicitation
 1747 or marketing the sale of goods or services, any use of that
 1748 information for those purposes is prohibited.

1749 (6) Patient records at ambulatory surgical centers are
 1750 exempt from disclosure under s. 119.07(1), except as provided in
 1751 subsections (1)-(5).

1752 (7) A licensed facility may prescribe the content and
 1753 custody of limited-access records which the facility may
 1754 maintain on its employees. Such records shall be limited to
 1755 information regarding evaluations of employee performance,
 1756 including records forming the basis for evaluation and
 1757 subsequent actions, and shall be open to inspection only by the
 1758 employee and by officials of the licensed facility who are
 1759 responsible for the supervision of the employee. The custodian
 1760 of limited-access employee records shall release information
 1761 from such records to other employers or only upon authorization
 1762 in writing from the employee or upon order of a court of
 1763 competent jurisdiction. Any licensed facility releasing such
 1764 records pursuant to this chapter is considered to be acting in
 1765 good faith and may not be held liable for information contained
 1766 in such records, absent a showing that the facility maliciously
 1767 falsified such records. Such limited-access employee records are
 1768 exempt from s. 119.07(1) for a period of 5 years from the date
 1769 such records are designated limited-access records.

Page 61 of 108

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

2-01226-25 20251370__

1770 (8) The home addresses, telephone numbers, and photographs
 1771 of employees of any licensed facility who provide direct patient
 1772 care or security services; the home addresses, telephone
 1773 numbers, and places of employment of the spouses and children of
 1774 such persons; and the names and locations of schools and day
 1775 care facilities attended by the children of such persons are
 1776 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
 1777 of the State Constitution. However, any state or federal agency
 1778 that is authorized to have access to such information by any
 1779 provision of law shall be granted such access in the furtherance
 1780 of its statutory duties, notwithstanding this subsection. The
 1781 Department of Financial Services, or an agent, employee, or
 1782 independent contractor of the department who is auditing for
 1783 unclaimed property pursuant to chapter 717, shall be granted
 1784 access to the name, address, and social security number of any
 1785 employee owed unclaimed property.

1786 (9) The home addresses, telephone numbers, and photographs
 1787 of employees of any licensed facility who have a reasonable
 1788 belief, based upon specific circumstances that have been
 1789 reported in accordance with the procedure adopted by the
 1790 licensed facility, that release of the information may be used
 1791 to threaten, intimidate, harass, inflict violence upon, or
 1792 defraud the employee or any member of the employee's family; the
 1793 home addresses, telephone numbers, and places of employment of
 1794 the spouses and children of such persons; and the names and
 1795 locations of schools and day care facilities attended by the
 1796 children of such persons are confidential and exempt from s.
 1797 119.07(1) and s. 24(a), Art. I of the State Constitution.
 1798 However, any state or federal agency that is authorized to have

Page 62 of 108

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

2-01226-25 20251370__

1799 access to such information by any provision of law shall be
 1800 granted such access in the furtherance of its statutory duties,
 1801 notwithstanding this subsection. The licensed facility shall
 1802 maintain the confidentiality of the personal information only if
 1803 the employee submits a written request for confidentiality to
 1804 the licensed facility.

1805 Section 25. Paragraph (d) of subsection (2) of section
 1806 383.145, Florida Statutes, is amended to read:

1807 383.145 Newborn, infant, and toddler hearing screening.—

1808 (2) DEFINITIONS.—As used in this section, the term:

1809 (d) "Hospital" means a facility as defined in s. 395.002 ~~s.~~
 1810 ~~395.002(13)~~ and licensed under chapter 395 and part II of
 1811 chapter 408.

1812 Section 26. Paragraph (b) of subsection (4) of section
 1813 383.50, Florida Statutes, is amended to read:

1814 383.50 Treatment of surrendered infant.—

1815 (4)

1816 (b) Each hospital of this state subject to s. 395.1041
 1817 shall, and any other hospital may, admit and provide all
 1818 necessary emergency services and care, as defined in s. 395.002
 1819 ~~s. 395.002(9)~~, to any infant left with the hospital in
 1820 accordance with this section. The hospital or any of its medical
 1821 staff or licensed health care professionals shall consider these
 1822 actions as implied consent for treatment, and a hospital
 1823 accepting physical custody of an infant has implied consent to
 1824 perform all necessary emergency services and care. The hospital
 1825 or any of its medical staff or licensed health care
 1826 professionals are immune from criminal or civil liability for
 1827 acting in good faith in accordance with this section. This

2-01226-25 20251370__

1828 subsection does not limit liability for negligence.

1829 Section 27. Subsection (2) of section 385.211, Florida
 1830 Statutes, is amended to read:

1831 385.211 Refractory and intractable epilepsy treatment and
 1832 research at recognized medical centers.—

1833 (2) Notwithstanding chapter 893, medical centers recognized
 1834 pursuant to s. 381.925, or an academic medical research
 1835 institution legally affiliated with a licensed children's
 1836 specialty hospital as defined in s. 395.002 ~~s. 395.002(28)~~ that
 1837 contracts with the Department of Health, may conduct research on
 1838 cannabidiol and low-THC cannabis. This research may include, but
 1839 is not limited to, the agricultural development, production,
 1840 clinical research, and use of liquid medical derivatives of
 1841 cannabidiol and low-THC cannabis for the treatment for
 1842 refractory or intractable epilepsy. The authority for recognized
 1843 medical centers to conduct this research is derived from 21
 1844 C.F.R. parts 312 and 316. Current state or privately obtained
 1845 research funds may be used to support the activities described
 1846 in this section.

1847 Section 28. Subsection (8) of section 390.011, Florida
 1848 Statutes, is amended to read:

1849 390.011 Definitions.—As used in this chapter, the term:

1850 (8) "Hospital" means a facility as defined in s. 395.002 ~~s.~~
 1851 ~~395.002(12)~~ and licensed under chapter 395 and part II of
 1852 chapter 408.

1853 Section 29. Subsection (7) of section 394.4787, Florida
 1854 Statutes, is amended to read:

1855 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and
 1856 394.4789.—As used in this section and ss. 394.4786, 394.4788,

2-01226-25 20251370__

1857 and 394.4789:

1858 (7) "Specialty psychiatric hospital" means a hospital
1859 licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and
1860 part II of chapter 408 as a specialty psychiatric hospital.

1861 Section 30. Section 395.001, Florida Statutes, is amended
1862 to read:

1863 395.001 Legislative intent.—It is the intent of the
1864 Legislature to provide for the protection of public health and
1865 safety in the establishment, construction, maintenance, and
1866 operation of hospitals and ~~ambulatory surgical centers~~ by
1867 providing for licensure of same and for the development,
1868 establishment, and enforcement of minimum standards with respect
1869 thereto.

1870 Section 31. Subsections (3), (10), (17), (23), and (28) of
1871 section 395.002, Florida Statutes, are amended to read:

1872 395.002 Definitions.—As used in this chapter:

1873 ~~(3) "Ambulatory surgical center" means a facility, the
1874 primary purpose of which is to provide elective surgical care,
1875 in which the patient is admitted to and discharged from such
1876 facility within 24 hours, and which is not part of a hospital.
1877 However, a facility existing for the primary purpose of
1878 performing terminations of pregnancy, an office maintained by a
1879 physician for the practice of medicine, or an office maintained
1880 for the practice of dentistry may not be construed to be an
1881 ambulatory surgical center, provided that any facility or office
1882 which is certified or seeks certification as a Medicare
1883 ambulatory surgical center shall be licensed as an ambulatory
1884 surgical center pursuant to s. 395.003.~~

1885 (9) ~~(10)~~ "General hospital" means any facility which meets

2-01226-25 20251370__

1886 the provisions of subsection (11) ~~(12)~~ and which regularly makes
1887 its facilities and services available to the general population.

1888 (16) ~~(17)~~ "Licensed facility" means a hospital ~~or ambulatory~~
1889 ~~surgical center~~ licensed in accordance with this chapter.

1890 (22) ~~(23)~~ "Premises" means those buildings, beds, and
1891 equipment located at the address of the licensed facility and
1892 all other buildings, beds, and equipment for the provision of
1893 hospital ~~or ambulatory surgical~~ care located in such reasonable
1894 proximity to the address of the licensed facility as to appear
1895 to the public to be under the dominion and control of the
1896 licensee. For any licensee that is a teaching hospital as
1897 defined in s. 408.07, reasonable proximity includes any
1898 buildings, beds, services, programs, and equipment under the
1899 dominion and control of the licensee that are located at a site
1900 with a main address that is within 1 mile of the main address of
1901 the licensed facility; and all such buildings, beds, and
1902 equipment may, at the request of a licensee or applicant, be
1903 included on the facility license as a single premises.

1904 (27) ~~(28)~~ "Specialty hospital" means any facility which
1905 meets the provisions of subsection (11) ~~(12)~~, and which
1906 regularly makes available either:

1907 (a) The range of medical services offered by general
1908 hospitals but restricted to a defined age or gender group of the
1909 population;

1910 (b) A restricted range of services appropriate to the
1911 diagnosis, care, and treatment of patients with specific
1912 categories of medical or psychiatric illnesses or disorders; or

1913 (c) Intensive residential treatment programs for children
1914 and adolescents as defined in subsection (15) ~~(16)~~.

2-01226-25

20251370__

1915 Section 32. Subsection (1) and paragraph (d) of subsection
1916 (5) of section 395.003, Florida Statutes, are amended to read:

1917 395.003 Licensure; denial, suspension, and revocation.—

1918 (1) (a) The requirements of part II of chapter 408 apply to
1919 the provision of services that require licensure pursuant to ss.
1920 395.001-395.1065 and part II of chapter 408 and to entities
1921 licensed by or applying for such licensure from the Agency for
1922 Health Care Administration pursuant to ss. 395.001-395.1065. A
1923 license issued by the agency is required in order to operate a
1924 hospital ~~or ambulatory surgical center~~ in this state.

1925 (b)1. It is unlawful for a person to use or advertise to
1926 the public, in any way or by any medium whatsoever, any facility
1927 as a "hospital" ~~or "ambulatory surgical center"~~ unless such
1928 facility has first secured a license under this chapter part.

1929 2. This part does not apply to veterinary hospitals or to
1930 commercial business establishments using the word "hospital" ~~or~~
1931 ~~"ambulatory surgical center"~~ as a part of a trade name if no
1932 treatment of human beings is performed on the premises of such
1933 establishments.

1934 (5)

1935 (d) A hospital, ~~an ambulatory surgical center~~, a specialty
1936 hospital, or an urgent care center shall comply with ss.
1937 627.64194 and 641.513 as a condition of licensure.

1938 Section 33. Subsections (2), (3), and (9) of section
1939 395.1055, Florida Statutes, are amended to read:

1940 395.1055 Rules and enforcement.—

1941 (2) Separate standards may be provided for general and
1942 specialty hospitals, ~~ambulatory surgical centers~~, and statutory
1943 rural hospitals as defined in s. 395.602.

Page 67 of 108

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

2-01226-25

20251370__

1944 ~~(3) The agency shall adopt rules that establish minimum~~
1945 ~~standards for pediatric patient care in ambulatory surgical~~
1946 ~~centers to ensure the safe and effective delivery of surgical~~
1947 ~~care to children in ambulatory surgical centers. Such standards~~
1948 ~~must include quality of care, nurse staffing, physician~~
1949 ~~staffing, and equipment standards. Ambulatory surgical centers~~
1950 ~~may not provide operative procedures to children under 18 years~~
1951 ~~of age which require a length of stay past midnight until such~~
1952 ~~standards are established by rule.~~

1953 (8)(9) The agency may not adopt any rule governing the
1954 design, construction, erection, alteration, modification,
1955 repair, or demolition of any public or private hospital or
1956 intermediate residential treatment facility, ~~or ambulatory~~
1957 ~~surgical center~~. It is the intent of the Legislature to preempt
1958 that function to the Florida Building Commission and the State
1959 Fire Marshal through adoption and maintenance of the Florida
1960 Building Code and the Florida Fire Prevention Code. However, the
1961 agency shall provide technical assistance to the commission and
1962 the State Fire Marshal in updating the construction standards of
1963 the Florida Building Code and the Florida Fire Prevention Code
1964 which govern hospitals and, intermediate residential treatment
1965 facilities, ~~and ambulatory surgical centers~~.

1966 Section 34. Subsection (3) of section 395.10973, Florida
1967 Statutes, is amended to read:

1968 395.10973 Powers and duties of the agency.—It is the
1969 function of the agency to:

1970 (3) Enforce the special-occupancy provisions of the Florida
1971 Building Code which apply to hospitals and, intermediate
1972 residential treatment facilities, ~~and ambulatory surgical~~

Page 68 of 108

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

2-01226-25 20251370__

1973 ~~centers~~ in conducting any inspection authorized by this chapter
 1974 and part II of chapter 408.

1975 Section 35. Subsection (8) of section 395.3025, Florida
 1976 Statutes, is amended to read:

1977 395.3025 Patient and personnel records; copies;
 1978 examination.-

1979 (8) Patient records at hospitals ~~and ambulatory surgical~~
 1980 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as
 1981 provided by subsections (1)-(5).

1982 Section 36. Subsection (3) of section 395.607, Florida
 1983 Statutes, is amended to read:

1984 395.607 Rural emergency hospitals.-

1985 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural
 1986 emergency hospital is not required to offer acute inpatient care
 1987 or care beyond 24 hours, or to make available treatment
 1988 facilities for surgery, obstetrical care, or similar services in
 1989 order to be deemed a hospital as long as it maintains its
 1990 designation as a rural emergency hospital, and may be required
 1991 to make such services available only if it ceases to be
 1992 designated as a rural emergency hospital.

1993 Section 37. Paragraphs (b) and (c) of subsection (1) of
 1994 section 395.701, Florida Statutes, are amended to read:

1995 395.701 Annual assessments on net operating revenues for
 1996 inpatient and outpatient services to fund public medical
 1997 assistance; administrative fines for failure to pay assessments
 1998 when due; exemption.-

1999 (1) For the purposes of this section, the term:

2000 (b) "Gross operating revenue" or "gross revenue" means the
 2001 sum of daily hospital service charges, ~~ambulatory service~~

2-01226-25 20251370__

2002 ~~charges~~, ancillary service charges, and other operating revenue.

2003 (c) "Hospital" means a health care institution as defined
 2004 in s. 395.202 ~~s. 395.002(12)~~, but does not include any hospital
 2005 operated by a state agency.

2006 Section 38. Paragraph (b) of subsection (3) of section
 2007 400.518, Florida Statutes, is amended to read:

2008 400.518 Prohibited referrals to home health agencies.-
 2009 (3)

2010 (b) A physician who violates this section is subject to
 2011 disciplinary action by the appropriate board under s. 458.331(2)
 2012 or s. 459.015(2). A hospital ~~or ambulatory surgical center~~ that
 2013 violates this section is subject to s. 395.0185(2). An
 2014 ambulatory surgical center that violates this section is subject
 2015 to s. 396.209.

2016 Section 39. Paragraph (h) of subsection (5) of section
 2017 400.93, Florida Statutes, is amended to read:

2018 400.93 Licensure required; exemptions; unlawful acts;
 2019 penalties.-

2020 (5) The following are exempt from home medical equipment
 2021 provider licensure, unless they have a separate company,
 2022 corporation, or division that is in the business of providing
 2023 home medical equipment and services for sale or rent to
 2024 consumers at their regular or temporary place of residence
 2025 pursuant to the provisions of this part:

2026 (h) Hospitals licensed under chapter 395 and ambulatory
 2027 surgical centers licensed under chapter 396 ~~395~~.

2028 Section 40. Paragraph (i) of subsection (1) of section
 2029 400.9935, Florida Statutes, is amended to read:

2030 400.9935 Clinic responsibilities.-

2-01226-25

20251370__

2031 (1) Each clinic shall appoint a medical director or clinic
2032 director who shall agree in writing to accept legal
2033 responsibility for the following activities on behalf of the
2034 clinic. The medical director or the clinic director shall:

2035 (i) Ensure that the clinic publishes a schedule of charges
2036 for the medical services offered to patients. The schedule must
2037 include the prices charged to an uninsured person paying for
2038 such services by cash, check, credit card, or debit card. The
2039 schedule may group services by price levels, listing services in
2040 each price level. The schedule must be posted in a conspicuous
2041 place in the reception area of any clinic that is considered an
2042 urgent care center as defined in s. 395.002 ~~s. 395.002(30)(b)~~
2043 and must include, but is not limited to, the 50 services most
2044 frequently provided by the clinic. The posting may be a sign
2045 that must be at least 15 square feet in size or through an
2046 electronic messaging board that is at least 3 square feet in
2047 size. The failure of a clinic, including a clinic that is
2048 considered an urgent care center, to publish and post a schedule
2049 of charges as required by this section shall result in a fine of
2050 not more than \$1,000, per day, until the schedule is published
2051 and posted.

2052 Section 41. Paragraph (b) of subsection (2) of section
2053 401.272, Florida Statutes, is amended to read:

2054 401.272 Emergency medical services community health care.—

2055 (2) Notwithstanding any other provision of law to the
2056 contrary:

2057 (b) Paramedics and emergency medical technicians shall
2058 operate under the medical direction of a physician through two-
2059 way communication or pursuant to established standing orders or

Page 71 of 108

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

2-01226-25

20251370__

2060 protocols and within the scope of their training when a patient
2061 is not transported to an emergency department or is transported
2062 to a facility other than a hospital as defined in s. 395.002 ~~s.~~
2063 ~~395.002(12)~~.

2064 Section 42. Subsections (4) and (5) of section 408.051,
2065 Florida Statutes, are amended to read:

2066 408.051 Florida Electronic Health Records Exchange Act.—

2067 (4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
2068 health care provider may release or access an identifiable
2069 health record of a patient without the patient's consent for use
2070 in the treatment of the patient for an emergency medical
2071 condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the
2072 health care provider is unable to obtain the patient's consent
2073 or the consent of the patient representative due to the
2074 patient's condition or the nature of the situation requiring
2075 immediate medical attention. A health care provider who in good
2076 faith releases or accesses an identifiable health record of a
2077 patient in any form or medium under this subsection is immune
2078 from civil liability for accessing or releasing an identifiable
2079 health record.

2080 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s.~~
2081 ~~395.002(12)~~ which maintains certified electronic health record
2082 technology must make available admit, transfer, and discharge
2083 data to the agency's Florida Health Information Exchange program
2084 for the purpose of supporting public health data registries and
2085 patient care coordination. The agency may adopt rules to
2086 implement this subsection.

2087 Section 43. Subsection (6) of section 408.07, Florida
2088 Statutes, is amended to read:

Page 72 of 108

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

2-01226-25 20251370__

2089 408.07 Definitions.—As used in this chapter, with the
2090 exception of ss. 408.031-408.045, the term:

2091 (6) "Ambulatory surgical center" means a facility licensed
2092 as an ambulatory surgical center under chapter 396 ~~395~~.

2093 Section 44. Subsection (9) of section 408.802, Florida
2094 Statutes, is amended to read:

2095 408.802 Applicability.—This part applies to the provision
2096 of services that require licensure as defined in this part and
2097 to the following entities licensed, registered, or certified by
2098 the agency, as described in chapters 112, 383, 390, 394, 395,
2099 400, 429, 440, and 765:

2100 (9) Ambulatory surgical centers, as provided under ~~part I~~
2101 ~~of~~ chapter 396 ~~395~~.

2102 Section 45. Subsection (9) of section 408.820, Florida
2103 Statutes, is amended to read:

2104 408.820 Exemptions.—Except as prescribed in authorizing
2105 statutes, the following exemptions shall apply to specified
2106 requirements of this part:

2107 (9) Ambulatory surgical centers, as provided under ~~part I~~
2108 ~~of~~ chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

2109 Section 46. Subsection (8) of section 409.905, Florida
2110 Statutes, is amended to read:

2111 409.905 Mandatory Medicaid services.—The agency may make
2112 payments for the following services, which are required of the
2113 state by Title XIX of the Social Security Act, furnished by
2114 Medicaid providers to recipients who are determined to be
2115 eligible on the dates on which the services were provided. Any
2116 service under this section shall be provided only when medically
2117 necessary and in accordance with state and federal law.

2-01226-25 20251370__

2118 Mandatory services rendered by providers in mobile units to
2119 Medicaid recipients may be restricted by the agency. Nothing in
2120 this section shall be construed to prevent or limit the agency
2121 from adjusting fees, reimbursement rates, lengths of stay,
2122 number of visits, number of services, or any other adjustments
2123 necessary to comply with the availability of moneys and any
2124 limitations or directions provided for in the General
2125 Appropriations Act or chapter 216.

2126 (8) NURSING FACILITY SERVICES.—The agency shall pay for 24-
2127 hour-a-day nursing and rehabilitative services for a recipient
2128 in a nursing facility licensed under part II of chapter 400 or
2129 in a rural hospital, as defined in s. 395.602, or in a Medicare
2130 certified skilled nursing facility operated by a hospital, as
2131 defined in s. 395.002 ~~by s. 395.002(10)~~, that is licensed under
2132 part I of chapter 395, and in accordance with provisions set
2133 forth in s. 409.908(2)(a), which services are ordered by and
2134 provided under the direction of a licensed physician. However,
2135 if a nursing facility has been destroyed or otherwise made
2136 uninhabitable by natural disaster or other emergency and another
2137 nursing facility is not available, the agency must pay for
2138 similar services temporarily in a hospital licensed under part I
2139 of chapter 395 provided federal funding is approved and
2140 available. The agency shall pay only for bed-hold days if the
2141 facility has an occupancy rate of 95 percent or greater. The
2142 agency is authorized to seek any federal waivers to implement
2143 this policy.

2144 Section 47. Subsection (3) of section 409.906, Florida
2145 Statutes, is amended to read:

2146 409.906 Optional Medicaid services.—Subject to specific

2-01226-25

20251370__

2147 appropriations, the agency may make payments for services which
 2148 are optional to the state under Title XIX of the Social Security
 2149 Act and are furnished by Medicaid providers to recipients who
 2150 are determined to be eligible on the dates on which the services
 2151 were provided. Any optional service that is provided shall be
 2152 provided only when medically necessary and in accordance with
 2153 state and federal law. Optional services rendered by providers
 2154 in mobile units to Medicaid recipients may be restricted or
 2155 prohibited by the agency. Nothing in this section shall be
 2156 construed to prevent or limit the agency from adjusting fees,
 2157 reimbursement rates, lengths of stay, number of visits, or
 2158 number of services, or making any other adjustments necessary to
 2159 comply with the availability of moneys and any limitations or
 2160 directions provided for in the General Appropriations Act or
 2161 chapter 216. If necessary to safeguard the state's systems of
 2162 providing services to elderly and disabled persons and subject
 2163 to the notice and review provisions of s. 216.177, the Governor
 2164 may direct the Agency for Health Care Administration to amend
 2165 the Medicaid state plan to delete the optional Medicaid service
 2166 known as "Intermediate Care Facilities for the Developmentally
 2167 Disabled." Optional services may include:

2168 (3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may pay
 2169 for services provided to a recipient in an ambulatory surgical
 2170 center licensed under ~~part I of~~ chapter 396 395, by or under the
 2171 direction of a licensed physician or dentist.

2172 Section 48. Paragraph (b) of subsection (1) of section
 2173 409.975, Florida Statutes, is amended to read:

2174 409.975 Managed care plan accountability.—In addition to
 2175 the requirements of s. 409.967, plans and providers

Page 75 of 108

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

2-01226-25

20251370__

2176 participating in the managed medical assistance program shall
 2177 comply with the requirements of this section.

2178 (1) PROVIDER NETWORKS.—Managed care plans must develop and
 2179 maintain provider networks that meet the medical needs of their
 2180 enrollees in accordance with standards established pursuant to
 2181 s. 409.967(2)(c). Except as provided in this section, managed
 2182 care plans may limit the providers in their networks based on
 2183 credentials, quality indicators, and price.

2184 (b) Certain providers are statewide resources and essential
 2185 providers for all managed care plans in all regions. All managed
 2186 care plans must include these essential providers in their
 2187 networks. Statewide essential providers include:

2188 1. Faculty plans of Florida medical schools.

2189 2. Regional perinatal intensive care centers as defined in
 2190 s. 383.16(2).

2191 3. Hospitals licensed as specialty children's hospitals as
 2192 defined in s. 395.002 ~~s. 395.002(28)~~.

2193 4. Accredited and integrated systems serving medically
 2194 complex children which comprise separately licensed, but
 2195 commonly owned, health care providers delivering at least the
 2196 following services: medical group home, in-home and outpatient
 2197 nursing care and therapies, pharmacy services, durable medical
 2198 equipment, and Prescribed Pediatric Extended Care.

2199 5. Florida cancer hospitals that meet the criteria in 42
 2200 U.S.C. s. 1395ww(d)(1)(B)(v).

2201
 2202 Managed care plans that have not contracted with all statewide
 2203 essential providers in all regions as of the first date of
 2204 recipient enrollment must continue to negotiate in good faith.

Page 76 of 108

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

2-01226-25 20251370__

2205 Payments to physicians on the faculty of nonparticipating
 2206 Florida medical schools shall be made at the applicable Medicaid
 2207 rate. Payments for services rendered by regional perinatal
 2208 intensive care centers shall be made at the applicable Medicaid
 2209 rate as of the first day of the contract between the agency and
 2210 the plan. Except for payments for emergency services, payments
 2211 to nonparticipating specialty children's hospitals, and payments
 2212 to nonparticipating Florida cancer hospitals that meet the
 2213 criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v), shall equal the
 2214 highest rate established by contract between that provider and
 2215 any other Medicaid managed care plan.

2216 Section 49. Subsection (5) of section 456.041, Florida
 2217 Statutes, is amended to read:

2218 456.041 Practitioner profile; creation.—

2219 (5) The Department of Health shall include the date of a
 2220 hospital or ambulatory surgical center disciplinary action taken
 2221 by a licensed hospital or an ambulatory surgical center, in
 2222 accordance with the requirements of s. 395.0193 and s. 396.212,
 2223 in the practitioner profile. The department shall state whether
 2224 the action related to professional competence and whether it
 2225 related to the delivery of services to a patient.

2226 Section 50. Paragraph (n) of subsection (3) of section
 2227 456.053, Florida Statutes, is amended to read:

2228 456.053 Financial arrangements between referring health
 2229 care providers and providers of health care services.—

2230 (3) DEFINITIONS.—For the purpose of this section, the word,
 2231 phrase, or term:

2232 (n) "Referral" means any referral of a patient by a health
 2233 care provider for health care services, including, without

2-01226-25 20251370__

2234 limitation:

2235 1. The forwarding of a patient by a health care provider to
 2236 another health care provider or to an entity which provides or
 2237 supplies designated health services or any other health care
 2238 item or service; or

2239 2. The request or establishment of a plan of care by a
 2240 health care provider, which includes the provision of designated
 2241 health services or other health care item or service.

2242 3. The following orders, recommendations, or plans of care
 2243 do shall not constitute a referral by a health care provider:

2244 a. By a radiologist for diagnostic-imaging services.

2245 b. By a physician specializing in the provision of
 2246 radiation therapy services for such services.

2247 c. By a medical oncologist for drugs and solutions to be
 2248 prepared and administered intravenously to such oncologist's
 2249 patient, as well as for the supplies and equipment used in
 2250 connection therewith to treat such patient for cancer and the
 2251 complications thereof.

2252 d. By a cardiologist for cardiac catheterization services.

2253 e. By a pathologist for diagnostic clinical laboratory
 2254 tests and pathological examination services, if furnished by or
 2255 under the supervision of such pathologist pursuant to a
 2256 consultation requested by another physician.

2257 f. By a health care provider who is the sole provider or
 2258 member of a group practice for designated health services or
 2259 other health care items or services that are prescribed or
 2260 provided solely for such referring health care provider's or
 2261 group practice's own patients, and that are provided or
 2262 performed by or under the supervision of such referring health

2-01226-25

20251370__

2263 care provider or group practice if such supervision complies
 2264 with all applicable Medicare payment and coverage rules for
 2265 services; provided, however, a physician licensed pursuant to
 2266 chapter 458, chapter 459, chapter 460, or chapter 461 or an
 2267 advanced practice registered nurse registered under s. 464.0123
 2268 may refer a patient to a sole provider or group practice for
 2269 diagnostic imaging services, excluding radiation therapy
 2270 services, for which the sole provider or group practice billed
 2271 both the technical and the professional fee for or on behalf of
 2272 the patient, if the referring physician or advanced practice
 2273 registered nurse registered under s. 464.0123 has no investment
 2274 interest in the practice. The diagnostic imaging service
 2275 referred to a group practice or sole provider must be a
 2276 diagnostic imaging service normally provided within the scope of
 2277 practice to the patients of the group practice or sole provider.
 2278 The group practice or sole provider may accept no more than 15
 2279 percent of their patients receiving diagnostic imaging services
 2280 from outside referrals, excluding radiation therapy services.
 2281 However, the 15 percent limitation of this sub-subparagraph and
 2282 the requirements of subparagraph (4)(a)2. do not apply to a
 2283 group practice entity that owns an accountable care organization
 2284 or an entity operating under an advanced alternative payment
 2285 model according to federal regulations if such entity provides
 2286 diagnostic imaging services and has more than 30,000 patients
 2287 enrolled per year.

2288 g. By a health care provider for services provided by an
 2289 ambulatory surgical center licensed under chapter 396 ~~395~~.

2290 h. By a urologist for lithotripsy services.

2291 i. By a dentist for dental services performed by an

Page 79 of 108

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

2-01226-25

20251370__

2292 employee of or health care provider who is an independent
 2293 contractor with the dentist or group practice of which the
 2294 dentist is a member.

2295 j. By a physician for infusion therapy services to a
 2296 patient of that physician or a member of that physician's group
 2297 practice.

2298 k. By a nephrologist for renal dialysis services and
 2299 supplies, except laboratory services.

2300 l. By a health care provider whose principal professional
 2301 practice consists of treating patients in their private
 2302 residences for services to be rendered in such private
 2303 residences, except for services rendered by a home health agency
 2304 licensed under chapter 400. For purposes of this sub-
 2305 subparagraph, the term "private residences" includes patients'
 2306 private homes, independent living centers, and assisted living
 2307 facilities, but does not include skilled nursing facilities.

2308 m. By a health care provider for sleep-related testing.

2309 Section 51. Subsection (3) of section 456.056, Florida
 2310 Statutes, is amended to read:

2311 456.056 Treatment of Medicare beneficiaries; refusal,
 2312 emergencies, consulting physicians.—

2313 (3) If treatment is provided to a beneficiary for an
 2314 emergency medical condition as defined in s. 395.002 ~~or~~
 2315 ~~395.002(8)(a)~~, the physician must accept Medicare assignment
 2316 provided that the requirement to accept Medicare assignment for
 2317 an emergency medical condition does shall not apply to treatment
 2318 rendered after the patient is stabilized, ~~or the treatment that~~
 2319 is unrelated to the original emergency medical condition. For
 2320 the purpose of this subsection "stabilized" is defined to mean

Page 80 of 108

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

2-01226-25 20251370__

2321 with respect to an emergency medical condition, that no material
2322 deterioration of the condition is likely within reasonable
2323 medical probability.

2324 Section 52. Subsection (3) of section 458.3145, Florida
2325 Statutes, is amended to read:

2326 458.3145 Medical faculty certificate.—

2327 (3) The holder of a medical faculty certificate issued
2328 under this section has all rights and responsibilities
2329 prescribed by law for the holder of a license issued under s.
2330 458.311, except as specifically provided otherwise by law. Such
2331 responsibilities include compliance with continuing medical
2332 education requirements as set forth by rule of the board. A
2333 hospital or ambulatory surgical center licensed under chapter
2334 396 ~~395~~, health maintenance organization certified under chapter
2335 641, insurer as defined in s. 624.03, multiple-employer welfare
2336 arrangement as defined in s. 624.437, or any other entity in
2337 this state, in considering and acting upon an application for
2338 staff membership, clinical privileges, or other credentials as a
2339 health care provider, may not deny the application of an
2340 otherwise qualified physician for such staff membership,
2341 clinical privileges, or other credentials solely because the
2342 applicant is a holder of a medical faculty certificate under
2343 this section.

2344 Section 53. Subsection (2) of section 458.320, Florida
2345 Statutes, is amended to read:

2346 458.320 Financial responsibility.—

2347 (2) Physicians who perform surgery in an ambulatory
2348 surgical center licensed under chapter 396 ~~395~~ and, as a
2349 continuing condition of hospital staff privileges, physicians

2-01226-25 20251370__

2350 who have staff privileges must also establish financial
2351 responsibility by one of the following methods:

2352 (a) Establishing and maintaining an escrow account
2353 consisting of cash or assets eligible for deposit in accordance
2354 with s. 625.52 in the per claim amounts specified in paragraph
2355 (b). The required escrow amount set forth in this paragraph may
2356 not be used for litigation costs or attorney ~~attorney's~~ fees for
2357 the defense of any medical malpractice claim.

2358 (b) Obtaining and maintaining professional liability
2359 coverage in an amount not less than \$250,000 per claim, with a
2360 minimum annual aggregate of not less than \$750,000 from an
2361 authorized insurer as defined under s. 624.09, from a surplus
2362 lines insurer as defined under s. 626.914(2), from a risk
2363 retention group as defined under s. 627.942, from the Joint
2364 Underwriting Association established under s. 627.351(4),
2365 through a plan of self-insurance as provided in s. 627.357, or
2366 through a plan of self-insurance which meets the conditions
2367 specified for satisfying financial responsibility in s. 766.110.
2368 The required coverage amount set forth in this paragraph may not
2369 be used for litigation costs or attorney ~~attorney's~~ fees for the
2370 defense of any medical malpractice claim.

2371 (c) Obtaining and maintaining an unexpired irrevocable
2372 letter of credit, established pursuant to chapter 675, in an
2373 amount not less than \$250,000 per claim, with a minimum
2374 aggregate availability of credit of not less than \$750,000. The
2375 letter of credit must be payable to the physician as beneficiary
2376 upon presentment of a final judgment indicating liability and
2377 awarding damages to be paid by the physician or upon presentment
2378 of a settlement agreement signed by all parties to such

2-01226-25

20251370__

2379 agreement when such final judgment or settlement is a result of
 2380 a claim arising out of the rendering of, or the failure to
 2381 render, medical care and services. The letter of credit may not
 2382 be used for litigation costs or ~~attorney~~ attorney's fees for the
 2383 defense of any medical malpractice claim. The letter of credit
 2384 must be nonassignable and nontransferable. The letter of credit
 2385 must be issued by any bank or savings association organized and
 2386 existing under the laws of this state or any bank or savings
 2387 association organized under the laws of the United States which
 2388 has its principal place of business in this state or has a
 2389 branch office that is authorized under the laws of this state or
 2390 of the United States to receive deposits in this state.

2391

2392 This subsection shall be inclusive of the coverage in subsection
 2393 (1).

2394 Section 54. Paragraph (f) of subsection (4) of section
 2395 458.351, Florida Statutes, is amended to read:

2396 458.351 Reports of adverse incidents in office practice
 2397 settings.—

2398 (4) For purposes of notification to the department pursuant
 2399 to this section, the term "adverse incident" means an event over
 2400 which the physician or licensee could exercise control and which
 2401 is associated in whole or in part with a medical intervention,
 2402 rather than the condition for which such intervention occurred,
 2403 and which results in the following patient injuries:

2404 (f) Any condition that required the transfer of a patient
 2405 to a hospital licensed under chapter 395 from an ambulatory
 2406 surgical center licensed under chapter 396 ~~395~~ or any facility
 2407 or any office maintained by a physician for the practice of

2-01226-25

20251370__

2408 medicine which is not licensed under chapter 395.

2409 Section 55. Subsection (2) of section 459.0085, Florida
 2410 Statutes, is amended to read:

2411 459.0085 Financial responsibility.—

2412 (2) Osteopathic physicians who perform surgery in an
 2413 ambulatory surgical center licensed under chapter 396 ~~395~~ and,
 2414 as a continuing condition of hospital staff privileges,
 2415 osteopathic physicians who have staff privileges must also
 2416 establish financial responsibility by one of the following
 2417 methods:

2418 (a) Establishing and maintaining an escrow account
 2419 consisting of cash or assets eligible for deposit in accordance
 2420 with s. 625.52 in the per-claim amounts specified in paragraph
 2421 (b). The required escrow amount set forth in this paragraph may
 2422 not be used for litigation costs or ~~attorney~~ attorney's fees for
 2423 the defense of any medical malpractice claim.

2424 (b) Obtaining and maintaining professional liability
 2425 coverage in an amount not less than \$250,000 per claim, with a
 2426 minimum annual aggregate of not less than \$750,000 from an
 2427 authorized insurer as defined under s. 624.09, from a surplus
 2428 lines insurer as defined under s. 626.914(2), from a risk
 2429 retention group as defined under s. 627.942, from the Joint
 2430 Underwriting Association established under s. 627.351(4),
 2431 through a plan of self-insurance as provided in s. 627.357, or
 2432 through a plan of self-insurance that meets the conditions
 2433 specified for satisfying financial responsibility in s. 766.110.
 2434 The required coverage amount set forth in this paragraph may not
 2435 be used for litigation costs or ~~attorney~~ attorney's fees for the
 2436 defense of any medical malpractice claim.

2-01226-25

20251370__

2437 (c) Obtaining and maintaining an unexpired, irrevocable
 2438 letter of credit, established pursuant to chapter 675, in an
 2439 amount not less than \$250,000 per claim, with a minimum
 2440 aggregate availability of credit of not less than \$750,000. The
 2441 letter of credit must be payable to the osteopathic physician as
 2442 beneficiary upon presentment of a final judgment indicating
 2443 liability and awarding damages to be paid by the osteopathic
 2444 physician or upon presentment of a settlement agreement signed
 2445 by all parties to such agreement when such final judgment or
 2446 settlement is a result of a claim arising out of the rendering
 2447 of, or the failure to render, medical care and services. The
 2448 letter of credit may not be used for litigation costs or
 2449 attorney ~~attorney's~~ fees for the defense of any medical
 2450 malpractice claim. The letter of credit must be nonassignable
 2451 and nontransferable. The letter of credit must be issued by any
 2452 bank or savings association organized and existing under the
 2453 laws of this state or any bank or savings association organized
 2454 under the laws of the United States which has its principal
 2455 place of business in this state or has a branch office that is
 2456 authorized under the laws of this state or of the United States
 2457 to receive deposits in this state.

2458
 2459 This subsection shall be inclusive of the coverage in subsection
 2460 (1).

2461 Section 56. Paragraph (f) of subsection (4) of section
 2462 459.026, Florida Statutes, is amended to read:

2463 459.026 Reports of adverse incidents in office practice
 2464 settings.—

2465 (4) For purposes of notification to the department pursuant

Page 85 of 108

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

2-01226-25

20251370__

2466 to this section, the term "adverse incident" means an event over
 2467 which the physician or licensee could exercise control and which
 2468 is associated in whole or in part with a medical intervention,
 2469 rather than the condition for which such intervention occurred,
 2470 and which results in the following patient injuries:

2471 (f) Any condition that required the transfer of a patient
 2472 to a hospital licensed under chapter 395 from an ambulatory
 2473 surgical center licensed under chapter 396 ~~395~~ or any facility
 2474 or any office maintained by a physician for the practice of
 2475 medicine which is not licensed under chapter 395.

2476 Section 57. Paragraph (e) of subsection (1) of section
 2477 465.0125, Florida Statutes, is amended to read:

2478 465.0125 Consultant pharmacist license; application,
 2479 renewal, fees; responsibilities; rules.—

2480 (1) The department shall issue or renew a consultant
 2481 pharmacist license upon receipt of an initial or renewal
 2482 application that conforms to the requirements for consultant
 2483 pharmacist initial licensure or renewal as adopted by the board
 2484 by rule and a fee set by the board not to exceed \$250. To be
 2485 licensed as a consultant pharmacist, a pharmacist must complete
 2486 additional training as required by the board.

2487 (e) For purposes of this subsection, the term "health care
 2488 facility" means a ~~an ambulatory surgical center or~~ hospital
 2489 licensed under chapter 395, an ambulatory surgical center
 2490 licensed under chapter 396, an alcohol or chemical dependency
 2491 treatment center licensed under chapter 397, an inpatient
 2492 hospice licensed under part IV of chapter 400, a nursing home
 2493 licensed under part II of chapter 400, an ambulatory care center
 2494 as defined in s. 408.07, or a nursing home component under

Page 86 of 108

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

2-01226-25 20251370__

2495 chapter 400 within a continuing care facility licensed under
 2496 chapter 651.

2497 Section 58. Paragraph (1) of subsection (1) of section
 2498 468.505, Florida Statutes, is amended to read:

2499 468.505 Exemptions; exceptions.—

2500 (1) Nothing in this part may be construed as prohibiting or
 2501 restricting the practice, services, or activities of:

2502 (1) A person employed by a nursing facility exempt from
 2503 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt
 2504 from licensing under s. 464.022.

2505 Section 59. Paragraph (h) of subsection (4) of section
 2506 627.351, Florida Statutes, is amended to read:

2507 627.351 Insurance risk apportionment plans.—

2508 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
 2509 CONTRACTS AND PURCHASES.—

2510 (h) As used in this subsection:

2511 1. "Health care provider" means hospitals licensed under
 2512 chapter 395; physicians licensed under chapter 458; osteopathic
 2513 physicians licensed under chapter 459; podiatric physicians
 2514 licensed under chapter 461; dentists licensed under chapter 466;
 2515 chiropractic physicians licensed under chapter 460; naturopaths
 2516 licensed under chapter 462; nurses licensed under part I of
 2517 chapter 464; midwives licensed under chapter 467; physician
 2518 assistants licensed under chapter 458 or chapter 459; physical
 2519 therapists and physical therapist assistants licensed under
 2520 chapter 486; health maintenance organizations certificated under
 2521 part I of chapter 641; ambulatory surgical centers licensed
 2522 under chapter 396 ~~395~~; other medical facilities as defined in
 2523 subparagraph 2.; blood banks, plasma centers, industrial

2-01226-25 20251370__

2524 clinics, and renal dialysis facilities; or professional
 2525 associations, partnerships, corporations, joint ventures, or
 2526 other associations for professional activity by health care
 2527 providers.

2528 2. "Other medical facility" means a facility the primary
 2529 purpose of which is to provide human medical diagnostic services
 2530 or a facility providing nonsurgical human medical treatment, to
 2531 which facility the patient is admitted and from which facility
 2532 the patient is discharged within the same working day, and which
 2533 facility is not part of a hospital. However, a facility existing
 2534 for the primary purpose of performing terminations of pregnancy
 2535 or an office maintained by a physician or dentist for the
 2536 practice of medicine may not be construed to be an "other
 2537 medical facility."

2538 3. "Health care facility" means any hospital licensed under
 2539 chapter 395, health maintenance organization certificated under
 2540 part I of chapter 641, ambulatory surgical center licensed under
 2541 chapter 396 ~~395~~, or other medical facility as defined in
 2542 subparagraph 2.

2543 Section 60. Paragraph (b) of subsection (1) of section
 2544 627.357, Florida Statutes, is amended to read:

2545 627.357 Medical malpractice self-insurance.—

2546 (1) DEFINITIONS.—As used in this section, the term:

2547 (b) "Health care provider" means any:

2548 1. Hospital licensed under chapter 395.

2549 2. Physician licensed, or physician assistant licensed,
 2550 under chapter 458.

2551 3. Osteopathic physician or physician assistant licensed
 2552 under chapter 459.

2-01226-25 20251370__

2553 4. Podiatric physician licensed under chapter 461.
 2554 5. Health maintenance organization certificated under part
 2555 I of chapter 641.
 2556 6. Ambulatory surgical center licensed under chapter 396
 2557 ~~395~~.
 2558 7. Chiropractic physician licensed under chapter 460.
 2559 8. Psychologist licensed under chapter 490.
 2560 9. Optometrist licensed under chapter 463.
 2561 10. Dentist licensed under chapter 466.
 2562 11. Pharmacist licensed under chapter 465.
 2563 12. Registered nurse, licensed practical nurse, or advanced
 2564 practice registered nurse licensed or registered under part I of
 2565 chapter 464.
 2566 13. Other medical facility.
 2567 14. Professional association, partnership, corporation,
 2568 joint venture, or other association established by the
 2569 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 2570 10., 11., and 12. for professional activity.
 2571 Section 61. Section 627.6056, Florida Statutes, is amended
 2572 to read:
 2573 627.6056 Coverage for ambulatory surgical center service.—
 2574 An ~~No~~ individual health insurance policy providing coverage on
 2575 an expense-incurred basis or individual service or indemnity-
 2576 type contract issued by a nonprofit corporation, of any kind or
 2577 description, may not ~~shall~~ be issued unless coverage provided
 2578 for any service performed in an ambulatory surgical center, as
 2579 defined in s. 396.202 ~~s. 395.002~~, is provided if such service
 2580 would have been covered under the terms of the policy or
 2581 contract as an eligible inpatient service.

2-01226-25 20251370__

2582 Section 62. Subsection (3) of section 627.6405, Florida
 2583 Statutes, is amended to read:
 2584 627.6405 Decreasing inappropriate utilization of emergency
 2585 care.—
 2586 (3) As a disincentive for insureds to inappropriately use
 2587 emergency department services for nonemergency care, health
 2588 insurers may require higher copayments for urgent care or
 2589 primary care provided in an emergency department and higher
 2590 copayments for use of out-of-network emergency departments.
 2591 Higher copayments may not be charged for the utilization of the
 2592 emergency department for emergency care. For the purposes of
 2593 this section, the term "emergency care" has the same meaning as
 2594 the term "emergency services and care" as defined in s. 395.002
 2595 ~~s. 395.002(9)~~ and includes services provided to rule out an
 2596 emergency medical condition.
 2597 Section 63. Paragraph (b) of subsection (1) of section
 2598 627.64194, Florida Statutes, is amended to read:
 2599 627.64194 Coverage requirements for services provided by
 2600 nonparticipating providers; payment collection limitations.—
 2601 (1) As used in this section, the term:
 2602 (b) "Facility" means a licensed facility as defined in s.
 2603 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in
 2604 s. 395.002.
 2605 Section 64. Section 627.6616, Florida Statutes, is amended
 2606 to read:
 2607 627.6616 Coverage for ambulatory surgical center service.—A
 2608 ~~No~~ group health insurance policy providing coverage on an
 2609 expense-incurred basis, or group service or indemnity-type
 2610 contract issued by a nonprofit corporation, or self-insured

2-01226-25 20251370__

2611 group health benefit plan or trust, of any kind or description,
 2612 ~~may not shall~~ be issued unless coverage provided for any service
 2613 performed in an ambulatory surgical center, as defined in s.
 2614 396.202 ~~s. 395.002~~, is provided if such service would have been
 2615 covered under the terms of the policy or contract as an eligible
 2616 inpatient service.

2617 Section 65. Paragraph (a) of subsection (1) of section
 2618 627.736, Florida Statutes, is amended to read:

2619 627.736 Required personal injury protection benefits;
 2620 exclusions; priority; claims.—

2621 (1) REQUIRED BENEFITS.—An insurance policy complying with
 2622 the security requirements of s. 627.733 must provide personal
 2623 injury protection to the named insured, relatives residing in
 2624 the same household unless excluded under s. 627.747, persons
 2625 operating the insured motor vehicle, passengers in the motor
 2626 vehicle, and other persons struck by the motor vehicle and
 2627 suffering bodily injury while not an occupant of a self-
 2628 propelled vehicle, subject to subsection (2) and paragraph
 2629 (4) (e), to a limit of \$10,000 in medical and disability benefits
 2630 and \$5,000 in death benefits resulting from bodily injury,
 2631 sickness, disease, or death arising out of the ownership,
 2632 maintenance, or use of a motor vehicle as follows:

2633 (a) *Medical benefits.*—Eighty percent of all reasonable
 2634 expenses for medically necessary medical, surgical, X-ray,
 2635 dental, and rehabilitative services, including prosthetic
 2636 devices and medically necessary ambulance, hospital, and nursing
 2637 services if the individual receives initial services and care
 2638 pursuant to subparagraph 1. within 14 days after the motor
 2639 vehicle accident. The medical benefits provide reimbursement

2-01226-25 20251370__

2640 only for:

2641 1. Initial services and care that are lawfully provided,
 2642 supervised, ordered, or prescribed by a physician licensed under
 2643 chapter 458 or chapter 459, a dentist licensed under chapter
 2644 466, a chiropractic physician licensed under chapter 460, or an
 2645 advanced practice registered nurse registered under s. 464.0123
 2646 or that are provided in a hospital or in a facility that owns,
 2647 or is wholly owned by, a hospital. Initial services and care may
 2648 also be provided by a person or entity licensed under part III
 2649 of chapter 401 which provides emergency transportation and
 2650 treatment.

2651 2. Upon referral by a provider described in subparagraph
 2652 1., follow-up ~~followup~~ services and care consistent with the
 2653 underlying medical diagnosis rendered pursuant to subparagraph
 2654 1. which may be provided, supervised, ordered, or prescribed
 2655 only by a physician licensed under chapter 458 or chapter 459, a
 2656 chiropractic physician licensed under chapter 460, a dentist
 2657 licensed under chapter 466, or an advanced practice registered
 2658 nurse registered under s. 464.0123, or, to the extent permitted
 2659 by applicable law and under the supervision of such physician,
 2660 osteopathic physician, chiropractic physician, or dentist, by a
 2661 physician assistant licensed under chapter 458 or chapter 459 or
 2662 an advanced practice registered nurse licensed under chapter
 2663 464. Follow-up ~~Followup~~ services and care may also be provided
 2664 by the following persons or entities:

2665 a. A hospital or ambulatory surgical center licensed under
 2666 chapter 396 ~~395~~.

2667 b. An entity wholly owned by one or more physicians
 2668 licensed under chapter 458 or chapter 459, chiropractic

2-01226-25 20251370__

2669 physicians licensed under chapter 460, advanced practice
 2670 registered nurses registered under s. 464.0123, or dentists
 2671 licensed under chapter 466 or by such practitioners and the
 2672 spouse, parent, child, or sibling of such practitioners.
 2673 c. An entity that owns or is wholly owned, directly or
 2674 indirectly, by a hospital or hospitals.
 2675 d. A physical therapist licensed under chapter 486, based
 2676 upon a referral by a provider described in this subparagraph.
 2677 e. A health care clinic licensed under part X of chapter
 2678 400 which is accredited by an accrediting organization whose
 2679 standards incorporate comparable regulations required by this
 2680 state, or
 2681 (I) Has a medical director licensed under chapter 458,
 2682 chapter 459, or chapter 460;
 2683 (II) Has been continuously licensed for more than 3 years
 2684 or is a publicly traded corporation that issues securities
 2685 traded on an exchange registered with the United States
 2686 Securities and Exchange Commission as a national securities
 2687 exchange; and
 2688 (III) Provides at least four of the following medical
 2689 specialties:
 2690 (A) General medicine.
 2691 (B) Radiography.
 2692 (C) Orthopedic medicine.
 2693 (D) Physical medicine.
 2694 (E) Physical therapy.
 2695 (F) Physical rehabilitation.
 2696 (G) Prescribing or dispensing outpatient prescription
 2697 medication.

2-01226-25 20251370__

2698 (H) Laboratory services.
 2699 3. Reimbursement for services and care provided in
 2700 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 2701 licensed under chapter 458 or chapter 459, a dentist licensed
 2702 under chapter 466, a physician assistant licensed under chapter
 2703 458 or chapter 459, or an advanced practice registered nurse
 2704 licensed under chapter 464 has determined that the injured
 2705 person had an emergency medical condition.
 2706 4. Reimbursement for services and care provided in
 2707 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
 2708 provider listed in subparagraph 1. or subparagraph 2. determines
 2709 that the injured person did not have an emergency medical
 2710 condition.
 2711 5. Medical benefits do not include massage therapy as
 2712 defined in s. 480.033 or acupuncture as defined in s. 457.102,
 2713 regardless of the person, entity, or licensee providing massage
 2714 therapy or acupuncture, and a licensed massage therapist or
 2715 licensed acupuncturist may not be reimbursed for medical
 2716 benefits under this section.
 2717 6. The Financial Services Commission shall adopt by rule
 2718 the form that must be used by an insurer and a health care
 2719 provider specified in sub-subparagraph 2.b., sub-subparagraph
 2720 2.c., or sub-subparagraph 2.e. to document that the health care
 2721 provider meets the criteria of this paragraph. Such rule must
 2722 include a requirement for a sworn statement or affidavit.
 2723
 2724 Only insurers writing motor vehicle liability insurance in this
 2725 state may provide the required benefits of this section, and
 2726 such insurer may not require the purchase of any other motor

2-01226-25

20251370__

2727 vehicle coverage other than the purchase of property damage
 2728 liability coverage as required by s. 627.7275 as a condition for
 2729 providing such benefits. Insurers may not require that property
 2730 damage liability insurance in an amount greater than \$10,000 be
 2731 purchased in conjunction with personal injury protection. Such
 2732 insurers shall make benefits and required property damage
 2733 liability insurance coverage available through normal marketing
 2734 channels. An insurer writing motor vehicle liability insurance
 2735 in this state who fails to comply with such availability
 2736 requirement as a general business practice violates part IX of
 2737 chapter 626, and such violation constitutes an unfair method of
 2738 competition or an unfair or deceptive act or practice involving
 2739 the business of insurance. An insurer committing such violation
 2740 is subject to the penalties provided under that part, as well as
 2741 those provided elsewhere in the insurance code.

2742 Section 66. Paragraph (a) of subsection (1) of section
 2743 627.912, Florida Statutes, is amended to read:

2744 627.912 Professional liability claims and actions; reports
 2745 by insurers and health care providers; annual report by office.-

2746 (1) (a) Each self-insurer authorized under s. 627.357 and
 2747 each commercial self-insurance fund authorized under s. 624.462,
 2748 authorized insurer, surplus lines insurer, risk retention group,
 2749 and joint underwriting association providing professional
 2750 liability insurance to a practitioner of medicine licensed under
 2751 chapter 458, to a practitioner of osteopathic medicine licensed
 2752 under chapter 459, to a podiatric physician licensed under
 2753 chapter 461, to a dentist licensed under chapter 466, to a
 2754 hospital licensed under chapter 395, to a crisis stabilization
 2755 unit licensed under part IV of chapter 394, to a health

Page 95 of 108

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

2-01226-25

20251370__

2756 maintenance organization certificated under part I of chapter
 2757 641, to clinics included in chapter 390, or to an ambulatory
 2758 surgical center as defined in s. 396.202 ~~s. 395.002~~, and each
 2759 insurer providing professional liability insurance to a member
 2760 of The Florida Bar shall report to the office as set forth in
 2761 paragraph (c) any written claim or action for damages for
 2762 personal injuries claimed to have been caused by error,
 2763 omission, or negligence in the performance of such insured's
 2764 professional services or based on a claimed performance of
 2765 professional services without consent.

2766 Section 67. Subsection (2) of section 765.101, Florida
 2767 Statutes, is amended to read:

2768 765.101 Definitions.-As used in this chapter:

2769 (2) "Attending physician" means the physician who has
 2770 primary responsibility for the treatment and care of the patient
 2771 while the patient receives such treatment or care in a hospital
 2772 as defined in s. 395.002 ~~s. 395.002(12)~~.

2773 Section 68. Paragraph (a) of subsection (1) of section
 2774 766.101, Florida Statutes, is amended to read:

2775 766.101 Medical review committee, immunity from liability.-

2776 (1) As used in this section:

2777 (a) The term "medical review committee" or "committee"
 2778 means:

2779 1.a. A committee of a hospital or ambulatory surgical
 2780 center licensed under chapter 396 ~~395~~ or a health maintenance
 2781 organization certificated under part I of chapter 641;

2782 b. A committee of a physician-hospital organization, a
 2783 provider-sponsored organization, or an integrated delivery
 2784 system;

Page 96 of 108

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

2-01226-25

20251370__

2785 c. A committee of a state or local professional society of
 2786 health care providers;

2787 d. A committee of a medical staff of a licensed hospital or
 2788 nursing home, provided the medical staff operates pursuant to
 2789 written bylaws that have been approved by the governing board of
 2790 the hospital or nursing home;

2791 e. A committee of the Department of Corrections or the
 2792 Correctional Medical Authority as created under s. 945.602, or
 2793 employees, agents, or consultants of either the department or
 2794 the authority or both;

2795 f. A committee of a professional service corporation formed
 2796 under chapter 621 or a corporation organized under part I of
 2797 chapter 607 or chapter 617, which is formed and operated for the
 2798 practice of medicine as defined in s. 458.305(3), and which has
 2799 at least 25 health care providers who routinely provide health
 2800 care services directly to patients;

2801 g. A committee of the Department of Children and Families
 2802 which includes employees, agents, or consultants to the
 2803 department as deemed necessary to provide peer review,
 2804 utilization review, and mortality review of treatment services
 2805 provided pursuant to chapters 394, 397, and 916;

2806 h. A committee of a mental health treatment facility
 2807 licensed under chapter 394 or a community mental health center
 2808 as defined in s. 394.907, provided the quality assurance program
 2809 operates pursuant to the guidelines that have been approved by
 2810 the governing board of the agency;

2811 i. A committee of a substance abuse treatment and education
 2812 prevention program licensed under chapter 397 provided the
 2813 quality assurance program operates pursuant to the guidelines

Page 97 of 108

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

2-01226-25

20251370__

2814 that have been approved by the governing board of the agency;

2815 j. A peer review or utilization review committee organized
 2816 under chapter 440;

2817 k. A committee of the Department of Health, a county health
 2818 department, healthy start coalition, or certified rural health
 2819 network, when reviewing quality of care, or employees of these
 2820 entities when reviewing mortality records; or

2821 l. A continuous quality improvement committee of a pharmacy
 2822 licensed pursuant to chapter 465,
 2823
 2824 which committee is formed to evaluate and improve the quality of
 2825 health care rendered by providers of health service, to
 2826 determine that health services rendered were professionally
 2827 indicated or were performed in compliance with the applicable
 2828 standard of care, or that the cost of health care rendered was
 2829 considered reasonable by the providers of professional health
 2830 services in the area; or

2831 2. A committee of an insurer, self-insurer, or joint
 2832 underwriting association of medical malpractice insurance, or
 2833 other persons conducting review under s. 766.106.

2834 Section 69. Subsection (3) of section 766.110, Florida
 2835 Statutes, is amended to read:
 2836 766.110 Liability of health care facilities.—
 2837 (3) In order to ensure comprehensive risk management for
 2838 diagnosis of disease, a health care facility, including a
 2839 hospital or ambulatory surgical center, as defined in chapter
 2840 396 ~~395~~, may use scientific diagnostic disease methodologies
 2841 that use information regarding specific diseases in health care
 2842 facilities and that are adopted by the facility's medical review

Page 98 of 108

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

2-01226-25 20251370__
 2843 committee.
 2844 Section 70. Paragraph (d) of subsection (3) of section
 2845 766.1115, Florida Statutes, is amended to read:
 2846 766.1115 Health care providers; creation of agency
 2847 relationship with governmental contractors.—
 2848 (3) DEFINITIONS.—As used in this section, the term:
 2849 (d) "Health care provider" or "provider" means:
 2850 1. A birth center licensed under chapter 383.
 2851 2. An ambulatory surgical center licensed under chapter 396
 2852 ~~395~~.
 2853 3. A hospital licensed under chapter 395.
 2854 4. A physician or physician assistant licensed under
 2855 chapter 458.
 2856 5. An osteopathic physician or osteopathic physician
 2857 assistant licensed under chapter 459.
 2858 6. A chiropractic physician licensed under chapter 460.
 2859 7. A podiatric physician licensed under chapter 461.
 2860 8. A registered nurse, nurse midwife, licensed practical
 2861 nurse, or advanced practice registered nurse licensed or
 2862 registered under part I of chapter 464 or any facility which
 2863 employs nurses licensed or registered under part I of chapter
 2864 464 to supply all or part of the care delivered under this
 2865 section.
 2866 9. A midwife licensed under chapter 467.
 2867 10. A health maintenance organization certificated under
 2868 part I of chapter 641.
 2869 11. A health care professional association and its
 2870 employees or a corporate medical group and its employees.
 2871 12. Any other medical facility the primary purpose of which

2-01226-25 20251370__
 2872 is to deliver human medical diagnostic services or which
 2873 delivers nonsurgical human medical treatment, and which includes
 2874 an office maintained by a provider.
 2875 13. A dentist or dental hygienist licensed under chapter
 2876 466.
 2877 14. A free clinic that delivers only medical diagnostic
 2878 services or nonsurgical medical treatment free of charge to all
 2879 low-income recipients.
 2880 15. Any other health care professional, practitioner,
 2881 provider, or facility under contract with a governmental
 2882 contractor, including a student enrolled in an accredited
 2883 program that prepares the student for licensure as any one of
 2884 the professionals listed in subparagraphs 4.-9.
 2885
 2886 The term includes any nonprofit corporation qualified as exempt
 2887 from federal income taxation under s. 501(a) of the Internal
 2888 Revenue Code, and described in s. 501(c) of the Internal Revenue
 2889 Code, which delivers health care services provided by licensed
 2890 professionals listed in this paragraph, any federally funded
 2891 community health center, and any volunteer corporation or
 2892 volunteer health care provider that delivers health care
 2893 services.
 2894 Section 71. Subsection (4) and paragraph (b) of subsection
 2895 (6) of section 766.118, Florida Statutes, are amended to read:
 2896 766.118 Determination of noneconomic damages.—
 2897 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF
 2898 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—
 2899 Notwithstanding subsections (2) and (3), with respect to a cause
 2900 of action for personal injury or wrongful death arising from

2-01226-25 20251370__

2901 medical negligence of practitioners providing emergency services
 2902 and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing
 2903 services as provided in s. 401.265, or providing services
 2904 pursuant to obligations imposed by 42 U.S.C. s. 1395dd to
 2905 persons with whom the practitioner does not have a then-existing
 2906 health care patient-practitioner relationship for that medical
 2907 condition:

2908 (a) Regardless of the number of such practitioner
 2909 defendants, noneconomic damages may ~~shall~~ not exceed \$150,000
 2910 per claimant.

2911 (b) Notwithstanding paragraph (a), the total noneconomic
 2912 damages recoverable by all claimants from all such practitioners
 2913 may ~~shall~~ not exceed \$300,000.

2914

2915 The limitation provided by this subsection applies only to
 2916 noneconomic damages awarded as a result of any act or omission
 2917 of providing medical care or treatment, including diagnosis that
 2918 occurs prior to the time the patient is stabilized and is
 2919 capable of receiving medical treatment as a nonemergency
 2920 patient, unless surgery is required as a result of the emergency
 2921 within a reasonable time after the patient is stabilized, in
 2922 which case the limitation provided by this subsection applies to
 2923 any act or omission of providing medical care or treatment which
 2924 occurs prior to the stabilization of the patient following the
 2925 surgery.

2926 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
 2927 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
 2928 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
 2929 respect to a cause of action for personal injury or wrongful

2-01226-25 20251370__

2930 death arising from medical negligence of a practitioner
 2931 committed in the course of providing medical services and
 2932 medical care to a Medicaid recipient, regardless of the number
 2933 of such practitioner defendants providing the services and care,
 2934 noneconomic damages may not exceed \$300,000 per claimant, unless
 2935 the claimant pleads and proves, by clear and convincing
 2936 evidence, that the practitioner acted in a wrongful manner. A
 2937 practitioner providing medical services and medical care to a
 2938 Medicaid recipient is not liable for more than \$200,000 in
 2939 noneconomic damages, regardless of the number of claimants,
 2940 unless the claimant pleads and proves, by clear and convincing
 2941 evidence, that the practitioner acted in a wrongful manner. The
 2942 fact that a claimant proves that a practitioner acted in a
 2943 wrongful manner does not preclude the application of the
 2944 limitation on noneconomic damages prescribed elsewhere in this
 2945 section. For purposes of this subsection:

2946 (b) The term "practitioner," in addition to the meaning
 2947 prescribed in subsection (1), includes a any hospital or
 2948 ~~ambulatory surgical center~~ as defined and licensed under chapter
 2949 395 or an ambulatory surgical center as defined and licensed
 2950 under chapter 396.

2951 Section 72. Subsection (4) of section 766.202, Florida
 2952 Statutes, is amended to read:

2953 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
 2954 766.201-766.212, the term:

2955 (4) "Health care provider" means a any hospital or
 2956 ~~ambulatory surgical center~~ as defined and licensed under chapter
 2957 395; an ambulatory surgical center as defined and licensed under
 2958 chapter 396; a birth center licensed under chapter 383; any

2-01226-25 20251370__

2959 person licensed under chapter 458, chapter 459, chapter 460,
 2960 chapter 461, chapter 462, chapter 463, part I of chapter 464,
 2961 chapter 466, chapter 467, part XIV of chapter 468, or chapter
 2962 486; a health maintenance organization certificated under part I
 2963 of chapter 641; a blood bank; a plasma center; an industrial
 2964 clinic; a renal dialysis facility; or a professional association
 2965 partnership, corporation, joint venture, or other association
 2966 for professional activity by health care providers.

2967 Section 73. Section 766.316, Florida Statutes, is amended
 2968 to read:

2969 766.316 Notice to obstetrical patients of participation in
 2970 the plan.—Each hospital with a participating physician on its
 2971 staff and each participating physician, other than residents,
 2972 assistant residents, and interns deemed to be participating
 2973 physicians under s. 766.314(4)(c), under the Florida Birth-
 2974 Related Neurological Injury Compensation Plan shall provide
 2975 notice to the obstetrical patients as to the limited no-fault
 2976 alternative for birth-related neurological injuries. Such notice
 2977 shall be provided on forms furnished by the association and
 2978 shall include a clear and concise explanation of a patient's
 2979 rights and limitations under the plan. The hospital or the
 2980 participating physician may elect to have the patient sign a
 2981 form acknowledging receipt of the notice form. Signature of the
 2982 patient acknowledging receipt of the notice form raises a
 2983 rebuttable presumption that the notice requirements of this
 2984 section have been met. Notice need not be given to a patient
 2985 when the patient has an emergency medical condition as defined
 2986 in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not
 2987 practicable.

Page 103 of 108

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

2-01226-25 20251370__

2988 Section 74. Paragraph (b) of subsection (2) of section
 2989 812.014, Florida Statutes, is amended to read:

2990 812.014 Theft.—

2991 (2)

2992 (b)1. If the property stolen is valued at \$20,000 or more,
 2993 but less than \$100,000;

2994 2. If the property stolen is cargo valued at less than
 2995 \$50,000 that has entered the stream of interstate or intrastate
 2996 commerce from the shipper's loading platform to the consignee's
 2997 receiving dock;

2998 3. If the property stolen is emergency medical equipment,
 2999 valued at \$300 or more, that is taken from a facility licensed
 3000 under chapter 395 or from an aircraft or vehicle permitted under
 3001 chapter 401; or

3002 4. If the property stolen is law enforcement equipment,
 3003 valued at \$300 or more, that is taken from an authorized
 3004 emergency vehicle, as defined in s. 316.003,

3005
 3006 the offender commits grand theft in the second degree,
 3007 punishable as a felony of the second degree, as provided in s.
 3008 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
 3009 means mechanical or electronic apparatus used to provide
 3010 emergency services and care as defined in s. 395.002 ~~s.~~
 3011 ~~395.002(9)~~ or to treat medical emergencies. Law enforcement
 3012 equipment means any property, device, or apparatus used by any
 3013 law enforcement officer as defined in s. 943.10 in the officer's
 3014 official business. However, if the property is stolen during a
 3015 riot or an aggravated riot prohibited under s. 870.01 and the
 3016 perpetration of the theft is facilitated by conditions arising

Page 104 of 108

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

2-01226-25 20251370__

3017 from the riot; or within a county that is subject to a state of
 3018 emergency declared by the Governor under chapter 252, the theft
 3019 is committed after the declaration of emergency is made, and the
 3020 perpetration of the theft is facilitated by conditions arising
 3021 from the emergency, the theft is a felony of the first degree,
 3022 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 3023 As used in this paragraph, the term "conditions arising from the
 3024 riot" means civil unrest, power outages, curfews, or a reduction
 3025 in the presence of or response time for first responders or
 3026 homeland security personnel and the term "conditions arising
 3027 from the emergency" means civil unrest, power outages, curfews,
 3028 voluntary or mandatory evacuations, or a reduction in the
 3029 presence of or response time for first responders or homeland
 3030 security personnel. A person arrested for committing a theft
 3031 during a riot or an aggravated riot or within a county that is
 3032 subject to a state of emergency may not be released until the
 3033 person appears before a committing magistrate at a first
 3034 appearance hearing. For purposes of sentencing under chapter
 3035 921, a felony offense that is reclassified under this paragraph
 3036 is ranked one level above the ranking under s. 921.0022 or s.
 3037 921.0023 of the offense committed.

3038 Section 75. Paragraph (b) of subsection (1) of section
 3039 945.6041, Florida Statutes, is amended to read:

3040 945.6041 Inmate medical services.—

3041 (1) As used in this section, the term:

3042 (b) "Health care provider" means:

3043 1. A hospital licensed under chapter 395.

3044 2. A physician or physician assistant licensed under
 3045 chapter 458.

2-01226-25 20251370__

3046 3. An osteopathic physician or physician assistant licensed
 3047 under chapter 459.

3048 4. A podiatric physician licensed under chapter 461.

3049 5. A health maintenance organization certificated under
 3050 part I of chapter 641.

3051 6. An ambulatory surgical center licensed under chapter 396
 3052 ~~395~~.

3053 7. A professional association, partnership, corporation,
 3054 joint venture, or other association established by the
 3055 individuals set forth in subparagraphs 2., 3., and 4. for
 3056 professional activity.

3057 8. An other medical facility.

3058 a. As used in this subparagraph, the term "other medical
 3059 facility" means:

3060 (I) A facility the primary purpose of which is to provide
 3061 human medical diagnostic services, or a facility providing
 3062 nonsurgical human medical treatment which discharges patients on
 3063 the same working day that the patients are admitted; and

3064 (II) A facility that is not part of a hospital.

3065 b. The term does not include a facility existing for the
 3066 primary purpose of performing terminations of pregnancy, or an
 3067 office maintained by a physician or dentist for the practice of
 3068 medicine.

3069 Section 76. Paragraph (a) of subsection (1) of section
 3070 985.6441, Florida Statutes, is amended to read:

3071 985.6441 Health care services.—

3072 (1) As used in this section, the term:

3073 (a) "Health care provider" means:

3074 1. A hospital licensed under chapter 395.

2-01226-25 20251370__

3075 2. A physician or physician assistant licensed under
 3076 chapter 458.

3077 3. An osteopathic physician or physician assistant licensed
 3078 under chapter 459.

3079 4. A podiatric physician licensed under chapter 461.

3080 5. A health maintenance organization certificated under
 3081 part I of chapter 641.

3082 6. An ambulatory surgical center licensed under chapter 396
 3083 ~~395~~.

3084 7. A professional association, partnership, corporation,
 3085 joint venture, or other association established by the
 3086 individuals set forth in subparagraphs 2.-4. for professional
 3087 activity.

3088 8. An other medical facility.

3089 a. As used in this subparagraph, the term "other medical
 3090 facility" means:

3091 (I) A facility the primary purpose of which is to provide
 3092 human medical diagnostic services, or a facility providing
 3093 nonsurgical human medical treatment which discharges patients on
 3094 the same working day that the patients are admitted; and

3095 (II) A facility that is not part of a hospital.

3096 b. The term does not include a facility existing for the
 3097 primary purpose of performing terminations of pregnancy, or an
 3098 office maintained by a physician or dentist for the practice of
 3099 medicine.

3100 Section 77. (1) It is the intent of the Legislature to
 3101 bifurcate all fees applicable to ambulatory surgical centers
 3102 authorized and imposed under chapter 395, Florida Statutes
 3103 (2024), and transfer them to chapter 396, Florida Statutes, as

2-01226-25 20251370__

3104 created by this act. The Agency for Health Care Administration
 3105 may maintain its current fees for ambulatory surgical centers
 3106 and may adopt rules to codify such fees in rule to conform to
 3107 changes made by this act.

3108 (2) It is further the intent of the Legislature to
 3109 bifurcate any exemptions from public records and public meetings
 3110 requirements applicable to ambulatory surgical centers under
 3111 chapter 395, Florida Statutes (2024), and preserve such
 3112 exemptions under chapter 396, Florida Statutes, as created by
 3113 this act.

3114 Section 78. This act shall take effect July 1, 2025.



2025 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

<u>BILL INFORMATION</u>	
BILL NUMBER:	SB 1370
BILL TITLE:	Ambulatory Surgical Centers
BILL SPONSOR:	Sen. Trumbull
EFFECTIVE DATE:	7/1/2025

<u>COMMITTEES OF REFERENCE</u>
1) Senate Health Policy
2) Senate Appropriations Committee on Health and Human Services
3) Senate Rules
4)
5)

<u>CURRENT COMMITTEE</u>
Senate Health Policy

<u>SIMILAR BILLS</u>	
BILL NUMBER:	HB 475
SPONSOR:	Rep. Esposito

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	
SPONSOR:	
YEAR:	

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	N/A
SPONSOR:	N/A

LAST ACTION:	
---------------------	--

Is this bill part of an agency package?
Y ___ N <u>X</u>

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	3/7/2025
LEAD AGENCY ANALYST:	Jack Plagge
ADDITIONAL ANALYST(S):	Susan Lowery
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill proposes to move ambulatory surgical center (ASC) licensure from Chapter 395, Part I, Florida Statutes (F.S.) to Chapter 396, F.S. The separation of hospital and ASC licensure requirements into their own statutes will have little to no effect on the daily operations of the Agency for Health Care Administration (Agency or AHCA) or providers. Doing so may ease interpretation and minimize the risk of new legislation being applied to hospitals and ASCs when it may only be intended for one or the other.

The Agency will need to make technical changes to Florida Administrative Code (F.A.C.) and update ASC applications/forms, form letters, guidance documents, survey regulations, and webpage links that reference the statutes. The bill has an effective date of July 1, 2025.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Chapter 395, Part I, F.S. contains 51 sections establishing regulations for administrative, operational, and service-specific processes for the licensure of ASCs and hospitals. See Table 2 for details. Four sections are informational or directives to state agencies, 22 are applicable to hospitals only, and 25, by using the term licensed facility are applicable to both hospitals and ASCs. Some sections applicable to both have subsections for hospitals only.

Hospitals provide services 24 hours per day 7 days per week without cessation unless the safety and well-being of patients and staff cannot be maintained. Each hospital must have a comprehensive emergency management plan approved by their local emergency operations center detailing actions the hospital will take during foreseeable emergency events (hurricane, flood, power outage, broken water main, gas leak, etc.), including securing supplies for continued operation. Hospitals may need to move patients internally or evacuate, depending on the conditions and their plan. Licensure divides hospitals into 5 classes based on the services provided. See Table 1. Class I and II hospitals may apply for additional license designations such as stroke center, cardiovascular services, burn unit, transplant center, neonatal intensive care, and teaching hospital (statutory, behavioral health, family practice).

The primary purpose of an ASC is to provide surgical services that can be safely performed on an outpatient basis. The types of procedures and hours of operation are set by the ASC's governing board, except patients must be discharged within 24 hours after admission. ASCs must have a comprehensive emergency management plan similar to hospitals. Their services are expected to cease during local or regional emergency events.

ASC services may be specific such as endoscopy or eye surgery or may be general. The services performed in an ASC are not recorded by licensure as part of the facility record and no special licensure designations are utilized. There is no list of allowed or disallowed procedures in the ASC licensure regulations. The Centers for Medicare and Medicaid Services provides requirements and restrictions on reimbursable procedures through the [Medicare Claims Processing Manual, publication 100-04](#). ASCs may provide services to persons under the age of 18 years of age. If so, the ASC must meet the additional pediatric services requirements per Rule 59A-5.0085, F.A.C.

Table 1. Count of Licensed Facilities per Chapter 395, Part I, F.S. as of 02/13/2025

License Type/Classification	Current Licenses
Ambulatory Surgical Center	532
Class I General Acute Care Hospital	206
Class I Long Term Care Hospital	27
Class I Rural Hospital	24
Class II Children's Hospital	4
Class II Women's Hospital	0
Class III Psychiatric Hospital	35
Class III Rehabilitation Hospital	39
Class III Special Medical Hospital	2
Class III Substance Use Hospital	0
Class IV Intensive Residential Treatment Facility Hospital	2
Class V Rural Emergency Hospital	0
Hospital Total	339
Licensed Facility Total	871

2. EFFECT OF THE BILL:

The act of moving ASC licensing statutes to a new chapter will have little effect on the Agency's day-to-day operations, including reviewing facilities for compliance with Florida Building Code and Guidelines, evaluating licensure applications, and performing inspections. The existing language applicable to ASCs is copied almost word-for-word to new chapter, 396, F.S. No new requirements are being added, therefore licensed ASCs are currently compliant. Any pending applications on or after the effective date of this bill will continue to be processed.

The Agency has no concerns with the amendments to chapter 395, Part I that remove ASC requirements. Additional obsolete definitions should be removed from s. 395.002:

- ◆ (15) "Initial denial determination"
- ◆ (19) "Managing employee"
- ◆ (24) "Private review agent"
- ◆ (31) "Utilization review"
- ◆ (32) "Utilization review plan"

There is a concern with section 37 amending section 395.701, F.S. This section is in Part IV of the statute regarding the Public Medical Assistance Trust Fund (PMATF). The PMATF assesses a tax on hospitals based on net operating revenue. The rate is 1.5% of net operating revenues for inpatient services and 1% on the net operating revenue for outpatient services. Section 37 strikes "ambulatory service charges" from the definition of gross operating revenue. This is not related to the transfer of ASC regulations to chapter 396, F.S. and could be interpreted as a change to the PMATF calculation, eliminating the outpatient portion.

The Agency can enforce chapter 396, F.S. since it was copied from chapter 395, F.S. There are concerns with the following sections:

- ◆ 396.202: remove definition for managing employee and copy premises from 395.002(23). Managing employee is outdated, not used in this chapter, and has been replaced with administrator as described at s. 408.806(1)(a)2, F.S. The term premises is important to determine what is and what is not the ASC.
- ◆ 396.203(2): The option to request a single license for facilities on separate premises has been reserved for multi-hospital systems and is related to Medicare provider-based status per 42 CFR 413.65. ASCs do not have a provider-based option.
- ◆ 396.203(3): This subsection includes Public Medical Assistance Trust Fund. This fund is not applicable to ASCs.
- ◆ 395.203(5)(b): This paragraph regarding a part of a license on separate premises is not applicable to ASCs.
- ◆ 396.206(1): Emergency access complaints are applicable to hospitals only. There are no state-operated ASCs and it is unlikely to have future applicants.
- ◆ 396.212(6): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(12): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(16): This subsection includes an unnecessary reference to chapter 390.
- ◆ 396.215: The reference to 42 CFR 482.21 should be 42 CFR 416.43.
- ◆ 396.218(1): Paragraph (c) addresses rule components for the comprehensive emergency management plan that are not applicable to ASCs such as sheltering arrangements, food, water, transportation, identification of residents. Paragraph (e) references standards as specified by the department (DOH), which should be the Agency. Paragraph (f) references a quality improvement program designed according to standards established by its accrediting organization. Many ASCs are not accredited, and quality assurance and performance improvement programs are state and federal regulatory requirements.
- ◆ 396.221(2): This is an outdated requirement. Reference to 395.0197 should be 396.213.
- ◆ 396.222(1): There are no state-owned ASCs to exempt from this section. The language is more in line with hospital billing. ASCs provide elective, non-emergency services. Payment for services (co-insurance, copay, deductible for insured patients) are due at time of service. ASCs generally bill bundled services that are not further itemized (not unbundled). An itemized bill does not have the same meaning at an ASC compared to a hospital.
- ◆ 396.222(3): the reference to 395.3025(1) should be 396.225(1).
- ◆ 396.223(1)(c): The scenario of a patient with an outstanding bill presenting to an ASC for medically necessary care is unlikely and more in line with a hospital requirement.
- ◆ 396.225: This section contains outdated or unnecessary language more appropriate for hospital regulation. Subsection (2)(c) refers to health care cost containment. This is not a function of the Agency. Subsection (3) references patient medical records held by the Agency. The Agency does not maintain patient records. Subsection (4) mentions information required to complete birth and fetal death certificates, neither of which is likely to occur in an ASC.

Additional concerns with an omission from this bill and several conforming changes were identified.

A change is necessary to 400.9905(4) (a)-(d), F.S. so ASCs are not excluded from their long-standing exemption from the Health Care Clinic Act. Suggested changes to the subparagraphs are:

- (a) Entities licensed or registered by the state under chapters 395 **or 396**;

- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapters 395 [or 396](#);
- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapters 395 [or 396](#);
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapters 395 [or 396](#);

Bill section 63 amends 627.64194 Coverage requirements for services provided by 2599 nonparticipating providers; payment collection limitations. The term “Facility” previously included hospitals and ASCs. The change will eliminate ASCs.

The following bill sections contain a coding error or inconsistency with other conforming changes that may be corrected by inserting licensed under chapter 395 after the word hospital.

Bill Section	Statute	Section Title	Bill Line numbers
Section 52	458.3145	Medical faculty certificate	2333-2334
Section 65	627.736	Required personal injury protection benefits ...	2665-2666
Section 68	766.101	Medical review committee	2779-2780
Section 69	766.11	Liability of health care facilities	2839-2840

A possible coding error may be on lines 3008-3011 of the bill, section 74, statute 812.014 Theft. It may be the intent to omit ASCs from this section since they do not operate emergency departments. The definition of emergency medical equipment includes to treat medical emergencies. A medical emergency may occur in an ASC and equipment (crash cart supplies) must be available. If applicable, suggest inserting “and 396” after chapter 395.

The primary actions to be take by the Agency to implement this bill will be updating statutory references.

- ◆ Applications and forms.
 - AHCA Form 3130-2001 licensure application
 - AHCA Form 3130-2001OL online licensing application
 - AHCA Form 3130-2003 emergency management planning criteria
- ◆ Florida Administrative Code (technical changes to referenced statutes).
 - Chapter 59A-5
 - Chapter 59A-10
 - Chapter 59A-35
 - Chapter 59B-9
- ◆ Form letters
 - Accreditation
 - Voluntary termination
 - Unlicensed activity
 - Various enforcement letters
- ◆ ASC State Regulation Set and Interpretive Guidance
- ◆ Webpages with links to statutes
 - [ASC licensure page](#)
 - [Risk Management reporting](#)
- ◆ Updates to the survey process
 - Training to survey staff
 - Provider education regarding new regulation set

Table 2. Statute Section Crosswalk Chapter 395, Part I to Chapter 396

Ch. 395 Applicability	Ch. 395 Section Number	Section Titles (same for both chapters)	Ch. 396 Section Numbers
AHCA	395.001	Legislative intent.	396.201
Both	395.002	Definitions.	396.202
Both	395.003	Licensure; denial, suspension, and revocation.	396.203
Both	395.004	Application for license; fees.	396.204
Hospital	395.0056	Litigation notice requirement.	N/A

Both	395.009	Minimum standards for clinical laboratory test results and diagnostic X-ray results; prerequisite for issuance or renewal of license.	396.205
Hospital	395.0091	Alternate-site testing.	N/A
Both	395.0161	Licensure inspection.	396.206
Both	395.0162	Inspection reports.	396.207
Both	395.0163	Construction inspections; plan submission and approval; fees.	396.208
Both	395.0185	Rebates prohibited; penalties.	396.209
Both	395.0191	Staff membership and clinical privileges.	396.211
Hospital	395.0192	Duty to notify physicians.	N/A
Both	395.0193	Licensed facilities; peer review; disciplinary powers; agency or partnership with physicians.	396.212
Hospital	395.0195	Access of chiropractic physicians to diagnostic reports.	N/A
Both	395.0197	Internal risk management program.	396.213
Both	395.1011	Identification, segregation, and separation of biomedical waste.	396.214
Both	395.1012	Patient safety.	396.215
Both	395.1021	Treatment of sexual assault victims.	N/A
Both	395.1023	Child abuse and neglect cases; duties.	396.216
Both	395.1024	Patients consenting to adoptions; protocols.	N/A
Both	395.1025	Infectious diseases; notification.	N/A
Both	395.1027	Regional poison control centers.	N/A
Hospital	395.1031	Emergency medical services; communication.	N/A
Hospital	395.1041	Access to and ensurance of emergency services; transfers; patient rights; diversion programs; reports of controlled substance overdoses.	N/A
Both	395.1051	Duty to notify patients.	396.217
Hospital	395.1052	Patient access to primary care and specialty providers; notification.	N/A
Hospital	395.1053	Postpartum education.	N/A
Hospital	395.1054	Birthing quality improvement initiatives.	N/A
Both	395.1055	Rules and enforcement.	396.218
Hospital	395.1056	Plan components addressing a hospital's response to terrorism; public records exemption; public meetings exemption.	N/A
Hospital	395.1057	Patients' right to choose COVID-19 treatment alternatives.	N/A
Hospital	395.106	Risk pooling by certain hospitals and hospital systems.	N/A
Hospital	395.1061	Professional liability coverage.	N/A
Both	395.1065	Criminal and administrative penalties; moratorium.	396.219
Hospital	395.107	Facilities; publishing and posting schedule of charges; penalties.	N/A
AHCA	395.10973	Powers and duties of the agency.	396.221
Hospital	395.205	Routine inquiry for organ and tissue donation; certification for procurement activities; death records review.	N/A
Both	395.301	Price transparency; itemized patient statement or bill; patient admission status notification.	396.222
Both	395.3011	Billing and collection activities.	369.223
Hospital	395.3015	Patient records; form and content.	N/A
Both	395.302	Patient records; penalties for alteration.	396.224
Both	395.3025	Patient and personnel records; copies; examination.	396.225
Hospital	395.3027	Patient immigration status data collection.	N/A
Hospital	395.3035	Confidentiality of hospital records and meetings.	N/A
Hospital	395.3036	Confidentiality of records and meetings of entities that lease public hospitals or other public health care facilities.	N/A
AHCA	395.3037	Definitions.	N/A

Hospital	395.3038	State-listed stroke centers; notification of hospitals.	N/A
Hospital	395.30381	Statewide stroke registry.	N/A
Hospital	395.3039	Advertising restrictions.	N/A
DOH	395.3041	Emergency medical services providers; triage and transportation of stroke victims to a stroke center.	N/A

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y ___ N X ___

If yes, explain:	N/A
Is the change consistent with the agency's core mission?	Y <u>X</u> N ___
Rule(s) impacted (provide references to F.A.C., etc.):	59A-5

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

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N X ___

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N X ___

Board:	N/A
Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N X ___

Revenues:	None
Expenditures:	None
Does the legislation increase local taxes or fees? If yes, explain.	No

If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A
---	-----

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y ___ N ___ X ___

Revenues:	None
Expenditures:	None
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N ___ X ___

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N ___ X ___

If yes, explain impact.	N/A/
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y ___ N ___ X ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	N/A
--	-----

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N ___ X ___

If yes, describe the anticipated impact including any fiscal impact.	N/A
--	-----

ADDITIONAL COMMENTS

There is a concern with section 37 amending section 395.701, F.S. This section is in Part IV of the statute regarding the Public Medical Assistance Trust Fund (PMATF). The PMATF assesses a tax on hospitals based on net operating revenue. The rate is 1.5% of net operating revenues for inpatient services and 1% on the net operating revenue for outpatient services. Section 37 strikes “ambulatory service charges” from the definition of gross operating revenue. This is not related to the transfer of ASC regulations to chapter 396, F.S. and could be interpreted as a change to the PMATF calculation, eliminating the outpatient portion.

Additional obsolete definitions should be removed from s. 395.002:

- ◆ (15) “Initial denial determination”
- ◆ (19) “Managing employee”
- ◆ (24) “Private review agent”
- ◆ (31) “Utilization review”
- ◆ (32) “Utilization review plan”

There are concerns with the following sections:

- ◆ 396.202: remove definition for managing employee and copy premises from 395.002(23). Managing employee is outdated, not used in this chapter, and has been replaced with administrator as described at s. 408.806(1)(a)2, F.S. The term premises is important to determine what is and what is not the ASC.
- ◆ 396.203(2): The option to request a single license for facilities on separate premises has been reserved for multi-hospital systems and is related to Medicare provider-based status per 42 CFR 413.65. ASCs do not have a provider-based option.
- ◆ 396.203(3): This subsection includes Public Medical Assistance Trust Fund. This fund is not applicable to ASCs.
- ◆ 395.203(5)(b): This paragraph regarding a part of a license on separate premises is not applicable to ASCs.
- ◆ 396.206(1): Emergency access complaints are applicable to hospitals only. There are no state-operated ASCs and it is unlikely to have future applicants.
- ◆ 396.212(6): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(12): This subsection references 395.1065(2)(b). It should be 396.219(2)(b).
- ◆ 396.213(16): This subsection includes an unnecessary reference to chapter 390.
- ◆ 396.215: The reference to 42 CFR 482.21 should be 42 CFR 416.43.
- ◆ 396.218(1): Paragraph (c) addresses rule components for the comprehensive emergency management plan that are not applicable to ASCs such as sheltering arrangements, food, water, transportation, identification of residents. Paragraph (e) references standards as specified by the department (DOH), which should be the Agency. Paragraph (f) references a quality improvement program designed according to standards established by its accrediting organization. Many ASCs are not accredited, and quality assurance and performance improvement programs are state and federal regulatory requirements.
- ◆ 396.221(2): This is an outdated requirement. Reference to 395.0197 should be 396.213.
- ◆ 396.222(1): There are no state-owned ASCs to exempt from this section. The language is more in line with hospital billing. ASCs provide elective, non-emergency services. Payment for services (co-insurance, copay, deductible for insured patients) are due at time of service. ASCs generally bill bundled services that are not further itemized (not unbundled). An itemized bill does not have the same meaning at an ASC compared to a hospital.
- ◆ 396.222(3): the reference to 395.3025(1) should be 396.225(1).
- ◆ 396.223(1)(c): The scenario of a patient with an outstanding bill presenting to an ASC for medically necessary care is unlikely and more in line with a hospital requirement.
- ◆ 396.225: This section contains outdated or unnecessary language more appropriate for hospital regulation. Subsection (2)(c) refers to health care cost containment. This is not a function of the Agency. Subsection (3) references patient medical records held by the Agency. The Agency does not maintain patient records. Subsection (4) mentions information required to complete birth and fetal death certificates, neither of which is likely to occur in an ASC.

Additional concerns with an omission from this bill and several conforming changes were identified.

A change is necessary to 400.9905(4) (a)-(d), F.S. so ASCs are not excluded from their long-standing exemption from the Health Care Clinic Act. Suggested changes to the subparagraphs are:

- (a) Entities licensed or registered by the state under chapters 395 or 396;
- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapters 395 or 396;
- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapters 395 or 396;
- (d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapters 395 or 396;

Bill section 63 amends 627.64194 Coverage requirements for services provided by 2599 nonparticipating providers; payment collection limitations. The term "Facility" previously included hospitals and ASCs. The change will eliminate ASCs.

The following bill sections contain a coding error or inconsistency with other conforming changes that may be corrected by inserting licensed under chapter 395 after the word hospital.

Bill Section	Statute	Section Title	Bill Line numbers
Section 52	458.3145	Medical faculty certificate	2333-2334
Section 65	627.736	Required personal injury protection benefits ...	2665-2666
Section 68	766.101	Medical review committee	2779-2780
Section 69	766.11	Liability of health care facilities	2839-2840

A possible coding error may be on lines 3008-3011 of the bill, section 74, statute 812.014 Theft. It may be the intent to omit ASCs from this section since they do not operate emergency departments. The definition of emergency medical equipment includes to treat medical emergencies. A medical emergency may occur in an ASC and equipment (crash cart supplies) must be available. If applicable, suggest inserting "and 396" after chapter 395.

LEGAL – GENERAL COUNSEL’S OFFICE REVIEW

Issues/concerns/comments:	
---------------------------	--

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 1626

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

SUBJECT: Child Welfare

DATE: March 25, 2025

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1626 amends multiple sections of law relating to Unaccompanied Alien Children (UAC) and Special Immigrant Juvenile (SIJ) status. Specifically, the bill:

- Includes sponsors that obtain custody of a UAC in the term legal custodian, to allow for the Department of Children and Families (DCF) to find sponsors as having abused, abandoned, or neglected a UAC.
- Prohibits the finding of a UAC as having been abused, abandoned, or neglected based solely on allegations that occurred before placement in Florida, or by a parent who is not in the U.S.
- Provides a definition of a UAC.
- Requires an individual who has custody of a UAC to notify the DCF and initiate proceedings relating to the adoption (ch. 63), guardianship (ch. 744), or temporary custody by extended family (ch. 751), or, verify his or her relationship to the child, if the individual is the child's biological or adoptive parent, legal guardian, or court-appointed custodian.
- Requires a natural person or entity that suspects abuse, abandonment, or neglect of a UAC to immediately submit a report to the central abuse hotline.
- Restricts circumstances in which an order finding a child meets the criteria for special immigrant juvenile (SIJ) status can be issued.

The bill creates a new section of law to require the DCF to enter into agreements with the Family Advocacy Program to conduct child protective investigations at military institutions located in Florida.

The bill amends current law to include children that are the subject of a court order to take the child into the custody of the DCF in the definition of “missing child,” allowing the Florida Department of Law Enforcement to deploy additional resources to locate the child. The bill also assigns agency jurisdictions in situations in which a child is the subject of a court order to take the child into custody of the DCF.

The bill allows the DCF to administer provisional licenses for new domestic violence centers and waive operational experience requirements if there is an emergency need for a new domestic violence center and no other viable option is available.

The bill revises the requirements for Governor’s appointees to councils on children services. The bill provides the DCF the ability to grant limited exemptions to disqualification from background screenings due to certain disqualifying offenses, and limits individuals who receive the exemption to working with specific populations.

The bill increases the licensure extension period for certain child care facilities from 30 days to 90 days. The bill requires the DCF to establish a fee schedule for daily room and board rates for residential child-caring agencies.

The bill exempts a subcontractor of a Community-Based Care (CBC) lead agency that is a direct provider of foster care and related services from liability due to the acts or omissions of the lead agency; the DCF; or the officers of the lead agency or the DCF. The bill deems any conflicting provision in a contract between a subcontractor and lead agency is void and unenforceable.

The bill clarifies fire suppression requirements for child-caring agencies.

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

The bill takes effect July 1, 2025, except otherwise stated in the bill.

II. Present Situation:

The present situation is presented in Section III under the Effect of Proposed Changes.

III. Effect of Proposed Changes:

Unaccompanied Alien Children and Special Immigration Juvenile (SIJ) Visas

Present Situation

Federal Immigration Policy

The federal government has several agencies that carry out federal immigration law, including the regulation of minors that come into the U.S. without lawful immigration status. The responsibility for enforcing immigration laws rests with the Department of Homeland Security’s

(DHS) U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), and U.S. Citizenship and Immigration Services (USCIS).¹

The federal government defines an unaccompanied alien child (UAC) as a child who:

- Has no lawful immigration status in the United States.
- Is under 18 years of age.
- Has no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody.²

The Department of Health and Human Services is required to provide care to and have physical custody of an unaccompanied alien child.³ There are a myriad of reasons why a UAC enters the United States, such as escaping violent conditions or family in their home country or rejoining family already in the United States. Additionally, some UAC may come to the United States to find better employment opportunities to support their families.⁴ Furthermore, UAC may be especially vulnerable to human trafficking or exploitation due to their age, isolation from loved ones, and dangers of entering the United States.⁵

Office of Refugee Resettlement

The Office of Refugee Resettlement (ORR) within the U.S. Department of Health and Human Services is responsible for the care and custody of UAC.⁶ The ORR is typically made aware of UAC after apprehension by Border Patrol agents after attempting to enter the United States without legal authorization.⁷ The ORR collects background information on the child to assess if the child is a danger to themselves or others, if there are any known medical and/or mental health issues, and if the child has specific individualized needs.⁸ Upon collecting this background information, the ORR places the child in the least restrictive setting appropriate for the child, such as:

- A shelter facility;
- Transitional or long-term foster care;
- Heightened supervision facility or secure facility;
- Other care facility that can provide for the child's specific needs.⁹

¹ U.S. Department of Homeland Security Office of Homeland Security Statistics, *Immigration Enforcement*, available at: <https://ohss.dhs.gov/topics/immigration/immigration-enforcement> (last visited 3/8/25).

² U.S. Department of Health & Human Services Office of Refugee Resettlement, *About the Program*, available at: <https://acf.gov/orr/programs/ucs/about> (last visited 3/8/25).

³ 6 U.S.C. § 279(g)(2)

⁴ *Id.*

⁵ *Id.*

⁶ U.S. Department of Health & Human Services Office of Refugee Resettlement, *Unaccompanied Alien Children*, available at: <https://acf.gov/orr/programs/uac> (last visited 3/8/25).

⁷ U.S. Department of Health & Human Services Office of Refugee Resettlement, *ORR Unaccompanied Alien Children Bureau Policy Guide: Section 1*, available at: <https://acf.gov/orr/policy-guidance/unaccompanied-children-bureau-policy-guide> (last visited 3/8/25).

⁸ U.S. Department of Health & Human Services Office of Refugee Resettlement, *ORR Unaccompanied Alien Children Bureau Policy Guide: Section 1*, available at: <https://acf.gov/orr/policy-guidance/unaccompanied-children-bureau-policy-guide> (last visited 3/8/25).

⁹ U.S. Department of Health & Human Services Office of Refugee Resettlement, *ORR Unaccompanied Alien Children Bureau Policy Guide: Section 1*, available at: <https://acf.gov/orr/policy-guidance/unaccompanied-children-bureau-policy-guide> (last visited 3/8/25).

The ORR can release a UAC to the child’s parents, guardians, relatives, or sponsor, which refers to an individual that is designated by the child’s parents to obtain custody of the child.¹⁰ The ORR has a process for releasing the child to a sponsor that includes:

- The identification of sponsors;
- Sponsor application;
- Interviews;
- The assessment of sponsor suitability including verification of the sponsor’s identity and relationship to the child (if any), background checks, and in some cases, home studies; and
- Post-release planning.¹¹

In Federal Fiscal Year (FFY) 2015, a total of 27,340 UAC were released into the custody of sponsors in the U.S.¹² In Fiscal Year 2022, 127,447 UAC were released to sponsors, nearly five times the amount of UAC released in FFY 2015.¹³

Florida’s Response to Unaccompanied Alien Children

In FFY 2022, of the 127,447 total UAC released into the custody of sponsors nationwide, 13,195 UAC were released into the custody of their sponsors in Florida.¹⁴ Despite the ORR’s process for releasing a child to a sponsor, children may be placed in potentially unsafe situations.¹⁵

In 2022, Governor DeSantis filed a petition for the Florida Supreme Court to “impanel a statewide grand jury to investigate criminal or wrongful activity in Florida relating to the smuggling or endangerment of unaccompanied alien children brought into the state.”¹⁶ The grand jury report found that some children are given to sponsors who do not have the child’s best interests in mind and may expose them to sexual exploitation or labor exploitation.¹⁷ Additionally, some UAC ultimately flee their sponsors or are abandoned by their sponsors and become involved in the dependency or criminal justice system.¹⁸

The Dependency System Process

Chapter 39, F.S., creates Florida’s dependency system charged with protecting children who have been abused, abandoned, or neglected. Florida’s child welfare system identifies children

¹⁰ U.S. Department of Health & Human Services Office of Refugee Resettlement, *ORR Unaccompanied Alien Children Bureau Policy Guide: Section 2*, available at: <https://acf.gov/orr/policy-guidance/unaccompanied-children-program-policy-guide-section-2#2.1> (last visited 3/9/25).

¹¹ *Id.*

¹² Florida Department of Children and Families, *2025 Agency Analysis*, pg. 4, on file with the Senate Committee on Children, Families, and Elder Affairs.

¹³ *Id.*

¹⁴ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 4, on file with the Senate Committee on Children, Families, and Elder Affairs.

¹⁵ *Id.*

¹⁶ Case No.: SC22-796, Petition for Order to Impanel a Statewide Grand Jury, available at: <https://flgov.com/eog/sites/default/files/press/Petition-for-Order-to-Impanel-a-Statewide-Grand-Jury.pdf> (last visited 3/9/25).

¹⁷ Case No.: SC22-796, Third Presentment of the Twenty-First Statewide Grand Jury Regarding Unaccompanied Alien Children (UAC), available at: <https://acis-api.flcourts.gov/courts/68f021c4-6a44-4735-9a76-5360b2e8af13/cms/case/651d8f68-f322-4cd0-831f-74dc9b0d77a8/docketentrydocuments/8437d6e2-1c46-4575-bd21-47de83302c61> (last visited 3/9/25).

¹⁸ *Id.*

and families in need of services through reports to the central abuse hotline and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.¹⁹

Central Abuse Hotline

The DCF is required to operate and maintain a central abuse hotline (hotline)²⁰ to receive reports of known or suspected instances of child abuse,²¹ abandonment,²² or neglect,²³ or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.²⁴ The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.²⁵

If the hotline determines a report meets the statutory criteria for child abuse, abandonment, or neglect, a DCF child protective investigator must complete a child protective investigation.²⁶ Through face-to-face interviews with the child and family members, and assessments of the immediate safety of the children in the home, the CPI determines further actions.

The CPI must either implement a safety plan for the child, which allows the child to remain in the home with in-home services or take the child into custody. If the child cannot safely remain in the home with a safety plan, the DCF must file a shelter petition and remove the child from his or her current home and temporarily place them in out-of-home care.²⁷

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home

¹⁹ See, Chapter 39, F.S.

²⁰ Hereinafter cited as “hotline.” The “Florida Abuse Hotline” is the DCF’s central abuse reporting intake assessment center, which receives and processes reports of known or suspected child abuse, neglect or abandonment 24 hours a day, seven days a week. Chapter 65C-30.001, F.A.C. and Section 39.101, F.S.

²¹ Section 39.01(2), F.S., defines “abuse” as any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

²² Section 39.01(1), F.S., defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

²³ Section 39.01(53), F.S., states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

²⁴ Section 39.201(1), F.S.

²⁵ Section 39.101(1), F.S.

²⁶ Prior to July 1, 2023, seven counties allowed the local sheriff’s office to perform child protective investigations. The 2023 legislative session transitioned this responsibility fully back to the Department after changes in Florida’s child welfare system aimed to integrate child protective investigations within existing crisis-oriented systems the DCF maintains. See generally: Laws of Fla. 2023-77.

²⁷ Section 39.301, F.S.

placement, adjudicate the child dependent, and if necessary, terminate parental rights and free the child for adoption. Steps in the dependency process usually include:

- A report to the Florida Abuse Hotline.
- A child protective investigation to determine the safety of the child.
- The court finding the child dependent.
- Case planning for the parents to address the problems resulting in the child’s dependency.
- Placement in out-of-home care, if necessary.
- Reunification with the child’s parent or another option to establish permanency, such as adoption after termination of parental rights.²⁸

Dependency Proceeding	Description of Process	Controlling Statute(s)
Removal	The DCF may remove a child from his or her home if there is probable cause to believe the child has been abused, neglected, or abandoned, or that the parent or legal custodian of the child is unable or unavailable to care for the child.	s. 39.401, F.S.
Shelter Hearing	The court must hold a shelter hearing within 24 hours after removal. At this hearing, the judge determines whether the child can return to his or her home upon receiving DCF services, or keep the child in out-of-home care if services do not eliminate the need for removal.	s. 39.401, F.S. s. 39.402, F.S.
Petition for Dependency	The DCF must file a petition for dependency within 21 days of the shelter hearing. This petition seeks to find the child dependent, generally meaning the child has been abandoned, abused, or neglected by his or her parent’s or legal custodians, or has no parent or legal custodian that can provide supervision or care.	s. 39.501, F.S. s. 39.01, F.S.
Arraignment Hearing and Shelter Review	The court must hold an arraignment and shelter review within 28 days of the shelter hearing. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for dependency and allows the court to review any previous shelter placement.	s. 39.506, F.S.
Adjudicatory Trial	If the parent or legal custodian denies any allegations of the petition during the arraignment hearing, the court must hold an adjudicatory trial within 30 days of arraignment. The judge determines whether a child is dependent during this trial.	s. 39.507, F.S.
Disposition Hearing	If, at the arraignment hearing, the parent or legal custodian consents to any allegations of the dependency petition, the court must hold a disposition hearing within 15 days of arraignment. If, at the adjudicatory trial, the court finds the child dependent, the disposition hearing must be held within 30 days after the adjudicatory hearing. At the disposition hearing, the judge reviews the case plan and placement of the child and orders if the current case plan and placement should continue or be changed.	s. 39.506, F.S. s. 39.521, F.S.

²⁸ The state has a compelling interest in providing stable and permanent homes for adoptive children in a prompt manner, in preventing the disruption of adoptive placements, and in holding parents accountable for meeting the needs of children. See Section 63.022, F.S.

Dependency Proceeding	Description of Process	Controlling Statute(s)
Postdisposition Change of Custody Hearing	The court may change the temporary out-of-home placement of a child at a postdisposition hearing any time after disposition but before the child is residing in the permanent placement approved at a permanency hearing. The DCF or the current caregiver can file for this postdisposition change of custody.	s. 39.522, F.S.
Judicial Review Hearings	After the initial judicial review hearing held within 90 days of the disposition hearing or approval of the case plan, the court must hold additional hearings to review the child’s case plan and placement at least every 6 months, or upon motion of a party.	s. 39.701, F.S.
Permanency Hearings	The courts are required to conduct a permanency hearing within 12 months after a child is removed from his or her home. At this hearing, the judge will evaluate the progress of achieving the permanency goal, and determine if another permanency option needs to be pursued.	s. 39.621, F.S.
Petition for Termination of Parental Rights	If the DCF determines that reunification is no longer a viable goal and termination of parental rights is in the best interest of the child, and other requirements are met, a petition for termination of parental rights is filed. The DCF, the child’s Guardian ad Litem, and any person knowledgeable about the facts of the case is able to file this petition.	s. 39.802, F.S. s. 39.8055, F.S. s. 39.806, F.S. s. 39.810, F.S.
Advisory Hearing	The court must hold an advisory hearing as soon as possible after all parties have been served with the petition for termination of parental rights. The hearing allows the parent to admit, deny, or consent to the allegations within the petition for termination of parental rights.	s. 39.808, F.S.
Adjudicatory Hearing	The court must hold an adjudicatory trial within 45 days after the advisory hearing. The judge determines whether to terminate parental rights to the child at this trial.	s. 39.809, F.S.

A child is found to be dependent if he or she is found by the court to:

- Have been abandoned, abused, or neglected by the child’s parent or parents or legal custodians;
- Have been surrendered to the DCF, the former Department of Health and Rehabilitative Services, or a licensed child-placing agency for purpose of adoption;
- Have voluntarily placed with a licensed child-caring agency, a licensed child-placing agency, an adult relative, the DCF, or the former Department of Health and Rehabilitative Services, after which placement, under the requirements of this chapter, a case plan has expired and the parent or parents or legal custodians have failed to substantially comply with the requirements of the plan;
- Have no parent or legal custodians capable of providing supervision and care;
- Be at substantial risk of imminent abuse, abandonment, or neglect by the parent or parents or legal custodians; or

- Have been sexually exploited and to have no parent, legal custodian, or responsible adult relative currently known and capable of providing the necessary and appropriate supervision and care.²⁹

A petition for dependency may be filed by an attorney for the DCF or another person who has knowledge of the facts alleged or is informed of them and believes they are true.³⁰ At an adjudicatory hearing, a judge will determine whether or not the facts support the allegations stated in the petition for dependency.³¹ A preponderance of evidence in the petition for dependency is required to establish the child as dependent.³²

UAC are not considered dependent children under state law and their whereabouts are not tracked or monitored by the DCF.

Special Immigration Juvenile Visas

If a noncitizen child is the subject of abuse, abandonment, or neglect at the hands of their parent, they may be eligible for a Special Immigration Juvenile (SIJ) classification at the national level.³³ Upon SIJ classification, the child may qualify for lawful permanent residency (also known as obtaining a Green Card).³⁴ A child is eligible for SIJ classification if they meet all of the following requirements:

- Is under 21 years of age at the time of filing the petition;
- Is unmarried at the time of filing and adjudication;
- Is physically present in the United States;
- Has a valid juvenile court order issued by a state court in the U.S. which finds that:
 - The child is dependent on the court, or in the custody of a state agency or department or an individual or entity appointed by the court;
 - The child cannot be reunified with one or both of their parents due to abuse, abandonment, neglect, or a similar basis under state law and it is not in the child's best interest to return to the child's country of nationality.
- Is eligible for U.S. Citizenship and Immigration Services (USCIS) consent, meaning they have sought the juvenile court order to obtain relief from abuse, neglect, abandonment, or a similar basis under state law and not primarily to obtain an immigration benefit.
- Has written consent from the Department of Health and Human Services/Office of Refugee Resettlement to the court's jurisdiction if:
 - The child is currently in the custody of the Department of Health and Human Services; and
 - The juvenile court order also changes the child's custody status or placement.³⁵

²⁹ Section 39.01(15), F.S.

³⁰ Section 39.501, F.S.

³¹ Section 39.01(4), F.S.

³² Section 39.507, F.S.

³³ U.S. Citizenship and Immigration Services, *Special Immigrant Juveniles*, available at: <https://www.uscis.gov/working-in-US/eb4/SIJ> (last visited 3/9/25).

³⁴ *Id.*

³⁵ 8 C.F.R. §204.11, See also U.S. Citizenship and Immigration Services, *Special Immigrant Juveniles Eligibility*, available at: <https://www.uscis.gov/working-in-US/eb4/SIJ> (last visited 3/9/25).

In the current fiscal year, 143,712 individuals filed the I-360 form.³⁶ Of these forms, 86,023 petitions were approved.³⁷ There are still 89,627 petitions pending.³⁸ In recent years, there has been concern that individuals may be exploiting SIJ visas and could potentially pose a danger to the security and safety of Florida.³⁹

Effect of Proposed Changes

Section 1 allows the Office of Statewide Prosecution within the Department of Legal Affairs to investigate and prosecute violations of s. 39.5077, F.S., which is a new section of law created in section 7 of the bill.

Section 2 amends s. 39.01, F.S., to further define what a legal custodian is for use within the definition of a “child who is found to be dependent.” The bill includes sponsors who have obtained custody of an unaccompanied alien child after the child was released to them by the Office of Refugee Resettlement of the U.S. Department of Health and Human Services in the term “legal custodian.” This change provides that sponsors of an unaccompanied alien child can be found to have abused, abandoned, or neglected the child, thereby meeting the criteria of a child who is found to be dependent.

The bill also prohibits the finding of an unaccompanied alien child as having been abandoned, abused, or neglected based solely on allegations that occurred before placement in Florida, or by a parent who is not in the United States.

Section 6 creates s. 39.5077, F.S., to create a process for the DCF to be notified of the transfer and custody of an unaccompanied alien child (UAC) in Florida.

The bill defines an unaccompanied alien child as a child who has no lawful immigration status in the United States, has not attained 18 years of age, and with respect to whom:

- There is no parent or legal guardian in the United States; or
- No parent or legal guardian in the United States is available to provide care and physical custody.

The bill provides notification requirements for a natural person that obtains custody of a UAC through a corporation, public or private agency other than the DCF, or person other than the child’s biological or adoptive parent, legal guardian, or court-appointed custodian. A natural person must notify the DCF of such custody of the child if they retain custody for 10 or more

³⁶ The U.S. Citizenship and Immigration Services utilizes form I-360 for several groups of individuals petitioning for immigration. There are 15 classifications included in this form. Thus, not every I-360 petition that was filed in the current fiscal year was regarding a SIJ classification. See U.S. Department of Homeland Security, *Petition for Amerasian, Widow(er), or Special Immigrant Form I-360*, available at: <https://www.uscis.gov/sites/default/files/document/forms/i-360.pdf> (last visited 3/9/25).

³⁷ U.S. Citizenship and Immigration Services, *All USCIS Application and Petition Form Types (Fiscal Year 2024)*, available at: https://www.uscis.gov/tools/reports-and-studies/immigration-and-citizenship-data?topic_id%5B%5D=33649&ddt_mon=&ddt_yr=&query=&items_per_page=10 (last visited 3/9/25).

³⁸ *Id.*

³⁹ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 3, on file with the Senate Committee on Children, Families, and Elder Affairs.

consecutive days. The bill establishes different notification requirements depending on the relationship between a UAC and the natural person who has custody of the child, detailed below:

- If the natural person with custody of the child is not the biological or adoptive parent, legal guardian, or court-appointed custodian of the child:
 - The bill requires the natural person to report such custody to the DCF and initiate proceedings under chapter 63 (regulating adoptions), chapter 744 (establishing guardianship), or chapter 751 (providing temporary custody of minor children by extended family).
 - If the natural person obtained custody of the child on or after January 1, 2026: they must report such custody and initiate proceedings within 30 days after obtaining physical custody of the child.
 - If the natural person obtained custody of the child before January 1, 2026: they must report such custody and initiate proceedings within 90 days after January 1, 2026.
- If the natural person with custody of the child is the biological or adoptive parent, legal guardian, or court-appointed custodian of the child:
 - The bill requires the natural person to verify his or her relationship to the child by submitting a DNA test or other adequate documentation to the DCF, at the expense of the natural person verifying his or her relationship to the child.
 - If the natural person obtained custody of the child on or after January 1, 2026, they must verify their relationship to the child within 30 days after obtaining physical custody of the child.
 - If the natural person obtained custody of the child before January 1, 2026, they must verify their relationship to the child within 90 days after obtaining physical custody of the child.

The bill requires an entity that transfers physical custody or assists in the transfer of the physical custody of a UAC to report the transfer to the DCF within 30 days and notify the natural person obtaining custody of the child of the requirements of the statute.

The bill establishes that a natural person or entity that willfully violates these requirements to report custody of a UAC to the DCF and/or verify their relationship to the child commits a felony of the third degree, punishable as provided in s. 775.082, F.S., s. 775.083, F.S., or s. 775.084, F.S. The bill requires the court to impose a fine of \$1,000 on the natural person or a fine of \$10,000 on an entity if the natural person or entity is convicted.

The bill requires the DCF to notify in writing a natural person or entity of their obligations under this statute if the DCF believes a natural person or entity has failed to report their custody or relationship to an unaccompanied alien child. If the natural person or entity fails to report the required information within 30 days of the written notification, the DCF is required to notify the Department of Law Enforcement, the Office of Refugee Resettlement, and Immigrations and Customs Enforcement.

The bill provides rulemaking ability to the DCF to implement this section, including rules relating to:

- The specific information that must be reported to the DCF.
- Verifying biological or adoptive parentage, legal guardianship, or court-appointed custody.
- The creation of forms for all reports required under this section.

The bill requires a natural person or entity that suspects abuse, abandonment, or neglect of a UAC to immediately submit a report to the DCF's central abuse hotline.

Section 5 amends s. 39.5075, F.S., to restrict circumstances in which an order finding that a child meets the criteria for special immigrant juvenile (SIJ) status can be issued. The bill requires an order finding a child meets the criteria for SIJ status may be issued only upon a petition filed by the DCF or CBC provider.

Child Protective Investigations on Military Installations

Present Situation

Federal Consultations with States

Federal law requires the states to report information regarding the abuse of a child at the hands of a family member that is in the U.S. military.⁴⁰ The states have memorandums of understanding (MOUs) to create precedence of information sharing.⁴¹

Family Advocacy Program

Family Advocacy Programs (FAP) are congressionally mandated programs that aim to prevent and respond to reports of child abuse in military families.⁴² They are located at every military installation that houses families, both within and outside the United States.⁴³

In Federal Fiscal Year (FFY) 2023, FAP received 11,854 reports of suspected child abuse and neglect.⁴⁴ Of the total reports, 5,812 reports met the criteria for child abuse and neglect.⁴⁵ Upon a substantiated claim of child abuse in a military family, FAP staff will ensure the child's safety and well-being as well as notify the necessary law enforcement and child welfare services.⁴⁶

Effect of Proposed Changes

Section 3 creates s. 39.3011, F.S., to require the DCF to enter into an agreement for child protective investigations within U.S. military installations. This change codifies current practice

⁴⁰ 10 U.S.C. Ch. 88

⁴¹ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 9, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴² U.S. Department of Defense, *Family Advocacy Program: Addressing Domestic Abuse*, available at: <https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2019/FAP%20RFI%208.pdf> (last visited 3/9/25).

⁴³ U.S. Department of Defense, *Family Advocacy Program: Addressing Domestic Abuse*, available at: <https://dacowits.defense.gov/Portals/48/Documents/General%20Documents/RFI%20Docs/Sept2019/FAP%20RFI%208.pdf> (last visited 3/9/25).

⁴⁴ U.S. Department of Defense, *Report to the Committees on Armed Services of the Senate and the House of Representatives, Report on Child Abuse and Neglect and Domestic Abuse in the Military for FFY 2023*, available at: <https://download.militaryonesource.mil/12038/MOS/Reports/DOD-Child-Abuse-and-Neglect-and-Domestic-Abuse-Report-FY2023.pdf> (last visited 3/9/25).

⁴⁵ *Id.*

⁴⁶ U.S. Department of Defense Military One Source, *How to Report Child Abuse or Neglect in the Military*, available at: <https://www.militaryonesource.mil/relationships/prevent-violence-abuse/how-to-report-child-abuse-as-a-member-of-the-military/> (last visited 3/9/25).

in Florida. The bill requires the DCF to enter into an agreement with the Family Advocacy Program, or any successor program, for each military institution located in Florida.

The bill requires each agreement to include procedures for the following:

- Identifying the military personnel alleged to have committed the child abuse, abandonment, neglect, or domestic abuse.
- Notifying and sharing information with the military installation when a child protective investigation implicating military personnel has been initiated.
- Maintaining confidentiality as required under state and federal law.

Taking a Child Alleged to be Dependent into Custody

Present Situation

A law enforcement officer or authorized agent of the DCF may take a child alleged to be dependent into custody if the officer or authorized agent has probable cause to support a finding⁴⁷:

- That the child has been abused, neglected, or abandoned, or is suffering from, or is in imminent danger of, illness or injury as a result of abuse, neglect, or abandonment;
- That the parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
- That the child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

The court may also issue an order to take a child into custody of the DCF upon a demonstration of reasonable cause that a child is abused, abandoned, or neglected.⁴⁸ This may happen upon the DCF's determination that an investigation into the allegations of abuse or neglect are founded, but the parent makes the child unavailable to the DCF.⁴⁹

A dependency judge may also issue an order for a law enforcement officer or authorized agent to take the child into the custody of the DCF if a parent violates an existing custody or visitation court order.⁵⁰ These orders are often referred to as Take Into Custody Orders (TICO) and allow law enforcement to assist the DCF in executing the court order.

Effect of Proposed Changes

Section 4 amends s. 39.401, F.S., to clarify when a law enforcement officer or authorized agent of the DCF can take a child into custody of the DCF. The bill allows the officer or authorized agent to take a child into DCF custody if there is probable cause to support a finding that the child is the subject of a court order to take the child into custody of the DCF.

Section 15 amends s. 937.0201, F.S., to include children that are the subject of a court order to take the child into custody of the DCF in the definition of "missing child." This change expands

⁴⁷ Section 39.401, F.S.

⁴⁸ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 5, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴⁹ *Id.*

⁵⁰ *Id.*

the resources available to find a child that the DCF cannot locate, by requiring the Florida Department of Law Enforcement to deploy its resources to locate the child, such as an Amber Alert.

Section 16 amends s. 937.021, F.S., to assign agency jurisdiction in situations in which a child is the subject of a court order to take the child into the custody of the DCF and jurisdiction cannot be determined. The bill requires the sheriff's office of the county in which the court order was entered to take jurisdiction.

Domestic Violence Centers

Present Situation

Florida law recognizes the importance of providing victims of domestic violence and their dependents access to safe emergency shelters, advocacy, and crisis intervention services.⁵¹ The DCF is responsible for operating the state's domestic violence program, which includes the certification of domestic violence centers and promoting the involvement of domestic violence centers in the coordination, development, and planning of domestic violence programming throughout the state.⁵²

Domestic violence centers must provide minimum services that include, but are not limited to⁵³:

- Information and referral services.
- Counseling and case management services.
- Temporary emergency shelter for more than 24 hours.
- A 24-hour hotline.
- Nonresidential outreach services.
- Training for law enforcement personnel.
- Assessment and appropriate referral of resident children.
- Educational services for community awareness relating to the prevention of domestic violence, and the services available to victims of domestic violence.

The DCF sets certification standards for domestic violence shelters in administrative rule. A domestic violence center must⁵⁴:

- Be a not-for-profit corporation created for the purpose of operating a domestic violence center with a primary mission of the provision of services to victims of domestic violence.
- Demonstrate the unmet need in a service area when seeking certification within the service area of an existing certified center.
- Must have 18 consecutive months of operational experience, with 12 months operation as an emergency shelter.
- Must demonstrate an ability to operate, garner community support, and maintain solvency by providing proof of required safety and financial standards.

⁵¹ Section 39.901, F.S.

⁵² Section 39.903, F.S.

⁵³ Section 39.905, F.S.

⁵⁴ 65H-1.012, F.A.C.

There are currently 41 certified domestic violence centers throughout Florida.⁵⁵ Certification allows a domestic violence shelter to receive state funds⁵⁶, if applicable, and utilize victim advocates who can provide advice, counseling, or assistance to victims of domestic violence under the confidential communication protections of current law.⁵⁷

In FFY 2023-24, there were 12,543 individuals that received emergency shelter at a certified domestic violence center.⁵⁸ However, individuals may experience a disruption in service delivery if a domestic violence center abruptly shuts down or loses certification and there is no other domestic violence center in that service area. Current law would restrict the ability of a new domestic violence center to open in that area, due to the required 18 months of operational experience.

Effect of Proposed Changes

Section 7 amends s. 39.905, F.S., to allow the DCF to waive operational experience requirements and issue a provisional certification for a new domestic violence center to ensure the provision of services. The bill allows the DCF to issue a provisional certification if there is an emergency need for a new domestic violence center, and there are no other viable options to ensure continuity of services.

The domestic violence center that receives a provisional certification under this section must meet all other criteria, except operational experience, that are required by law.

The bill gives the DCF rulemaking authority to provide minimum standards for a provisional certificate, including increased monitoring and site visits, and the length of time a provisional certificate is valid.

Council on Children Services

Present Situation

Counties can create independent special districts that provide funding for children's services throughout the county.⁵⁹ These councils may use property taxes to meet the needs of the children and families living in their community.⁶⁰ The number of members of the council is either 10 or 33, depending on the county's regulations.⁶¹

The Governor is responsible for appointing either 5 members of the council (in a 10-person council) or 7 members of the council (in a 33-person council).⁶² Current law requires the

⁵⁵ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 6, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁵⁶ Section 39.903, F.S.

⁵⁷ Section 90.5036, F.S.

⁵⁸ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 6, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁵⁹ Section 125.901, F.S.

⁶⁰ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁶¹ Section 125.901, F.S., and Section 125.011, F.S.

⁶² Section 125.901, F.S.

Governor's appointees to represent the geographic and demographic diversity of the county's population, to the extent possible.⁶³

Currently, the following counties have created councils on children services⁶⁴:

- Alachua;
- Broward;
- Escambia;
- Duval;
- Leon;
- Hillsborough;
- Manatee;
- Martin;
- Miami-Dade;
- Okeechobee;
- Palm Beach;
- Pinellas; and
- St. Lucie.

All the councils on children services, except for Duval and Manatee, have an "independent" taxing authority to ensure that a dedicated funding source is available for children's programs and services.⁶⁵ Duval county is a dependent district and relies on funding from different sources, and Manatee County has a hybrid system.⁶⁶

Effect of Proposed Changes

Section 8 amends s. 125.901, F.S., to revise the requirements for the selection and removal of the Governor's appointees to the Councils on Children's Services. Specifically, the bill:

- Changes the DCF employee who is responsible for being on the Council on Children's Services from the district administrator to a representative of the DCF.
- Revises the requirement for the Governor's appointees to represent the demographic makeup of the county's population.
- Allows the county governing body to submit recommendations to the Governor for vacant positions on the council.
- Allows the governing body to select an interim appointment for each vacant position from the list of recommendations submitted to the Governor if the Governor fails to make an appointment within the required 45-day period.
- Requires all members recommended by the county governing body and appointed by the Governor to have been residents of the county for the previous 24-month period.

⁶³ *Id.*

⁶⁴ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁶⁵ *Id.*

⁶⁶ *Id.*

Background Screening and Limited Exemptions

Present Situation

The DCF is responsible for the licensing and regulation of programs for children and vulnerable adults.⁶⁷ A Level II background screening is included in the regulation process. This background screening includes, but is not limited to⁶⁸:

- Fingerprinting for statewide criminal history records checks through the Department of Law Enforcement.
- National criminal history records checks through the Federal Bureau of Investigation.
- Local criminal history records checks may be included through local law enforcement agencies.

In Fiscal Year 2023-24, the DCF screened 278,894 individuals for employment in child care facilities, CBC agencies, foster families, group homes, summer camps, substance abuse treatment facilities, and mental health treatment facilities.⁶⁹

Level II background screenings ensure an individual does not have any disqualifying offenses on his or her record, such as burglary or the fraudulent sale of controlled substances.⁷⁰ A full list of disqualifying offenses is included in statute.⁷¹

An individual that has a disqualifying offense may apply for an exemption from disqualification depending on their disqualifying offense.⁷² The applicant must provide evidence of rehabilitation from the circumstances of the disqualifying offense when seeking an exemption.⁷³ Florida law lists certain offenses that may not be exempted from disqualification for individuals seeking to be child care personnel.⁷⁴

In Fiscal Year 2023-24, the DCF received 1,544 requests for exemptions from disqualification for individuals seeking employment with vulnerable populations.⁷⁵ There are different qualifications for working with every population the DCF serves.

There is limited flexibility in granting exemptions from disqualification. Current law phrases exemptions as all-or-nothing; meaning, the DCF Secretary must either reject the exemption all together or allow the individual to work in all roles that work with a vulnerable population.⁷⁶

⁶⁷ Florida Department of Children and Families, *Background Screening*, available at: <https://www.myflfamilies.com/services/background-screening> (last visited 3/9/25).

⁶⁸ Section 435.04, F.S.

⁶⁹ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁷⁰ Section 435.04(2), F.S.

⁷¹ *Id.*

⁷² Section 435.07, F.S.

⁷³ Florida Department of Children and Families, *Apply for Exemption from Disqualification*, available at: <https://www.myflfamilies.com/services/background-screening/apply-exemption-disqualification> (last visited 3/9/25).

⁷⁴ Section 435.07(2)(c), F.S.

⁷⁵ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁷⁶ *Id.*

Current law does not allow the DCF Secretary to make exemptions with restrictions, such as restricting an applicant to working with adult populations only.⁷⁷

Effect of Proposed Changes

Section 9 amends s. 402.305, F.S., to provide the DCF with more oversight of instances in which an individual seeking employment as child care personnel can receive an exemption from a background screening despite a disqualifying offense.

The bill allows the DCF to grant limited exemptions that authorize a person seeking employment to work in a specified role or with a specified population, if the individual has a disqualifying offense in his or her background screening.

Section 11 amends s. 409.175, F.S., to grant limited exemptions authorizing a person who wishes to work in a family foster home, residential child-caring agency, and child-placing agency.

License Extensions

Present Situation

The DCF provides licensure for family foster homes, residential child-caring agencies, and child-placing agencies.⁷⁸ There are different licensure requirements based on the levels of licensed care associated with family foster homes, residential child-caring agencies, and child placing agencies housed in administrative rule.⁷⁹ In Fiscal Year 2023-2024, the DCF licensed 9,316 child-caring agencies and foster homes.⁸⁰ The DCF is not allowed to issue provisional licenses under federal law for providers that fall into noncompliance.⁸¹ To allow providers to come into compliance and follow federal standards, the DCF has the ability to provide a one-time 30-day extension to the provider.⁸² The 30-day extension may not give the provider the adequate time needed to correct a licensure violation regardless of the provider's steps to correct the violation.⁸³

Effect of Proposed Changes

Section 11 amends s. 409.175, F.S., to extend the length of time the DCF can extend a license expiration date for family foster homes, residential child-caring agencies, and child-placing agencies from 30 days to 90 days. This change is intended to allow the provider enough time to implement corrective measures that may be out of the provider's control.

⁷⁷ *Id.*

⁷⁸ Section 409.175, F.S.

⁷⁹ Section 409.175(5), F.S.

⁸⁰ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁸¹ *Id.*

⁸² Florida Department of Children and Families, *2025 Agency Analysis*, pg. 7, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁸³ *Id.*

Community-Based Care Lead Agencies

Present Situation

The DCF contracts with Community-Based Care (CBC) lead agencies to administer a system of care⁸⁴ to children and families that must focus on:

- Prevention of separation of children from their families;
- Intervention to allow children to remain safely in their own homes;
- Reunification of families who have had their children removed their care;
- Safety for children who are separated from their families;
- Promoting the well-being of children through emphasis on educational stability and timely health care;
- Permanency, including providing adoption and postadoption services; and
- Transition to independence and self-sufficiency.⁸⁵

The CBCs must give priority to services that are evidence-based and trauma informed.⁸⁶ The CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 16 CBCs statewide, which together serve the state's 20 judicial circuits.⁸⁷

Effect of Proposed Changes

Section 12 amends s. 409.993, F.S., to exempt subcontractors of CBC lead agencies that are a direct provider of foster care and related services from liability for the actions or omissions of the lead agency; the DCF or the officers, agents, or employees of the CBC lead agency or DCF. This change will reduce subcontractor's hesitancy to enter contracts with CBC lead agencies, as they will not be held liable for the actions and omissions of the lead agency.

Group Care

Present Situation

Group homes are a part of the DCF's licensed placement array for children in out-of-home care and provide staffed 24-hour care for children under the licensure of the DCF.⁸⁸ Group homes place a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.⁸⁹

The CBC lead agencies contract with group home providers and negotiate room and board rates in the regions the CBC lead agencies serve.⁹⁰ This has led to a significant increase in the cost of group homes and a wide variation in the room and board rates throughout the state. The

⁸⁴ Section 409.145(1), F.S.

⁸⁵ *Id.* Also see generally s. 409.988, F.S.

⁸⁶ Section 409.988(3), F.S.

⁸⁷ The DCF, Lead Agency Information, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited 3/11/25).

⁸⁸ Section 409.175, F.S.

⁸⁹ 65C-14.001, F.A.C.

⁹⁰ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

following chart shows that the cost of group care has risen in recent years, while the number of children in group care has decreased.⁹¹

Group Care Cost versus Group Care Placement						
Total Cost	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Statewide	\$116,808,722	\$118,243,424	\$114,783,908	\$126,063,837	\$157,688,554	\$174,223,084
Placement	6/30/19	6/30/20	6/30/21	6/30/22	6/30/23	6/30/24
Statewide	1,909	1,620	1,506	1,494	1,608	1,726

Effect of Proposed Changes

Section 10 amends s. 409.145, F.S., to require the DCF to establish a fee schedule for daily room and board rates for children in out-of-home care who are placed in a residential child-caring agency. The bill requires the DCF to coordinate with its providers to develop a fee schedule, which may include different payment rates based on factors including, but not limited to, the acuity level of the child being placed and the geographic location of the residential child-caring agency.

The bill provides the DCF rulemaking authority to implement this fee schedule.

Building Code Regulation for Child-Caring Agencies

Present Situation

Fire Prevention and Control

State law requires all municipalities, counties, and special districts with fire safety responsibilities to enforce the Fire Code as the minimum fire prevention code to operate uniformly among local governments and in conjunction with the Building Code. Each county, municipality, and special district with fire safety enforcement responsibilities must employ or contract with a fire safety inspector (certified by the State Fire Marshal) to conduct all fire safety inspections required by law.⁹²

A “fire protection system” is a system individually designed to protect the interior or exterior of a specific building or buildings, structure, or other special hazard from fire. A fire protection system includes, but is not limited to:⁹³

- Water sprinkler systems;
- Water spray systems;
- Foam-water sprinkler systems;
- Foam-water spray systems;
- Carbon dioxide systems;
- Foam extinguishing systems;

⁹¹ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 8, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁹² Section 633.202, F.S.

⁹³ Section 633.102(11), F.S.

- Dry chemical systems; and
- Halon and other chemical systems used for fire protection use.

Fire protection systems also include any tanks and pumps connected to fire sprinkler systems, overhead and underground fire mains, fire hydrants and hydrant mains, standpipes and hoses connected to sprinkler systems, sprinkler tank heaters, air lines, and thermal systems used in connection with fire sprinkler systems.⁹⁴

Fire protection systems must be installed in accordance with the Fire Code and the Building Code. Current law requires local governments to enforce the Fire Code and the Building Code including the permitting, inspecting, and approving the installation of a fire protection system.⁹⁵ Owners of fire protection systems must contract with a certified fire protection system contractor to regularly inspect such systems.⁹⁶

The Division of the State Fire Marshal follows the standards of the National Fire Protection Association to create fire safety standards with respect to residential child care facilities that provide full-time residence to five or fewer children.⁹⁷ The DCF has reported there to be disagreement in the intended purpose of this rule, which has caused some group homes to purchase costly fire suppression systems when one was not required.⁹⁸

Effect of Proposed Changes

Section 13 amends s. 553.73, F.S., to prohibit the Florida Building Commission from mandating the installation of fire sprinklers or a fire suppression system in a residential child-caring agency licensed by the DCF which operates in a single-family residential property that is licensed for a capacity of five or fewer children who are unrelated to the licensee.

Section 14 amends s. 633.208, F.S., to prohibit the fire marshal from requiring a residential child-caring agency licensed by the DCF which operates in a single-family residential property that is licensed for a capacity of five or fewer children who are unrelated to the licensee from installing fire sprinklers or a fire suppression system. This prohibition is contingent upon the licensee meeting the requirements for portable fire extinguishers, fire alarms, and smoke detectors.

Other

Sections 17, 18, and 19 of the bill make conforming and cross reference changes to align statute with the substantive changes in the bill.

Section 20 provides an effective date of July 1, 2025, except for sections 1 and 6, which have an effective date of January 1, 2026.

⁹⁴ *Id.*

⁹⁵ See generally chs. 553 and 633, F.S.; Florida Fire Prevention Code 8th Edition (NFPA Standard 1), available at [florida-fire-prevention-code-8th-edition-nfpa-101-fl-sp.pdf](#) (last visited Mar. 4, 2025).

⁹⁶ Section 633.312, F.S.

⁹⁷ 69A-41.007, F.A.C. and 69A-41.101, F.A.C.

⁹⁸ Florida Department of Children and Families, *2025 Agency Analysis*, pg. 9, on file with the Senate Committee on Children, Families, and Elder Affairs.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 16.56, 39.01, 39.401, 39.5075, 39.905, 125.901, 402.305, 402.30501, 409.145, 409.175, 553.73, 633.208, 937.0201, 937.021, 1002.57, and 1002.59.

This bill creates the following sections of the Florida Statutes: 39.3011 and 39.5077.

IX. Additional Information:

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

CS by Children, Families, and Elder Affairs on March 12, 2025:

- Removes section of the original bill language related to the false reporting of child abuse, abandonment, and neglect, and the civil lawsuit a person who had a false report filed against them may file against the false reporter.
- Updates language surrounding the appointments to Councils on Children’s Services including:
 - Changes the DCF employee who is responsible for being on the Council on Children’s Services from the district administrator to a representative of the DCF.
 - Allows the governing body to select an interim appointment for each vacant position from the list of recommendations submitted to the Governor if the Governor fails to make an appointment within the required 45-day period.
 - Requires all members recommended by the county governing body and appointed by the Governor to have been residents of the county for the previous 24-month period.
- Provides that a subcontractor of a CBC lead agency is not liable for the acts or omissions of a lead agency; the DCF; or the officers, agents, employees of a lead agency or the DCF. Provides that any contractual provision in conflict with this requirement is void and unenforceable.
- Removes section of the original bill related to zoning requirements for community residential homes.
- Revises the changes made to take into custody orders by removing the provision related to “reasonable force.”

B. Amendments:

None.



567020

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

Senate Amendment (with title amendment)

Delete lines 91 - 339

and insert:

Section 1. Section 39.3011, Florida Statutes, is created to
read:

39.3011 Protective investigations involving military
families.—

(1) For purposes of this section, the term "Family Advocacy
Program" means the program established by the United States



567020

11 Department of Defense to address child abuse, abandonment, and
12 neglect in military families.

13 (2) The department shall enter into an agreement for child
14 protective investigations involving military families with the
15 Family Advocacy Program, or any successor program, of each
16 United States military installation located in this state. Such
17 agreement must include procedures for all of the following:

18 (a) Identifying the military personnel alleged to have
19 committed the child abuse, neglect, or domestic abuse.

20 (b) Notifying and sharing information with the military
21 installation when a child protective investigation implicating
22 military personnel has been initiated.

23 (c) Maintaining confidentiality as required under state and
24 federal law.

25 Section 2. Subsection (1) of section 39.401, Florida
26 Statutes, is amended to read:

27 39.401 Taking a child alleged to be dependent into custody;
28 law enforcement officers and authorized agents of the
29 department.-

30 (1) A child may only be taken into custody:

31 (a) Pursuant to the provisions of this part, based upon
32 sworn testimony, either before or after a petition is filed; or

33 (b) By a law enforcement officer, or an authorized agent of
34 the department, if the officer or authorized agent has probable
35 cause to support a finding that the:

36 1. ~~That the~~ Child has been abused, neglected, or abandoned,
37 or is suffering from or is in imminent danger of illness or
38 injury as a result of abuse, neglect, or abandonment;

39 2. Child is the subject of a court order to take the child



567020

40 into the custody of the department;

41 ~~3.2. That the~~ Parent or legal custodian of the child has
42 materially violated a condition of placement imposed by the
43 court; or

44 ~~4.3. That the~~ Child has no parent, legal custodian, or
45 responsible adult relative immediately known and available to
46 provide supervision and care.

47
48 ===== T I T L E A M E N D M E N T =====

49 And the title is amended as follows:

50 Delete lines 2 - 45

51 and insert:

52 An act relating to child welfare; creating s. 39.3011,
53 F.S.; defining the term "Family Advocacy Program";
54 requiring the Department of Children and Families to
55 enter into agreements with certain military
56 installations for child protective investigations
57 involving military families; providing requirements
58 for such agreements; amending s. 39.401, F.S.;
59 authorizing a law enforcement officer or an authorized
60 agent of the department to take a child into custody
61 who is the subject of a specified court order;
62 amending s.



318066

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

1 **Senate Amendment to Amendment (567020)**

2

3 Delete line 19

4 and insert:

5 committed the child abuse, abandonment, or neglect.



145300

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

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

Senate Amendment (with title amendment)

Delete lines 609 - 612

and insert:

with its providers, establish a methodology to determine
daily room and board rates for children in out-of-home care who
are placed in a residential child-caring agency as defined in s.
409.175(2)(1). The methodology may produce different payment
rates based on



145300

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

12 And the title is amended as follows:

13 Delete line 59

14 and insert:

15 department to establish a methodology to determine

16 daily room

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

586-02322-25

20251626c1

1 A bill to be entitled
2 An act relating to child welfare; amending s. 16.56,
3 F.S.; authorizing the Office of Statewide Prosecution
4 in the Department of Legal Affairs to investigate and
5 prosecute specified violations; amending s. 39.01,
6 F.S.; revising the definition of the term "child who
7 is found to be dependent"; defining the term "legal
8 custodian"; creating s. 39.3011, F.S.; defining the
9 term "Family Advocacy Program"; requiring the
10 Department of Children and Families to enter into
11 agreements with certain military installations for
12 child protective investigations involving military
13 families; providing requirements for such agreements;
14 amending s. 39.401, F.S.; authorizing a law
15 enforcement officer or an authorized agent of the
16 department to take a child into custody who is the
17 subject of a specified court order; amending s.
18 39.5075, F.S.; authorizing, rather than requiring, the
19 department or a community-based care provider to
20 petition the court for a specified order; providing
21 that a certain order may be issued only if a certain
22 petition is filed by specified entities; creating s.
23 39.5077, F.S.; defining the term "unaccompanied alien
24 child"; requiring any natural person who meets certain
25 criteria to report certain information to the
26 department; requiring that such report be submitted
27 within a specified time period; requiring any natural
28 person who meets certain criteria to verify his or her
29 relationship with an unaccompanied alien child in

Page 1 of 30

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

586-02322-25

20251626c1

30 certain ways; requiring the person verifying his or
31 her relationship with such child to pay for DNA
32 testing; requiring such person to verify his or her
33 relationship within a specified time period; requiring
34 certain entities to submit a specified report to the
35 department within a specified time period; requiring a
36 specified attestation; providing criminal penalties
37 and civil fines; requiring the department to notify
38 certain persons or entities of certain requirements;
39 requiring the department to notify local law
40 enforcement, the Office of Refugee Resettlement, and
41 United States Immigration and Customs Enforcement
42 under certain circumstances; authorizing the
43 department to adopt certain rules; requiring certain
44 persons or entities to submit a report to the central
45 abuse hotline under certain circumstances; amending s.
46 39.905, F.S.; authorizing the department to waive a
47 specified requirement if there is an emergency need
48 for a new domestic violence center, to issue a
49 provisional certification to such center under certain
50 circumstances, and to adopt rules relating to
51 provisional certifications; amending s. 125.901, F.S.;
52 revising membership requirements for certain
53 independent special districts; authorizing the county
54 governing board to select an interim appointment for a
55 vacancy under certain circumstances; amending s.
56 402.305, F.S.; authorizing the department to grant
57 certain exemptions from disqualification for certain
58 persons; amending s. 409.145, F.S.; requiring the

Page 2 of 30

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

586-02322-25

20251626c1

59 department to establish a fee schedule for daily room
 60 and board rates for certain children by a date
 61 certain, which may include different rates based on a
 62 child's acuity level or the geographic location of the
 63 residential child-caring agency; requiring the
 64 department to adopt rules; amending s. 409.175, F.S.;
 65 authorizing the department to grant certain exemptions
 66 from disqualification for certain persons; authorizing
 67 the department to extend the expiration date of a
 68 license by a specified amount of time for a certain
 69 purpose; amending s. 409.993, F.S.; specifying that
 70 subcontractors of lead agencies that are direct
 71 providers of foster care and related services are not
 72 liable for certain acts or omissions; providing that
 73 certain contract provisions are void and
 74 unenforceable; amending s. 553.73, F.S.; prohibiting
 75 the Florida Building Commission from mandating the
 76 installation of fire sprinklers or a fire suppression
 77 system in certain agencies licensed by the department;
 78 amending s. 633.208, F.S.; providing that certain
 79 residential child-caring agencies are not required to
 80 install fire sprinklers or a fire suppression system
 81 under certain circumstances; amending s. 937.0201,
 82 F.S.; revising the definition of the term "missing
 83 child"; amending s. 937.021, F.S.; specifying the
 84 entity with jurisdiction for accepting missing child
 85 reports under certain circumstances; amending ss.
 86 402.30501, 1002.57, and 1002.59, F.S.; conforming
 87 cross-references; providing effective dates.

Page 3 of 30

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

586-02322-25

20251626c1

88
 89 Be It Enacted by the Legislature of the State of Florida:
 90
 91 Section 1. Effective January 1, 2026, paragraph (a) of
 92 subsection (1) of section 16.56, Florida Statutes, is amended to
 93 read:
 94 16.56 Office of Statewide Prosecution.—
 95 (1) There is created in the Department of Legal Affairs an
 96 Office of Statewide Prosecution. The office shall be a separate
 97 "budget entity" as that term is defined in chapter 216. The
 98 office may:
 99 (a) Investigate and prosecute the offenses of:
 100 1. Bribery, burglary, criminal usury, extortion, gambling,
 101 kidnapping, larceny, murder, prostitution, perjury, robbery,
 102 carjacking, home-invasion robbery, and patient brokering;
 103 2. Any crime involving narcotic or other dangerous drugs;
 104 3. Any violation of the Florida RICO (Racketeer Influenced
 105 and Corrupt Organization) Act, including any offense listed in
 106 the definition of racketeering activity in s. 895.02(8)(a),
 107 providing such listed offense is investigated in connection with
 108 a violation of s. 895.03 and is charged in a separate count of
 109 an information or indictment containing a count charging a
 110 violation of s. 895.03, the prosecution of which listed offense
 111 may continue independently if the prosecution of the violation
 112 of s. 895.03 is terminated for any reason;
 113 4. Any violation of the Florida Anti-Fencing Act;
 114 5. Any violation of the Florida Antitrust Act of 1980, as
 115 amended;
 116 6. Any crime involving, or resulting in, fraud or deceit

Page 4 of 30

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

586-02322-25

20251626c1

117 upon any person;

118 7. Any violation of s. 847.0135, relating to computer
119 pornography and child exploitation prevention, or any offense
120 related to a violation of s. 847.0135 or any violation of
121 chapter 827 where the crime is facilitated by or connected to
122 the use of the Internet or any device capable of electronic data
123 storage or transmission;

124 8. Any violation of chapter 815;

125 9. Any violation of chapter 825;

126 10. Any criminal violation of part I of chapter 499;

127 11. Any violation of the Florida Motor Fuel Tax Relief Act
128 of 2004;

129 12. Any criminal violation of s. 409.920 or s. 409.9201;

130 13. Any criminal violation of the Florida Money Laundering
131 Act;

132 14. Any criminal violation of the Florida Securities and
133 Investor Protection Act;

134 15. Any violation of chapter 787, as well as any and all
135 offenses related to a violation of chapter 787; ~~or~~

136 16. Any criminal violation of chapter 24, part II of
137 chapter 285, chapter 546, chapter 550, chapter 551, or chapter
138 849; or

139 17. Any violation of s. 39.5077;

140
141 or any attempt, solicitation, or conspiracy to commit any of the
142 crimes specifically enumerated above. The office shall have such
143 power only when any such offense is occurring, or has occurred,
144 in two or more judicial circuits as part of a related
145 transaction, or when any such offense is connected with an

586-02322-25

20251626c1

146 organized criminal conspiracy affecting two or more judicial
147 circuits. Informations or indictments charging such offenses
148 shall contain general allegations stating the judicial circuits
149 and counties in which crimes are alleged to have occurred or the
150 judicial circuits and counties in which crimes affecting such
151 circuits or counties are alleged to have been connected with an
152 organized criminal conspiracy.

153 Section 2. Subsection (15) of section 39.01, Florida
154 Statutes, is amended to read:

155 39.01 Definitions.—When used in this chapter, unless the
156 context otherwise requires:

157 (15) "Child who is found to be dependent" means a child
158 who, pursuant to this chapter, is found by the court:

159 (a) To have been abandoned, abused, or neglected by the
160 child's parent or parents or legal custodians;

161 (b) To have been surrendered to the department, the former
162 Department of Health and Rehabilitative Services, or a licensed
163 child-placing agency for purpose of adoption;

164 (c) To have been voluntarily placed with a licensed child-
165 caring agency, a licensed child-placing agency, an adult
166 relative, the department, or the former Department of Health and
167 Rehabilitative Services, after which placement, under the
168 requirements of this chapter, a case plan has expired and the
169 parent or parents or legal custodians have failed to
170 substantially comply with the requirements of the plan;

171 (d) To have been voluntarily placed with a licensed child-
172 placing agency for the purposes of subsequent adoption, and a
173 parent or parents have signed a consent pursuant to the Florida
174 Rules of Juvenile Procedure;

586-02322-25

20251626c1

- 175 (e) To have no parent or legal custodians capable of
176 providing supervision and care;
- 177 (f) To be at substantial risk of imminent abuse,
178 abandonment, or neglect by the parent or parents or legal
179 custodians; or
- 180 (g) To have been sexually exploited and to have no parent,
181 legal custodian, or responsible adult relative currently known
182 and capable of providing the necessary and appropriate
183 supervision and care.

184

185 For purposes of this subsection, the term "legal custodian"
186 includes a sponsor to whom an unaccompanied alien child, as
187 defined in s. 39.5077(1), has been released by the Office of
188 Refugee Resettlement of the Department of Health and Human
189 Services. Notwithstanding any other provision of law, an
190 unaccompanied alien child may not be found to have been
191 abandoned, abused, or neglected based solely on allegations of
192 abandonment, abuse, or neglect that occurred before placement in
193 this state or by a parent who is not in the United States.

194 Section 3. Section 39.3011, Florida Statutes, is created to
195 read:

196 39.3011 Protective investigations involving military
197 families.—

198 (1) For purposes of this section, the term "Family Advocacy
199 Program" means the program established by the United States
200 Department of Defense to address child abuse, abandonment, and
201 neglect in military families.

202 (2) The department shall enter into an agreement for child
203 protective investigations involving military families with the

586-02322-25

20251626c1

- 204 Family Advocacy Program, or any successor program, of each
205 United States military installation located in this state. Such
206 agreement must include procedures for all of the following:
- 207 (a) Identifying the military personnel alleged to have
208 committed the child abuse, neglect, or domestic abuse.
- 209 (b) Notifying and sharing information with the military
210 installation when a child protective investigation implicating
211 military personnel has been initiated.
- 212 (c) Maintaining confidentiality as required under state and
213 federal law.

214 Section 4. Subsection (1) of section 39.401, Florida
215 Statutes, is amended to read:

216 39.401 Taking a child alleged to be dependent into custody;
217 law enforcement officers and authorized agents of the
218 department.—

219 (1) A child may only be taken into custody:

- 220 (a) Pursuant to the provisions of this part, based upon
221 sworn testimony, either before or after a petition is filed; or
222 (b) By a law enforcement officer, or an authorized agent of
223 the department, if the officer or authorized agent has probable
224 cause to support a finding that the:

225 1. ~~That the~~ Child has been abused, neglected, or abandoned,
226 or is suffering from or is in imminent danger of illness or
227 injury as a result of abuse, neglect, or abandonment;

228 2. Child is the subject of a court order to take the child
229 into the custody of the department;

230 ~~3.2. That the~~ Parent or legal custodian of the child has
231 materially violated a condition of placement imposed by the
232 court; or

586-02322-25

20251626c1

233 ~~4.3-~~ That the Child has no parent, legal custodian, or
 234 responsible adult relative immediately known and available to
 235 provide supervision and care.

236 Section 5. Subsection (4) of section 39.5075, Florida
 237 Statutes, is amended to read:

238 39.5075 Citizenship or residency status for immigrant
 239 children who are dependents.—

240 (4) If the child may be eligible for special immigrant
 241 juvenile status, the department or community-based care provider
 242 may shall petition the court for an order finding that the child
 243 meets the criteria for special immigrant juvenile status. The
 244 ruling of the court on this petition must include findings as to
 245 the express wishes of the child, if the child is able to express
 246 such wishes, and any other circumstances that would affect
 247 whether the best interests of the child would be served by
 248 applying for special immigrant juvenile status. An order finding
 249 that a child meets the criteria for special immigrant juvenile
 250 status may be issued only upon a petition filed by the
 251 department or a community-based care provider under this
 252 section.

253 Section 6. Effective January 1, 2026, section 39.5077,
 254 Florida Statutes, is created to read:

255 39.5077 Unaccompanied alien children.—

256 (1) For purposes of this section, the term “unaccompanied
 257 alien child” means a child who has no lawful immigration status
 258 in the United States, who has not attained 18 years of age, and
 259 with respect to whom:

260 (a) There is no parent or legal guardian in the United
 261 States; or

586-02322-25

20251626c1

262 (b) No parent or legal guardian in the United States is
 263 available to provide care and physical custody.

264 (2) (a) Any natural person who obtains or has obtained
 265 physical custody of an unaccompanied alien child through a
 266 corporation, public or private agency other than the department,
 267 or person other than the child’s biological or adoptive parent,
 268 legal guardian, or court-appointed custodian; who retains such
 269 physical custody of the child for 10 or more consecutive days;
 270 and who is not the biological or adoptive parent, legal
 271 guardian, or court-appointed custodian of the child, must report
 272 such physical custody to the department and initiate proceedings
 273 under chapter 63, chapter 744, or chapter 751 to determine legal
 274 custody of the child.

275 (b)1. A person who obtains custody of an unaccompanied
 276 alien child on or after January 1, 2026, must comply with this
 277 subsection within 30 days after obtaining physical custody of
 278 such child.

279 2. A person who obtains custody of an unaccompanied alien
 280 child before January 1, 2026, must comply with this subsection
 281 within 90 days after January 1, 2026.

282 (3) (a) Any natural person who obtains or has obtained
 283 physical custody of an unaccompanied alien child through a
 284 corporation, a public or private agency other than the
 285 department, or any other person and who is the biological or
 286 adoptive parent, legal guardian, or court-appointed custodian of
 287 the child must verify his or her relationship to the child by
 288 submitting to the department a DNA test or other adequate
 289 documentation as determined by the department. The cost of DNA
 290 testing is borne by the person verifying his or her relationship

586-02322-25

20251626c1

291 to the child.

292 (b)1. A person who obtains custody of an unaccompanied
 293 alien child on or after January 1, 2026, must comply with this
 294 subsection within 30 days after obtaining physical custody of
 295 such child.

296 2. A person who obtains custody of an unaccompanied alien
 297 child before January 1, 2026, must comply with this subsection
 298 within 90 days after January 1, 2026.

299 (4) An entity that takes placement of or transfers, or
 300 assists in the transfer of, physical custody of an unaccompanied
 301 alien child to any natural person or entity must report to the
 302 department within 30 days after such placement or transfer all
 303 identifying information of the unaccompanied alien child and the
 304 natural person or entity that received such placement or
 305 transfer of physical custody of the child. An entity that takes
 306 placement of or transfers, or assists in the transfer of,
 307 physical custody of an unaccompanied alien child must attest to
 308 notifying the natural person or entity obtaining physical
 309 custody of the child of all applicable requirements of this
 310 section.

311 (5) A natural person or an entity that willfully violates
 312 subsections (2) and (3) commits a felony of the third degree,
 313 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 314 If the natural person or entity is convicted, the court shall
 315 impose a fine of \$1,000 on the natural person or a fine of
 316 \$10,000 on the entity.

317 (6) If the department believes that a natural person or an
 318 entity has failed to report as required by this section, the
 319 department must notify in writing such person or entity of the

Page 11 of 30

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

586-02322-25

20251626c1

320 obligation to report and the requirements of this section.

321 (7) The department shall notify local law enforcement, the
 322 Office of Refugee Resettlement, and United States Immigration
 323 and Customs Enforcement if a natural person or an entity fails
 324 to report information required under this section within 30 days
 325 after receipt of the written notification required in subsection
 326 (6).

327 (8) The department may adopt rules to implement this
 328 section, including rules relating to:

329 (a) The specific information that must be reported to the
 330 department.

331 (b) Verifying biological or adoptive parentage, legal
 332 guardianship, or court-appointed custody as required under
 333 subsections (2) and (3).

334 (c) The creation of forms for all reports required under
 335 this section.

336 (9) A natural person or an entity that is involved with or
 337 interacts with an unaccompanied alien child and suspects abuse,
 338 abandonment, or neglect of such child must immediately submit a
 339 report to the central abuse hotline.

340 Section 7. Paragraph (h) of subsection (1) of section
 341 39.905, Florida Statutes, is amended to read:

342 39.905 Domestic violence centers.—

343 (1) Domestic violence centers certified under this part
 344 must:

345 (h) Demonstrate local need and ability to sustain
 346 operations through a history of 18 consecutive months' operation
 347 as a domestic violence center, including 12 months' operation of
 348 an emergency shelter as provided in paragraph (c), and a

Page 12 of 30

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

586-02322-25

20251626c1

349 business plan which addresses future operations and funding of
 350 future operations. The department may waive this requirement if
 351 there is an emergency need for a new domestic violence center to
 352 provide services in an area and no other viable options exist to
 353 ensure continuity of services. If there is an emergency need,
 354 the department may issue a provisional certification to the
 355 domestic violence center as long as the center meets all other
 356 criteria in this subsection. The department may adopt rules to
 357 provide minimum standards for a provisional certificate,
 358 including increased monitoring and site visits and the time
 359 period that such certificate is valid.

360 Section 8. Paragraphs (a) and (b) of subsection (1) of
 361 section 125.901, Florida Statutes, are amended to read:

362 125.901 Children's services; independent special district;
 363 council; powers, duties, and functions; public records
 364 exemption.-

365 (1) Each county may by ordinance create an independent
 366 special district, as defined in ss. 189.012 and 200.001(8)(e),
 367 to provide funding for children's services throughout the county
 368 in accordance with this section. The boundaries of such district
 369 shall be coterminous with the boundaries of the county. The
 370 county governing body shall obtain approval at a general
 371 election, as defined in s. 97.021, by a majority vote of those
 372 electors voting on the question, to annually levy ad valorem
 373 taxes which shall not exceed the maximum millage rate authorized
 374 by this section. Any district created pursuant to the provisions
 375 of this subsection shall be required to levy and fix millage
 376 subject to the provisions of s. 200.065. Once such millage is
 377 approved by the electorate, the district shall not be required

586-02322-25

20251626c1

378 to seek approval of the electorate in future years to levy the
 379 previously approved millage. However, a referendum to increase
 380 the millage rate previously approved by the electors must be
 381 held at a general election, and the referendum may be held only
 382 once during the 48-month period preceding the effective date of
 383 the increased millage.

384 (a) The governing body of the district shall be a council
 385 on children's services, which may also be known as a juvenile
 386 welfare board or similar name as established in the ordinance by
 387 the county governing body. Such council shall consist of 10
 388 members, including the superintendent of schools; a local school
 389 board member; a representative ~~the district administrator~~ from
 390 the appropriate district of the Department of Children and
 391 Families, or his or her designee who is a member of the Senior
 392 Management Service or of the Selected Exempt Service; one member
 393 of the county governing body; and the judge assigned to juvenile
 394 cases who shall sit as a voting member of the board, except that
 395 said judge shall not vote or participate in the setting of ad
 396 valorem taxes under this section. If there is more than one
 397 judge assigned to juvenile cases in a county, the chief judge
 398 shall designate one of said juvenile judges to serve on the
 399 board. The remaining five members shall be appointed by the
 400 Governor, and shall, to the extent possible, represent the
 401 demographic makeup diversity of the population of the county.
 402 After soliciting recommendations from the public, the county
 403 governing body shall submit to the Governor recommendations ~~the~~
 404 ~~names of at least three persons~~ for each vacancy occurring among
 405 the five members appointed by the Governor, and the Governor may
 406 ~~shall~~ appoint members to the council from the candidates

586-02322-25

20251626c1

407 nominated by the county governing body. The Governor shall make
 408 a selection within a 45-day period, but if the Governor fails to
 409 make an appointment within the 45-day period, the county
 410 governing body may select an interim appointment for each
 411 vacancy from the recommendations submitted to the Governor ~~or~~
 412 ~~request a new list of candidates~~. All members recommended by the
 413 county governing body and appointed by the Governor ~~must shall~~
 414 have been residents of the county for the previous 24-month
 415 period. Such members shall be appointed for 4-year terms, except
 416 that the length of the terms of the initial appointees shall be
 417 adjusted to stagger the terms. The Governor may remove a member
 418 for cause or upon the written petition of the county governing
 419 body. If any of the members of the council required to be
 420 appointed by the Governor under ~~the provisions of this~~
 421 subsection resigns, dies, or is shall resign, die, or be removed
 422 from office, the vacancy thereby created shall, as soon as
 423 practicable, be filled by appointment by the Governor, using the
 424 same method as the original appointment, and such appointment to
 425 fill a vacancy shall be for the unexpired term of the person who
 426 resigns, dies, or is removed from office.

427 (b) However, any county as defined in s. 125.011(1) may
 428 instead have a governing body consisting of 33 members,
 429 including the superintendent of schools, or his or her designee;
 430 two representatives of public postsecondary education
 431 institutions located in the county; the county manager or the
 432 equivalent county officer; the district administrator from the
 433 appropriate district of the Department of Children and Families,
 434 or the administrator's designee who is a member of the Senior
 435 Management Service or the Selected Exempt Service; the director

Page 15 of 30

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

586-02322-25

20251626c1

436 of the county health department or the director's designee; the
 437 state attorney for the county or the state attorney's designee;
 438 the chief judge assigned to juvenile cases, or another juvenile
 439 judge who is the chief judge's designee and who shall sit as a
 440 voting member of the board, except that the judge may not vote
 441 or participate in setting ad valorem taxes under this section;
 442 an individual who is selected by the board of the local United
 443 Way or its equivalent; a member of a locally recognized faith-
 444 based coalition, selected by that coalition; a member of the
 445 local chamber of commerce, selected by that chamber or, if more
 446 than one chamber exists within the county, a person selected by
 447 a coalition of the local chambers; a member of the early
 448 learning coalition, selected by that coalition; a representative
 449 of a labor organization or union active in the county; a member
 450 of a local alliance or coalition engaged in cross-system
 451 planning for health and social service delivery in the county,
 452 selected by that alliance or coalition; a member of the local
 453 Parent-Teachers Association/Parent-Teacher-Student Association,
 454 selected by that association; a youth representative selected by
 455 the local school system's student government; a local school
 456 board member appointed by the chair of the school board; the
 457 mayor of the county or the mayor's designee; one member of the
 458 county governing body, appointed by the chair of that body; a
 459 member of the state Legislature who represents residents of the
 460 county, selected by the chair of the local legislative
 461 delegation; an elected official representing the residents of a
 462 municipality in the county, selected by the county municipal
 463 league; and 4 members-at-large, appointed to the council by the
 464 majority of sitting council members. The remaining seven members

Page 16 of 30

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

586-02322-25 20251626c1

465 shall be appointed by the Governor in accordance with procedures
 466 set forth in paragraph (a), except that the Governor may remove
 467 a member for cause or upon the written petition of the council.
 468 Appointments by the Governor must, to the extent reasonably
 469 possible, represent the geographic and demographic makeup
 470 ~~diversity~~ of the population of the county. Members who are
 471 appointed to the council by reason of their position are not
 472 subject to the length of terms and limits on consecutive terms
 473 as provided in this section. The remaining appointed members of
 474 the governing body shall be appointed to serve 2-year terms,
 475 except that those members appointed by the Governor shall be
 476 appointed to serve 4-year terms, and the youth representative
 477 and the legislative delegate shall be appointed to serve 1-year
 478 terms. A member may be reappointed; however, a member may not
 479 serve for more than three consecutive terms. A member is
 480 eligible to be appointed again after a 2-year hiatus from the
 481 council.

482 Section 9. Subsection (2) of section 402.305, Florida
 483 Statutes, is amended to read:

484 402.305 Licensing standards; child care facilities.—

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

487 (a) Good moral character based upon screening as defined in
 488 s. 402.302(15). This screening shall be conducted as provided in
 489 chapter 435, using the level 2 standards for screening set forth
 490 in that chapter, and include employment history checks, a search
 491 of criminal history records, sexual predator and sexual offender
 492 registries, and child abuse and neglect registry of any state in
 493 which the current or prospective child care personnel resided

Page 17 of 30

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

586-02322-25 20251626c1

494 during the preceding 5 years.

495 (b) Fingerprint submission for child care personnel, which
 496 shall comply with s. 435.12.

497 (c) ~~The department may grant exemptions from~~
 498 ~~disqualification from working with children or the~~
 499 ~~developmentally disabled as provided in s. 435.07.~~

500 ~~(d)~~ Minimum age requirements. Such minimum standards shall
 501 prohibit a person under the age of 21 from being the operator of
 502 a child care facility and a person under the age of 16 from
 503 being employed at such facility unless such person is under
 504 direct supervision and is not counted for the purposes of
 505 computing the personnel-to-child ratio.

506 (d) ~~(e)~~ Minimum training requirements for child care
 507 personnel.

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

512 a. State and local rules and regulations which govern child
 513 care.

514 b. Health, safety, and nutrition.

515 c. Identifying and reporting child abuse and neglect.

516 d. Child development, including typical and atypical
 517 language, cognitive, motor, social, and self-help skills
 518 development.

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

522 f. Specialized areas, including computer technology for

Page 18 of 30

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

586-02322-25 20251626c1

523 professional and classroom use and early literacy and language
 524 development of children from birth to 5 years of age, as
 525 determined by the department, for owner-operators and child care
 526 personnel of a child care facility.

527 g. Developmental disabilities, including autism spectrum
 528 disorder and Down syndrome, and early identification, use of
 529 available state and local resources, classroom integration, and
 530 positive behavioral supports for children with developmental
 531 disabilities.

532
 533 Within 90 days after employment, child care personnel shall
 534 begin training to meet the training requirements. Child care
 535 personnel shall successfully complete such training within 1
 536 year after the date on which the training began, as evidenced by
 537 passage of a competency examination. Successful completion of
 538 the 40-clock-hour introductory course shall articulate into
 539 community college credit in early childhood education, pursuant
 540 to ss. 1007.24 and 1007.25. Exemption from all or a portion of
 541 the required training shall be granted to child care personnel
 542 based upon educational credentials or passage of competency
 543 examinations. Child care personnel possessing a 2-year degree or
 544 higher that includes 6 college credit hours in early childhood
 545 development or child growth and development, or a child
 546 development associate credential or an equivalent state-approved
 547 child development associate credential, or a child development
 548 associate waiver certificate shall be automatically exempted
 549 from the training requirements in sub-subparagraphs b., d., and
 550 e.

551 2. The introductory course in child care shall stress, to

586-02322-25 20251626c1

552 the extent possible, an interdisciplinary approach to the study
 553 of children.

554 3. The introductory course shall cover recognition and
 555 prevention of shaken baby syndrome; prevention of sudden infant
 556 death syndrome; recognition and care of infants and toddlers
 557 with developmental disabilities, including autism spectrum
 558 disorder and Down syndrome; and early childhood brain
 559 development within the topic areas identified in this paragraph.

560 4. On an annual basis in order to further their child care
 561 skills and, if appropriate, administrative skills, child care
 562 personnel who have fulfilled the requirements for the child care
 563 training shall be required to take an additional 1 continuing
 564 education unit of approved inservice training, or 10 clock hours
 565 of equivalent training, as determined by the department.

566 5. Child care personnel shall be required to complete 0.5
 567 continuing education unit of approved training or 5 clock hours
 568 of equivalent training, as determined by the department, in
 569 early literacy and language development of children from birth
 570 to 5 years of age one time. The year that this training is
 571 completed, it shall fulfill the 0.5 continuing education unit or
 572 5 clock hours of the annual training required in subparagraph 4.

573 6. Procedures for ensuring the training of qualified child
 574 care professionals to provide training of child care personnel,
 575 including onsite training, shall be included in the minimum
 576 standards. It is recommended that the state community child care
 577 coordination agencies (central agencies) be contracted by the
 578 department to coordinate such training when possible. Other
 579 district educational resources, such as community colleges and
 580 career programs, can be designated in such areas where central

586-02322-25

20251626c1

581 agencies may not exist or are determined not to have the
582 capability to meet the coordination requirements set forth by
583 the department.

584 7. Training requirements shall not apply to certain
585 occasional or part-time support staff, including, but not
586 limited to, swimming instructors, piano teachers, dance
587 instructors, and gymnastics instructors.

588 8. The child care operator shall be required to take basic
589 training in serving children with disabilities within 5 years
590 after employment, either as a part of the introductory training
591 or the annual 8 hours of inservice training.

592 ~~(e)(f)~~ Periodic health examinations.

593 ~~(f)(g)~~ A credential for child care facility directors. The
594 credential shall be a required minimum standard for licensing.

595

596 The department may grant limited exemptions authorizing a person
597 to work in a specified role or with a specified population.

598 Section 10. Paragraph (e) is added to subsection (3) of
599 section 409.145, Florida Statutes, to read:

600 409.145 Care of children; "reasonable and prudent parent"
601 standard.—The child welfare system of the department shall
602 operate as a coordinated community-based system of care which
603 empowers all caregivers for children in foster care to provide
604 quality parenting, including approving or disapproving a child's
605 participation in activities based on the caregiver's assessment
606 using the "reasonable and prudent parent" standard.

607 (3) ROOM AND BOARD RATES.—

608 (e) By July 1, 2026, the department shall, in coordination
609 with its providers, establish a fee schedule for daily room and

586-02322-25

20251626c1

610 board rates for children in out-of-home care who are placed in a
611 residential child-caring agency as defined in s. 409.175(2)(1).
612 The fee schedule may include different payment rates based on
613 factors including, but not limited to, the acuity level of the
614 child being placed and the geographic location of the
615 residential child-caring agency. The department shall adopt
616 rules to implement this paragraph.

617 Section 11. Paragraph (b) of subsection (5), subsection
618 (7), and paragraph (e) of subsection (14) of section 409.175,
619 Florida Statutes, are amended to read:

620 409.175 Licensure of family foster homes, residential
621 child-caring agencies, and child-placing agencies; public
622 records exemption.—

623 (5) The department shall adopt and amend rules for the
624 levels of licensed care associated with the licensure of family
625 foster homes, residential child-caring agencies, and child-
626 placing agencies. The rules may include criteria to approve
627 waivers to licensing requirements when applying for a child-
628 specific license.

629 (b) The requirements for licensure and operation of family
630 foster homes, residential child-caring agencies, and child-
631 placing agencies shall include:

632 1. The operation, conduct, and maintenance of these homes
633 and agencies and the responsibility which they assume for
634 children served and the evidence of need for that service.

635 2. The provision of food, clothing, educational
636 opportunities, services, equipment, and individual supplies to
637 assure the healthy physical, emotional, and mental development
638 of the children served.

586-02322-25

20251626c1

639 3. The appropriateness, safety, cleanliness, and general
640 adequacy of the premises, including fire prevention and health
641 standards, to provide for the physical comfort, care, and well-
642 being of the children served.

643 4. The ratio of staff to children required to provide
644 adequate care and supervision of the children served and, in the
645 case of family foster homes, the maximum number of children in
646 the home.

647 5. The good moral character based upon screening,
648 education, training, and experience requirements for personnel
649 and family foster homes.

650 ~~6. The department may grant exemptions from~~
651 ~~disqualification from working with children or the~~
652 ~~developmentally disabled as provided in s. 435.07.~~

653 ~~7.~~ The provision of preservice and inservice training for
654 all foster parents and agency staff.

655 ~~7.8.~~ Satisfactory evidence of financial ability to provide
656 care for the children in compliance with licensing requirements.

657 ~~8.9.~~ The maintenance by the agency of records pertaining to
658 admission, progress, health, and discharge of children served,
659 including written case plans and reports to the department.

660 ~~9.10.~~ The provision for parental involvement to encourage
661 preservation and strengthening of a child's relationship with
662 the family.

663 ~~10.11.~~ The transportation safety of children served.

664 ~~11.12.~~ The provisions for safeguarding the cultural,
665 religious, and ethnic values of a child.

666 ~~12.13.~~ Provisions to safeguard the legal rights of children
667 served.

586-02322-25

20251626c1

668 ~~13.14.~~ Requiring signs to be conspicuously placed on the
669 premises of facilities maintained by child-caring agencies to
670 warn children of the dangers of human trafficking and to
671 encourage the reporting of individuals observed attempting to
672 engage in human trafficking activity. The signs must advise
673 children to report concerns to the local law enforcement agency
674 or the Department of Law Enforcement, specifying the appropriate
675 telephone numbers used for such reports. The department shall
676 specify, at a minimum, the content of the signs by rule.

677
678 The department may grant limited exemptions authorizing a person
679 to work in a specified role or with a specified population.

680 (7) The department may extend a license expiration date
681 once for a period of up to 90 ~~30~~ days to allow for the
682 implementation of corrective measures. However, the department
683 may not extend a license expiration date more than once during a
684 licensure period.

685 (14)

686 (e)1. In addition to any other preservice training required
687 by law, foster parents, as a condition of licensure, and agency
688 staff must successfully complete preservice training related to
689 human trafficking which must be uniform statewide and must
690 include, but need not be limited to, all of the following:

691 a. Basic information on human trafficking, such as an
692 understanding of relevant terminology, and the differences
693 between sex trafficking and labor trafficking. ~~→~~

694 b. Factors and knowledge on identifying children at risk of
695 human trafficking. ~~→ and~~

696 c. Steps that should be taken to prevent at-risk youths

586-02322-25

20251626c1

697 from becoming victims of human trafficking.

698 2. Foster parents, before licensure renewal, and agency
699 staff, during each full year of employment, must complete
700 inservice training related to human trafficking to satisfy the
701 training requirement under subparagraph (5)(b)6 ~~(5)(b)7~~.

702 Section 12. Present paragraph (b) of subsection (3) of
703 section 409.993, Florida Statutes, is redesignated as paragraph
704 (c), a new paragraph (b) is added to that subsection, and
705 paragraph (a) of that subsection is amended, to read:

706 409.993 Lead agencies and subcontractor liability.—

707 (3) SUBCONTRACTOR LIABILITY.—

708 (a) A subcontractor of an eligible community-based care
709 lead agency that is a direct provider of foster care and related
710 services to children and families, and its employees or
711 officers, except as otherwise provided in paragraph (c) ~~(b)~~,
712 must, as a part of its contract, obtain a minimum of \$1 million
713 per occurrence with a policy period aggregate limit of \$3
714 million in general liability insurance coverage. The
715 subcontractor of a lead agency must also require that staff who
716 transport client children and families in their personal
717 automobiles in order to carry out their job responsibilities
718 obtain minimum bodily injury liability insurance in the amount
719 of \$100,000 per person in any one automobile accident, and
720 subject to such limits for each person, \$300,000 for all damages
721 resulting from any one automobile accident, on their personal
722 automobiles. In lieu of personal motor vehicle insurance, the
723 subcontractor's casualty, liability, or motor vehicle insurance
724 carrier may provide nonowned automobile liability coverage. This
725 insurance provides liability insurance for automobiles that the

Page 25 of 30

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

586-02322-25

20251626c1

726 subcontractor uses in connection with the subcontractor's
727 business but does not own, lease, rent, or borrow. This coverage
728 includes automobiles owned by the employees of the subcontractor
729 or a member of the employee's household but only while the
730 automobiles are used in connection with the subcontractor's
731 business. The nonowned automobile coverage for the subcontractor
732 applies as excess coverage over any other collectible insurance.
733 The personal automobile policy for the employee of the
734 subcontractor shall be primary insurance, and the nonowned
735 automobile coverage of the subcontractor acts as excess
736 insurance to the primary insurance. The subcontractor shall
737 provide a minimum limit of \$1 million in nonowned automobile
738 coverage. In a tort action brought against such subcontractor or
739 employee, net economic damages shall be limited to \$2 million
740 per liability claim and \$200,000 per automobile claim,
741 including, but not limited to, past and future medical expenses,
742 wage loss, and loss of earning capacity, offset by any
743 collateral source payment paid or payable. In a tort action
744 brought against such subcontractor, noneconomic damages shall be
745 limited to \$400,000 per claim. A claims bill may be brought on
746 behalf of a claimant pursuant to s. 768.28 for any amount
747 exceeding the limits specified in this paragraph. Any offset of
748 collateral source payments made as of the date of the settlement
749 or judgment shall be in accordance with s. 768.76.

750 (b) A subcontractor of a lead agency that is a direct
751 provider of foster care and related services is not liable for
752 the acts or omissions of the lead agency; the department; or the
753 officers, agents, or employees of the lead agency or the
754 department. Any provision in a contract between a subcontractor

Page 26 of 30

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

586-02322-25 20251626c1

755 and a lead agency which is in conflict with this paragraph is
 756 void and unenforceable.

757 Section 13. Paragraph (c) is added to subsection (20) of
 758 section 553.73, Florida Statutes, to read:

759 553.73 Florida Building Code.—

760 (20) The Florida Building Commission may not:

761 (c) Mandate the installation of fire sprinklers or a fire
 762 suppression system in a residential child-caring agency licensed
 763 by the Department of Children and Families under s. 409.175
 764 which operates in a single-family residential property that is
 765 licensed for a capacity of five or fewer children who are
 766 unrelated to the licensee.

767 Section 14. Subsection (12) is added to section 633.208,
 768 Florida Statutes, to read:

769 633.208 Minimum firesafety standards.—

770 (12) Notwithstanding subsection (8), a residential child-
 771 caring agency licensed by the Department of Children and
 772 Families under s. 409.175 which operates in a single-family
 773 residential property that is licensed for a capacity of five or
 774 fewer children who are unrelated to the licensee is not required
 775 to install fire sprinklers or a fire suppression system as long
 776 as the licensee meets the requirements for portable fire
 777 extinguishers, fire alarms, and smoke detectors under this
 778 chapter.

779 Section 15. Subsection (3) of section 937.0201, Florida
 780 Statutes, is amended to read:

781 937.0201 Definitions.—As used in this chapter, the term:

782 (3) "Missing child" means a person younger than 18 years of
 783 age whose temporary or permanent residence is in, or is believed

586-02322-25 20251626c1

784 to be in, this state, whose location has not been determined,
 785 and who has been reported as missing to a law enforcement
 786 agency. The term includes a child who is the subject of a court
 787 order to take the child into the custody of the Department of
 788 Children and Families.

789 Section 16. Subsection (3) of section 937.021, Florida
 790 Statutes, is amended to read:

791 937.021 Missing child and missing adult reports.—

792 (3) A report that a child or adult is missing must be
 793 accepted by and filed with the law enforcement agency having
 794 jurisdiction in the county or municipality in which the child or
 795 adult was last seen. The filing and acceptance of the report
 796 imposes the duties specified in this section upon the law
 797 enforcement agency receiving the report. This subsection does
 798 not preclude a law enforcement agency from accepting a missing
 799 child or missing adult report when agency jurisdiction cannot be
 800 determined. If agency jurisdiction cannot be determined for
 801 cases in which there is a child who is the subject of a court
 802 order to take the child into the custody of the Department of
 803 Children and Families, the sheriff's office of the county in
 804 which the court order was entered must take jurisdiction.

805 Section 17. Section 402.30501, Florida Statutes, is amended
 806 to read:

807 402.30501 Modification of introductory child care course
 808 for community college credit authorized.—The Department of
 809 Children and Families may modify the 40-clock-hour introductory
 810 course in child care under s. 402.305 or s. 402.3131 to meet the
 811 requirements of articulating the course to community college
 812 credit. Any modification must continue to provide that the

586-02322-25 20251626c1

813 course satisfies the requirements of s. 402.305(2)(d) ~~or~~
 814 ~~402.305(2)(e)~~.

815 Section 18. Subsections (3) and (4) of section 1002.57,
 816 Florida Statutes, are amended to read:

817 1002.57 Prekindergarten director credential.—

818 (3) The prekindergarten director credential must meet or
 819 exceed the requirements of the Department of Children and
 820 Families for the child care facility director credential under
 821 s. 402.305(2)(f) ~~s. 402.305(2)(g)~~, and successful completion of
 822 the prekindergarten director credential satisfies these
 823 requirements for the child care facility director credential.

824 (4) The department shall, to the maximum extent
 825 practicable, award credit to a person who successfully completes
 826 the child care facility director credential under s.
 827 402.305(2)(f) ~~s. 402.305(2)(g)~~ for those requirements of the
 828 prekindergarten director credential which are duplicative of
 829 requirements for the child care facility director credential.

830 Section 19. Subsection (1) of section 1002.59, Florida
 831 Statutes, is amended to read:

832 1002.59 Emergent literacy and performance standards
 833 training courses.—

834 (1) The department, in collaboration with the Just Read,
 835 Florida! Office, shall adopt minimum standards for courses in
 836 emergent literacy for prekindergarten instructors. Each course
 837 must consist of 5 clock hours and provide instruction in
 838 strategies and techniques to address the age-appropriate
 839 progress of prekindergarten students in developing emergent
 840 literacy skills, including oral communication, knowledge of
 841 print and letters, phonological and phonemic awareness,

Page 29 of 30

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

586-02322-25 20251626c1

842 vocabulary and comprehension development, and foundational
 843 background knowledge designed to correlate with the content that
 844 students will encounter in grades K-12, consistent with the
 845 evidence-based content and strategies grounded in the science of
 846 reading identified pursuant to s. 1001.215(7). The course
 847 standards must be reviewed as part of any review of subject
 848 coverage or endorsement requirements in the elementary, reading,
 849 and exceptional student educational areas conducted pursuant to
 850 s. 1012.586. Each course must also provide resources containing
 851 strategies that allow students with disabilities and other
 852 special needs to derive maximum benefit from the Voluntary
 853 Prekindergarten Education Program. Successful completion of an
 854 emergent literacy training course approved under this section
 855 satisfies requirements for approved training in early literacy
 856 and language development under ss. 402.305(2)(d)5. ~~ss.~~
 857 ~~402.305(2)(e)5.~~, 402.313(6), and 402.3131(5).

858 Section 20. Except as otherwise expressly provided in this
 859 act, this act shall take effect July 1, 2025.

Page 30 of 30

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