

<b>Tab 1</b>	<b>SB 526 by Harrell;</b> Similar to H 00919 Nursing Education Programs
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538912	A	S	RCS	HP, Harrell	Delete L.241 - 267:	03/04 03:45 PM
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<b>Tab 2</b>	<b>SB 714 by Burton;</b> Similar to H 01081 Nonopioid Advance Directives
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<b>Tab 3</b>	<b>SB 170 by Burton;</b> Quality of Care in Nursing Homes
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**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Burton, Chair**  
**Senator Harrell, Vice Chair**

**MEETING DATE:** Tuesday, March 4, 2025

**TIME:** 2:00—3:30 p.m.

**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Burton, Chair; Senator Harrell, Vice Chair; Senators Berman, Calatayud, Davis, Gaetz, Leek, Osgood, Passidomo, and Trumbull

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>SB 526</b> Harrell (Similar H 919)	Nursing Education Programs; Revising application requirements for nursing education program approval; providing for the revocation of a program's approval, and discipline of its program director, under certain circumstances; authorizing agents of the Department of Health to conduct onsite evaluations and inspections of approved and accredited nursing education programs; deeming failure or refusal of a program to allow such evaluation or inspection as a violation of a legal obligation, etc.  HP      03/04/2025 Fav/CS AHS FP	Fav/CS Yeas 10 Nays 0
2	<b>SB 714</b> Burton (Similar H 1081)	Nonopioid Advance Directives; Requiring the Department of Health to develop a voluntary nonopioid advance directive form for a specified purpose and make the form available on its website; authorizing a patient to revoke the form for any reason, verbally or in writing; providing health care providers with immunity from civil and criminal liability for failing to act in accordance with an advance directive under certain circumstances, etc.  HP      03/04/2025 Favorable AHS FP	Favorable Yeas 10 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Health Policy

Tuesday, March 4, 2025, 2:00—3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	<b>SB 170</b> 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 AP	Fav/CS Yeas 10 Nays 0

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Other Related Meeting Documents

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

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

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: CS/SB 526

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Nursing Education Programs

DATE: March 5, 2025

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	<b>Fav/CS</b>
2.			AHS	
3.			FP	

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

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 526 amends s. 464.019, F.S., related to the approval of nursing education programs to:

- Revise program application requirements;
- Authorize the Board of Nursing (BON) to deny certain program applications;
- Revise annual reporting requirements and authorize the BON to terminate programs that do not meet reporting requirements;
- Revise the criteria by which the BON may terminate a program for not meeting certain graduate passage rates;
- Authorize the Department of Health to conduct onsite inspections to determine compliance;
- Revise the BON rule-making authority; and
- Repeal the BON's rule-making authority to grant an extension of the accreditation deadline.

The bill has no fiscal impact on state expenditures.

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

**II. Present Situation:**

**Florida Postsecondary Nursing Education Programs**

As of January 9, 2025, the Florida Board of Nursing (BON) has approved 314 Registered Nurse (RN) programs, five Professional Diploma programs, and 194 Practical Nursing (LPN) programs

for pre-licensure education.<sup>1</sup> Pre-licensure nursing programs include pre-licensure programs offered by Florida's state universities, colleges, public school districts, private institutions licensed by the Florida Commission for Independent Education (CIE), private institutions that are members of the Independent Colleges and Universities of Florida (ICUF), and religious institutions authorized by law to offer nursing programs.<sup>2</sup>

Post-licensure nursing programs advance the training of licensed RNs and include Registered Nurse to Bachelor of Science in Nursing (RN to BSN), Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), Doctor of Philosophy (Ph.D.) programs, and nursing certificates. Upon completion of some master's and doctorate programs, RNs transition to an advanced practice registered nurse (APRN) license. These roles include nurse practitioner (NP), certified nurse midwife (CNM), clinical nurse specialist (CNS), psychiatric mental health nurse practitioner, and certified registered nurse anesthetist (CRNA).<sup>3</sup>

### **Pre-licensure Nursing Education Programs**

Educational institutions that wish to conduct a program in Florida for the pre-licensure education of RNs or LPNs must meet specific requirements to be approved by the BON.<sup>4</sup> The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document:<sup>5</sup>

- For an RN education program, the program director and that at least 50 percent of the program's faculty members must be RNs who have a master's degree or higher in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing;
- For an LPN education program, the program director and at least 50 percent of the program's faculty members must be RNs who have a bachelor's degree or higher in nursing;
- The program's nursing major curriculum consists of at least:
  - Fifty percent clinical training in the U.S., the District of Columbia (D.C.), or a possession or territory of the U.S. for an LPN, ARN, or a diploma RN;
  - Forty percent of clinical training in a U.S. state, D.C., or a possession or territory of the U.S. for a B.S. degree RN education program, and no more than 50 percent of the program's clinical training may consist of clinical simulation;
- The RN and LPN educational degree requirements may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree;
- The program must have signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites;

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<sup>1</sup> Department of Health, *Senate Bill 526 Legislative Analysis* (Feb. 28, 2025) (on file with the Senate Committee on Health Policy).

<sup>2</sup> Florida Center for Nursing (2025), *The State of Nursing Education in Florida - 2025*, Tampa, Fla., available at <https://issuu.com/flcenterfornursing/docs/newthestateofnursingeducationinflorida> (last visited Feb. 28, 2025).

<sup>3</sup> *Id.*

<sup>4</sup> Section. 464.019, F.S. and Florida Board of Nursing, *Education and Training Programs*, available at <https://floridasnursing.gov/education-and-training-programs/> (last visited Feb. 28, 2025).

<sup>5</sup> Section 464.019(1), F.S.

- The program must have written policies for faculty which include provisions for direct or indirect supervision by faculty or clinical preceptors for students in clinical training consistent with the following standards;
  - The number of program faculty members must equal at least one faculty member directly supervising every 12 students unless the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18, to be directly supervised by one program faculty member;
  - For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor and a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility;
  - For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility;
  - For community-based clinical experiences not involving student participation in invasive or complex nursing activities, indirect supervision may occur only when a supervising program faculty member is available to the student by telephone; and
  - A program's clinical training policies must require that a clinical preceptor who is supervising students in an RN education program be an RN or, if supervising students in an LPN education program, be an RN or LPN;
- The RN or LPN nursing curriculum plan must document clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. An RN curriculum plan must also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings;
- An RN or LPN education program must provide theoretical instruction and clinical application in the following:
  - Personal, family, and community health concepts;
  - Nutrition;
  - Human growth and development throughout the lifespan;
  - Body structure and function;
  - Interpersonal relationship skills;
  - Mental health concepts;
  - Pharmacology and administration of medications; and
  - Legal aspects of practice; and
- An RN nursing education program must also provide theoretical instruction and clinical experience in:
  - Interpersonal relationships and leadership skills;
  - Professional role and function; and
  - Health teaching and counseling skills.

### **Program Approval Process**

Upon receipt of a program application and the required fee, the Department of Health (DOH) must examine the application to determine if it is complete. If the application is not complete, the DOH must notify the educational institution in writing of any errors or omissions within 30 days

after the DOH's receipt of the application. A program application is deemed complete upon the DOH's receipt of:

- The initial application, if the DOH does not notify the educational institution of any errors or omissions within the initial 30-day period after receipt; or
- Upon receipt of a revised application that corrects each error and omission that the DOH has notified the applicant of within the initial 30-day period after receipt of the application.<sup>6</sup>

Once a complete application is received, the BON may conduct an onsite evaluation if necessary to document the applicant's curriculum and staffing. Within 90 days after the DOH's receipt of the complete program application, the BON must:

- Approve the application; or
- Provide the educational institution with a Notice of Intent to Deny if information or documents are missing.<sup>7</sup>

The notice must specify in writing the reasons for the BON's denial of the application, and the BON may not deny an application because an educational institution failed to correct an error or omission that the DOH failed to notify the institution of within the 30-day notice period. The educational institution may request a hearing on the Notice of Intent to Deny the application pursuant to ch. 120, F.S. A program application is deemed approved if the BON does not act within the 90-day review period. Upon the BON's approval of a program application, the program becomes an "approved" program.<sup>8</sup>

### **Approved Nursing Pre-licensure Education Programs Annual Report**

Each approved pre-licensure education program must submit to the BON an annual report by November 1, which must include:

- An affidavit certifying continued compliance with s. 465.019(1), F.S;
- A summary description of the program's compliance with s. 465.019(1), F.S; and
- Documentation for the previous academic year that describes:
  - The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates;
  - The program's retention rates for students tracked from program entry to graduation; and
  - The program's accreditation status, including identification of the accrediting agency.<sup>9</sup>

If an approved program fails to submit the required annual report, the BON must notify the program director and president or chief executive officer of the institution in writing within 15 days after the due date. The program director must appear before the BON to explain the delay. If the program director fails to appear, or if the program does not submit the annual report within six months after the due date, the BON must terminate the program.<sup>10</sup>

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<sup>6</sup> Sections 464.019(2) and 464.003(4), F.S.

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> Section 464.019(3), F.S.

<sup>10</sup> Section 464.019(5), F.S.

## **Approved Nursing Pre-licensure Education Programs Accountability**

### ***Graduate Passage Rates***

An approved nursing pre-licensure education program must achieve a graduate National Council of State Boards of Nursing Licensing Examination (NCLEX) passage rate of first-time test takers which is not more than ten percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are U.S. educated, first-time test takers, as calculated by the contracted testing service of the National Council of State Boards of Nursing.<sup>11</sup>

For purposes of s. 464.019(5), F.S., an approved program is comparable to all degree programs of the same program type from among the following program types:<sup>12</sup>

- RN nursing education programs that terminate in a bachelor's degree;
- RN nursing education programs that terminate in an associate degree;
- RN nursing education programs that terminate in a diploma; and
- LPN nursing education programs.

If an approved program's graduate passage rates do not equal or exceed the required passage rates for two consecutive calendar years, the BON must place the program on probationary status and the program director must appear before the BON to present a remediation plan, which must include specific benchmarks to identify progress toward a graduate passage rate goal. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any one calendar year.<sup>13</sup>

The BON must deny a program application for a new pre-licensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the BON must remove the program's probationary status.

If the program, during the two calendar years following its placement on probation, does not achieve the required passage rate for any one calendar year, the BON may extend the program's probationary status for one additional year if certain criteria are met. If the program is not granted the one-year extension or fails to achieve the required passage rate by the end of the extension, the BON must terminate the program. If students from a program that is terminated transfer to an approved or accredited program under the direction of the Commission for Independent Education, the BON must recalculate the passage rates of the programs receiving the transfer students and exclude the test scores of those students transferring more than 12 credits.<sup>14</sup>

An "accredited" nursing education program is a program for the pre-licensure education of RNs or LPNs that is conducted at a U.S. educational institution, whether in Florida, another state, or D.C., and that is accredited by a specialized nursing accrediting agency that is nationally

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<sup>11</sup> Section 464.019(5), F.S.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*



recognized by the U.S. Secretary of Education to accredit nursing education programs.<sup>15</sup> Accredited programs do not have to meet requirements related to program application, approval, or submission of annual reports to the BON.<sup>16</sup>

All approved and accredited programs must meet accountability requirements related to the graduate passage rate on the NCLEX.

All approved nursing programs, except those specifically excluded,<sup>17</sup> must seek accreditation within five years of enrolling the program's first students.<sup>18</sup> An approved program that has been placed on probation must disclose its probationary status in writing to the program's students and applicants.<sup>19</sup> If an accredited program ceases to be accredited, the educational institution conducting the program must provide written notice to that effect to the BON, the program's students and applicants, and each entity providing clinical training sites or experiences. It may then apply to be an approved program.<sup>20</sup>

The BON does not have rulemaking authority to administer s. 464.019, F.S., except:

- The BON must adopt rules that prescribe the format for submitting program applications and annual reports, and to administer the documentation of the accreditation of nursing education programs.<sup>21</sup>
- The board may adopt rules relating to the nursing curriculum, including rules relating to the uses and limitations of simulation technology, and rules relating to the criteria to qualify for an extension of time to meet the accreditation requirements.<sup>22</sup>

Under these rulemaking requirements and authority, the BON may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in s. 464.019, F.S.<sup>23</sup>

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<sup>15</sup> Section 464.003(1), F.S. Eligible institutional and accrediting Agencies available to Florida Nursing Programs are: Accreditation Commission for Education in Nursing (ACEN), Inc., formerly, National League for Nursing Accrediting Commission; Commission on Collegiate Nursing Education (CCNE)); National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA); National Nurse Practitioner Residency and Fellowship Training Consortium;. and Florida Board of Nursing, *See* U.S. Department of Education, Accreditation in the U.S., available at [https://www.ed.gov/laws-and-policy/higher-education-laws-and-policy/college-accreditation/college-accreditation-united-states/college-accreditation-in-the-united-states--pg-4#National\\_Institutional#National\\_Institutional](https://www.ed.gov/laws-and-policy/higher-education-laws-and-policy/college-accreditation/college-accreditation-united-states/college-accreditation-in-the-united-states--pg-4#National_Institutional#National_Institutional) (last visited Feb. 28, 2025); and Florida Board of Nursing, *What is the difference between an "approved" and an "accredited" pre-licensure nursing education program in Florida?* available at <https://floridasnursing.gov/help-center/what-is-the-difference-between-an-approved-and-an-accredited-pre-licensure-nursing-education-program-in-florida/> (last visited Feb. 28, 2025).

<sup>16</sup> Section 464.019(9), F.S.

<sup>17</sup> Excluded institutions are those exempt from licensure by the Commission of Independent Education under ss. 1005.06(1) and 464.019(11)(d), F.S.

<sup>18</sup> Section 464.019(11)(a)-(d), F.S.

<sup>19</sup> *Id.*

<sup>20</sup> Section 464.019(9)(b), F.S.

<sup>21</sup> Section 464.019(8), F.S.

<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

### III. Effect of Proposed Changes:

The bill adds the following requirements to the application process for nursing education program approval:

- The legal name of the nursing education program director must be included;
- The nursing educational program's annual report to the Board of Nursing (BON) must be submitted by the program director;
- The nursing education program must have evaluation and standardized admission criteria that identify students who are likely to need additional educational support and a student academic support plan; and
- The nursing education program must have a comprehensive examination to prepare nursing students for the National Council of State Boards of Nursing Licensing Examination (NCLEX);
  - This type of comprehensive examination:
    - Must be termed an "exit examination" that all nursing education programs will administer;
    - May not be the sole exclusion to graduation if the student has otherwise completed all coursework required by the program; and
    - The program director must be responsible for ensuring that the program's average exit exam results are placed on the program's website and reported to the BON along with the annual report.

The nursing education program must submit to the BON established criteria for remediation that will be offered to students who do not successfully pass the exit examination. A program with NCLEX passage rates at least ten percentage points below the average passage rate for the most recent calendar year must offer remediation at no additional cost or refer the student to an approved remedial program and pay for that program for the student.

The bill requires the BON to deny an application from a nursing education program that has had adverse action taken against it by another regulatory jurisdiction in the U.S. The BON may also revoke the approval of an existing approved program that has had adverse action taken against it by another regulatory jurisdiction in the U.S.

The bill requires the program director to submit to the BON a written remediation plan with specific nationally-recognized benchmarks to identify progress toward a graduate passage rate goal, and to present that plan to the BON. If the program director fails to submit the required written remediation plan, or fails to appear before the BON to present the remediation plan no later than six months after the date of the program being placed on probation, the bill requires the BON to terminate the nursing education program and the program director is subject to professional discipline for failing to perform any statutory or legal obligation placed upon a licensee.

The bill authorizes agents or employees of the DOH to conduct onsite evaluations or inspections at reasonable hours to ensure that approved programs or accredited programs are in full compliance with ch. 464, F.S., or to determine whether ch. 464, F.S., or s. 456.072, F.S., is being violated. The DOH may collect any evidence necessary or as required to ensure compliance with ch. 464, F.S. or for prosecution. A refusal by a nursing education program to allow an onsite

evaluation or inspection is deemed a violation of a legal obligation imposed by the BON and the DOH.

The bill grants rulemaking authority to the BON to enforce and administer s. 464.019(5), F.S.; and repeals the BON rulemaking authority to establish the criteria for nursing education programs to qualify for an extension of time to meet the accreditation requirements under s. 464.019(11), F.S., and repeals s. 464.019(11)(f), F.S., which gives the BON authority to grant an extension of the accreditation deadline.

The bill provides an effective date of 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 does not have a fiscal impact on state expenditures.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 464.019 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 4, 2025:**

The CS retains current law by providing that if a nursing program's graduate passage rates do not equal or exceed the required passage rates for two calendar years, then the Board of Nursing must place the program on probationary status. The underlying bill changed the threshold to one calendar year.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/04/2025	.	
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The Committee on Health Policy (Harrell) recommended the following:

**Senate Amendment**

Delete lines 241 - 267  
and insert:  
equal or exceed the required passage rates for 2 consecutive  
calendar years, the board must ~~shall~~ place the program on  
probationary status pursuant to chapter 120 and the program  
director must submit a written remediation plan to the board.  
The program director must ~~shall~~ appear before the board to  
present the ~~a~~ plan for remediation, which must ~~shall~~ include



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specific nationally recognized benchmarks to identify progress toward a graduate passage rate goal. The board must terminate a program pursuant to chapter 120 if the program director fails to submit a written remediation plan or fails to appear before the board and present the remediation plan no later than 6 months after the date of the program being placed on probation. The program's director is also subject to discipline under s. 456.072(1)(k) for such failure. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for ~~any~~ 1 calendar year. The board must ~~shall~~ deny a program application for a new prelicensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status.

3. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. If the program, during the 2 calendar years following its placement on probationary status, does not

By Senator Harrell

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A bill to be entitled  
An act relating to nursing education programs;  
amending s. 464.019, F.S.; revising application  
requirements for nursing education program approval;  
requiring the Board of Nursing to deny an application  
under certain circumstances; authorizing the board to  
revoke a program's approval under certain  
circumstances; revising requirements for annual  
reports approved programs are required to submit to  
the board; providing for the revocation of a program's  
approval, and discipline of its program director,  
under certain circumstances; revising remediation  
procedures for approved programs with graduate passage  
rates that do not meet specified requirements;  
subjecting program directors of approved programs to  
specified disciplinary action under certain  
circumstances; deleting a provision authorizing the  
board to extend a program's probationary status;  
authorizing agents of the Department of Health to  
conduct onsite evaluations and inspections of approved  
and accredited nursing education programs; authorizing  
the department to collect evidence as part of such  
evaluations and inspections; deeming failure or  
refusal of a program to allow such evaluation or  
inspection as a violation of a legal obligation;  
revising rulemaking authority of the board; deleting a  
provision authorizing approved nursing education  
programs to request an extension to meet the board's  
accreditation requirements; providing an effective

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30 date.

31  
32 Be It Enacted by the Legislature of the State of Florida:

33  
34 Section 1. Subsections (1), (2), (3), (5), and (8) and  
35 paragraph (f) of subsection (11) of section 464.019, Florida  
36 Statutes, are amended to read:

37 464.019 Approval of nursing education programs.—

38 (1) PROGRAM APPLICATION.—An educational institution that  
39 wishes to conduct a program in this state for the prelicensure  
40 education of professional or practical nurses must submit to the  
41 department a program application and review fee of \$1,000 for  
42 each prelicensure nursing education program to be offered at the  
43 institution's main campus, branch campus, or other instructional  
44 site. The program application must include the legal name of the  
45 educational institution, the legal name of the nursing education  
46 program, the legal name of the nursing education program  
47 director, and, if such institution is accredited, the name of  
48 the accrediting agency. The application must also document that:

49 (a)1. For a professional nursing education program, the  
50 program director and at least 50 percent of the program's  
51 faculty members are registered nurses who have a master's or  
52 higher degree in nursing or a bachelor's degree in nursing and a  
53 master's or higher degree in a field related to nursing.

54 2. For a practical nursing education program, the program  
55 director and at least 50 percent of the program's faculty  
56 members are registered nurses who have a bachelor's or higher  
57 degree in nursing.



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59 The educational degree requirements of this paragraph must ~~may~~  
60 be documented by an official transcript or by a written  
61 statement from the program director of the educational  
62 institution verifying that the institution conferred the degree.  
63 The program director shall certify the official transcript or  
64 written statement as true and accurate.

65 (b) The program's nursing major curriculum consists of at  
66 least:

67 1. Fifty percent clinical training in the United States,  
68 the District of Columbia, or a possession or territory of the  
69 United States for a practical nursing education program, an  
70 associate degree professional nursing education program, or a  
71 professional diploma nursing education program.

72 2. Forty percent clinical training in the United States,  
73 the District of Columbia, or a possession or territory of the  
74 United States for a bachelor's degree professional nursing  
75 education program.

76 (c) No more than 50 percent of the program's clinical  
77 training consists of clinical simulation.

78 (d) The program has signed agreements with each agency,  
79 facility, and organization included in the curriculum plan as  
80 clinical training sites and community-based clinical experience  
81 sites.

82 (e) The program has written policies for faculty which  
83 include provisions for direct or indirect supervision by program  
84 faculty or clinical preceptors for students in clinical training  
85 consistent with the following standards:

86 1. The number of program faculty members equals at least  
87 one faculty member directly supervising every 12 students unless

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the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18 students, to be directly supervised by one program faculty member.

2. For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor, a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility.

3. For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility.

4. For community-based clinical experiences not subject to subparagraph 3., indirect supervision may occur only when a supervising program faculty member is available to the student by telephone.

A program's policies established under this paragraph must require that a clinical preceptor who is supervising students in a professional nursing education program be a registered nurse or, if supervising students in a practical nursing education program, be a registered nurse or licensed practical nurse.

(f) The professional or practical nursing curriculum plan documents clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. A professional nursing curriculum plan must ~~shall~~ also document clinical experience and theoretical instruction in psychiatric

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nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings.

(g) The professional or practical nursing education program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice. A professional nursing education program must also provide theoretical instruction and clinical application in interpersonal relationships and leadership skills; professional role and function; and health teaching and counseling skills.

(h) The professional or practical nursing education program has established evaluation and standardized admission criteria. The admission criteria must, at a minimum, identify those students who are likely to need additional educational support to be successful program graduates. The program must maintain documentation of the individualized student academic support plan for those students identified as in need of additional preparation and educational support.

(i) The professional or practical nursing education program has an established comprehensive examination to prepare students for the National Council of State Boards of Nursing Licensing Examination (NCLEX). The comprehensive examination must be termed an exit examination that all programs will administer and may not be the sole exclusion to graduation if the student has otherwise successfully completed all coursework required by the

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146 program. The program director is responsible for ensuring that  
147 the average exit examination results of the program are placed  
148 on the program's website and reported to the board along with  
149 the annual report required in subsection (3).

150 (j) The professional or practical nursing education program  
151 has submitted to the board the established criteria for  
152 remediation that will be offered to students who do not  
153 successfully pass the exit examination. A program with NCLEX  
154 passage rates at least 10 percentage points below the average  
155 passage rate for the most recent calendar year must offer  
156 remediation at no additional cost or refer the student to an  
157 approved remedial program and pay for that program for the  
158 student.

159 (2) PROGRAM APPROVAL.—

160 (a) Upon receipt of a program application and review fee,  
161 the department shall examine the application to determine if it  
162 is complete. If the application is not complete, the department  
163 must ~~shall~~ notify the educational institution in writing of any  
164 errors or omissions within 30 days after the department's  
165 receipt of the application. A program application is deemed  
166 complete upon the department's receipt of:

167 1. The initial application, if the department does not  
168 notify the educational institution of any errors or omissions  
169 within the 30-day period; or

170 2. A revised application that corrects each error and  
171 omission of which the department notifies the educational  
172 institution within the 30-day period.

173 (b) Following the department's receipt of a complete  
174 program application, the board may conduct an onsite evaluation

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175 if necessary to document the applicant's compliance with  
176 subsection (1). Within 90 days after the department's receipt of  
177 a complete program application, the board shall:

178 1. Approve the application if it documents compliance with  
179 subsection (1); or

180 2. Provide the educational institution with a notice of  
181 intent to deny the application if it does not document  
182 compliance with subsection (1). The notice must specify written  
183 reasons for the board's denial of the application. The board may  
184 not deny a program application because of an educational  
185 institution's failure to correct an error or omission that the  
186 department failed to provide notice of to the institution within  
187 the 30-day notice period under paragraph (a). The educational  
188 institution may request a hearing on the notice of intent to  
189 deny the program application pursuant to chapter 120.

190 (c) A program application is deemed approved if the board  
191 does not act within the 90-day review period provided under  
192 paragraph (b).

193 (d) Upon the board's approval of a program application, the  
194 program becomes an approved program.

195 (e) The board shall deny an application from a program that  
196 has had adverse action taken against it by another regulatory  
197 jurisdiction in the United States. The board may also revoke the  
198 approval of an existing approved program that has had adverse  
199 action taken against it by another regulatory jurisdiction in  
200 the United States.

201 (3) ANNUAL REPORT.—By November 1 of each year, each  
202 approved program's director ~~program~~ shall submit to the board an  
203 annual report comprised of an affidavit certifying continued

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compliance with subsection (1), a summary description of the program's compliance with subsection (1), and documentation for the previous academic year that, to the extent applicable, describes:

(a) The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates.

(b) The program's retention rates for students tracked from program entry to graduation.

(c) The program's accreditation status, including identification of the accrediting agency.

The board must terminate the program pursuant to chapter 120 if the requirements of this subsection are not met. The program director is also subject to discipline under s. 456.072(1)(k) for such failure.

(5) ACCOUNTABILITY.—

(a)1. An approved program must achieve a graduate passage rate for first-time test takers which is not more than 10 percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination, as calculated by the contract testing service of the National Council of State Boards of Nursing. For purposes of this subparagraph, an approved program is comparable to all degree programs of the same program type from among the following program types:

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233 a. Professional nursing education programs that terminate  
234 in a bachelor's degree.

235 b. Professional nursing education programs that terminate  
236 in an associate degree.

237 c. Professional nursing education programs that terminate  
238 in a diploma.

239 d. Practical nursing education programs.

240 2. If an approved program's graduate passage rates do not  
241 equal or exceed the required passage rates for 1 calendar year ~~2~~  
242 ~~consecutive calendar years~~, the board must ~~shall~~ place the  
243 program on probationary status pursuant to chapter 120 and the  
244 program director must submit a written remediation plan to the  
245 board. The program director must ~~shall~~ appear before the board  
246 to present the ~~a~~ plan for remediation, which must ~~shall~~ include  
247 specific nationally recognized benchmarks to identify progress  
248 toward a graduate passage rate goal. The board must terminate a  
249 program pursuant to chapter 120 if the program director fails to  
250 submit a written remediation plan or fails to appear before the  
251 board and present the remediation plan no later than 6 months  
252 after the date of the program being placed on probation. The  
253 program's director is also subject to discipline under s.  
254 456.072(1)(k) for such failure. The program must remain on  
255 probationary status until it achieves a graduate passage rate  
256 that equals or exceeds the required passage rate for ~~any~~ 1  
257 calendar year. The board must ~~shall~~ deny a program application  
258 for a new prelicensure nursing education program submitted by an  
259 educational institution if the institution has an existing  
260 program that is already on probationary status.

261 3. Upon the program's achievement of a graduate passage

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rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. If the program, during the 2 calendar year ~~years~~ following its placement on probationary status, does not achieve the required passage rate ~~for any 1 calendar year~~, the board must ~~may extend the program's probationary status for 1 additional year, provided the program has demonstrated adequate progress toward the graduate passage rate goal by meeting a majority of the benchmarks established in the remediation plan.~~ ~~If the program is not granted the 1-year extension or fails to achieve the required passage rate by the end of such extension, the board shall~~ terminate the program pursuant to chapter 120.

(b) If an approved program fails to submit the annual report required in subsection (3), the board must ~~shall~~ notify the program director and president or chief executive officer of the educational institution in writing within 15 days after the due date of the annual report. The program director must ~~shall~~ appear before the board at the board's next regularly scheduled meeting to explain the reason for the delay. The board must ~~shall~~ terminate the program pursuant to chapter 120 if the program director fails to appear before the board, as required under this paragraph, or if the program does not submit the annual report within 6 months after the due date.

(c) A nursing education program, whether accredited or nonaccredited, which has been placed on probationary status must ~~shall~~ disclose its probationary status in writing to the program's students and applicants. The notification must include



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an explanation of the implications of the program's probationary status on the students or applicants.

(d) If students from a program that is terminated pursuant to this subsection transfer to an approved or an accredited program under the direction of the Commission for Independent Education, the board must ~~shall~~ recalculate the passage rates of the programs receiving the transferring students, excluding the test scores of those students transferring more than 12 credits.

(e) Duly authorized agents or employees of the department may conduct onsite evaluations or inspections at all reasonable hours to ensure that approved programs or accredited programs are in full compliance with this chapter, or to determine whether this chapter or s. 456.072 is being violated. The department may collect any necessary evidence needed to ensure compliance with this chapter or for prosecution as deemed necessary. A failure of a program to refuse or allow an onsite evaluation or inspection is deemed a violation of a legal obligation imposed by the board or the department.

(8) RULEMAKING.—The board does not have rulemaking authority to administer this section, except that the board shall adopt rules that prescribe the format for submitting program applications under subsection (1) and annual reports under subsection (3), to enforce and administer subsection (5), and to administer the documentation of the accreditation of nursing education programs under subsection (11). The board may adopt rules relating to the nursing curriculum, including rules relating to the uses and limitations of simulation technology, ~~and rules relating to the criteria to qualify for an extension of time to meet the accreditation requirements under paragraph~~

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~~(11)(f).~~ The board may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in this section.

(11) ACCREDITATION REQUIRED.—

~~(f) An approved nursing education program may, no sooner than 90 days before the deadline for meeting the accreditation requirements of this subsection, apply to the board for an extension of the accreditation deadline for a period which does not exceed 2 years. An additional extension may not be granted. In order to be eligible for the extension, the approved program must establish that it has a graduate passage rate of 60 percent or higher on the National Council of State Boards of Nursing Licensing Examination for the most recent calendar year and must meet a majority of the board's additional criteria, including, but not limited to, all of the following:~~

~~1. A student retention rate of 60 percent or higher for the most recent calendar year.~~

~~2. A graduate work placement rate of 70 percent or higher for the most recent calendar year.~~

~~3. The program has applied for approval or been approved by an institutional or programmatic accreditor recognized by the United States Department of Education.~~

~~4. The program is in full compliance with subsections (1) and (3) and paragraph (5) (b).~~

~~5. The program is not currently in its second year of probationary status under subsection (5).~~

~~The applicable deadline under this paragraph is tolled from the~~

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349 ~~date on which an approved program applies for an extension until~~  
350 ~~the date on which the board issues a decision on the requested~~  
351 ~~extension.~~

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



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations Committee on Higher  
Education, *Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Committee on Health and  
Human Services  
Children, Families, and Elder Affairs  
Education Postsecondary  
Environment and Natural Resources  
Rules

### SENATOR GAYLE HARRELL

31st District

February 27, 2025

Senator Burton  
408 Senate Office Building  
Tallahassee, FL 32399

Dear Chair Burton,

I respectfully request that SB 526 – Nursing Education Programs be placed on the next available agenda for the Health Policy Committee.

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

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell  
Senate District 31

Cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Committee Administrative Assistant

#### REPLY TO:

- ☐ 312 SE Denver Avenue, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
- ☐ 404 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

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

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

The Florida Senate  
**APPEARANCE RECORD**

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

3/4/25  
Meeting Date

Health Policy  
Committee

Name Allen Mortham Jr

Address 150 South Monroe St

Street  
City Tallahassee State FL Zip 32309

526  
Bill Number or Topic

Amendment Barcode (if applicable)

Phone 850 566-3760

Email Allen@FAPS.org

Speaking: ☐ For ☒ Against ☐ Information

**OR**

Waive Speaking: ☐ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

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

Florida Association of Postsecondary Schools

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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3/4/25

Meeting Date

526

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name

Tameia Swift

Phone

850 322 2766

Address

2900 W. Cypress Creek Rd

Email

stefbottedd@gmail

Street

Ft. Lauderdale FL 33309

City

State

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without  
compensation or sponsorship.

☐

I am a registered lobbyist,  
representing:

☐

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

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

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

S-001 (08/10/2021)

The Florida Senate  
**APPEARANCE RECORD**

Meeting Date

3-4-25  
Health

Committee

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526  
Bill Number or Topic

Amendment Barcode (if applicable)

Name

Bob Harris

Phone

222-5720

Address

2618 Centennial Place

Email

Street

Ball

City

FL

State

32308

Zip

Speaking:

☐

For

☒

Against

☐

Information

**OR**

Waive Speaking:

☐

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐

I am appearing without  
compensation or sponsorship.

☐

I am a registered lobbyist,  
representing:

FAINS

☐

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

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

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S-001 (08/10/2021)

The Florida Senate  
**APPEARANCE RECORD**

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SB S26

Bill Number or Topic

Amendment Barcode (if applicable)

3/4/2025

Meeting Date

Health Policy

Committee

Name Erin Ballas

Phone 850 728 6387

Address 730 E. Park Ave

Street

Email erinballas@paconsultants.com

Tallahassee

City

FL

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

The Florida Nurses  
Association

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

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

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S-001 (08/10/2021)



The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
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SB 526

Bill Number or Topic

Amendment Barcode (if applicable)

03/04/2025

Meeting Date

Health Policy

Committee

Name

Ivonne Fernandez - AARP

Phone

954-850-7262

Address

215 S Monroe Street 603

Email

lfernandez@aarp.org

Street

Tallahassee

City

FL

State

32301

Zip

Speaking:

☐

For

☐

Against

☐

Information

**OR**

Waive Speaking:

☒

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐

I am appearing without  
compensation or sponsorship.

☒

I am a registered lobbyist,  
representing:

AARP

☐

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

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

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

S-001 (08/10/2021)

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

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

---

Prepared By: The Professional Staff of the Committee on Health Policy

---

BILL: SB 714

INTRODUCER: Senator Burton

SUBJECT: Nonopioid Advance Directives

DATE: March 3, 2025

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

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

---

## I. Summary:

SB 714 amends s. 765.1103, F.S., to require the Department of Health (DOH) to develop a nonopioid advance directive form which would allow a person to indicate that he or she does not want to be prescribed or administered an opioid drug for pain management or palliative care should he or she become incapacitated. The bill provides requirements for such a form to be valid and allows a person revoke the form, verbally or in writing, for any reason.

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

## II. Present Situation:

### Opioids

Opioids are a class of natural, semi-synthetic, and synthetic drugs that include both prescription medications and illegal drugs like heroin. Prescription medications such as oxycodone, hydrocodone, morphine, codeine, fentanyl, and others are mainly used for the treatment of pain. They can also help treat cough or diarrhea. However, like illegal opioids, prescription opioids can be addictive, particularly if they are misused.<sup>1</sup>

### *Health Risks of Opioids*

Opioids are addictive. People can quickly lose control over their opioid use and need to keep using them to feel “normal.” High doses can lead to overdose. Opioids can slow breathing to life-threatening levels. As a result, not enough oxygen reaches the brain. This can cause severe brain damage or death.

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<sup>1</sup> National Institute on Drug Abuse, *Opioids*, Nov. 2024, available at <https://nida.nih.gov/research-topics/opioids#health-risks>, (last visited Feb. 27, 2025).

Opioid use, even as prescribed by a health care provider or only for a short time, can lead to negative health effects.

- Opioid medications may have unpleasant effects, particularly when people take them for a longer time. These include constipation, nausea and vomiting, headache, dizziness, and sleepiness or sleep problems.
- Depending on the dose and how long people use them, opioids can cause cardiovascular changes, such as slower heart rate, low blood pressure, heart failure, and cardiac arrest.
- Opioids can impair the immune system, increasing risk of infection.
- Opioid use, particularly in high doses or for a long period of time, can cause changes in a person's body that can make them more sensitive to pain.
- Opioid use also has been associated with mental disorders like depression or sexual dysfunction.<sup>2</sup>

### Nonopioid Directives

Several other states and the federal government have either introduced or passed laws that allow for nonopioid directives. See the chart below from 2022 for details:<sup>3</sup>

Table. US Nonopioid Directive Policies, by Federal or State Legislative Entity, 2022

Legislative entity	Status	Exemption		Year passed	Description	Clinician role
		Intraoperative	Other setting			
US House of Representatives <sup>a</sup>	Proposed	Yes	Emergency care, hospice, SUDT	Pending	Patient must not "be administered (with the exception of intraoperative opioid use) an opioid or offered a prescription for an opioid for pain management."	NS
US Senate <sup>b</sup>	Proposed	Yes	Hospice, SUDT	Pending	Patient must not "be administered (with the exception of intraoperative opioid use) an opioid or offered a prescription for an opioid for pain management."	NS
Alaska <sup>c</sup>	Passed	No	No	2017	Patient certifies refusal of administration of "any opioid medications including in an emergency situation."	Signature for verification
Connecticut <sup>d</sup>	Passed	No	No	2017	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required
Louisiana <sup>e</sup>	Passed	No	No	2018	Patient certifies refusal of offer or administration of "any opioid medications"	Signature permitted
Massachusetts <sup>f</sup>	Passed	No	No	2016	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required
Michigan <sup>g</sup>	Passed	Yes <sup>h</sup>	Emergency care, hospice, SUDT	2017	Patient "must not be administered an opioid or offered a prescription for an opioid."	NS
Pennsylvania <sup>i</sup>	Passed	No	Based on professional medical judgment	2016	Patient refuses "offer, supply, prescription or other administration of any controlled substance containing an opioid."	Signature for acknowledgment
West Virginia <sup>j</sup>	Passed	No	No	2018	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required

Abbreviations: NS, none specified; SUDT, substance use disorder treatment.

<sup>a</sup> Non-Opioid Directive Act, HR 4098. <https://www.congress.gov/bill/117th-congress/house-bill/4098/text>

<sup>b</sup> Non-Opioid Directive Act, S 1292. <https://www.congress.gov/bill/117th-congress/senate-bill/1292>

<sup>c</sup> Alaska Department of Health and Social Services. Voluntary Non-opioid Directive. <https://dhss.alaska.gov/dph/Director/Documents/opioids/VoluntaryNonOpioidDirective.pdf>

<sup>d</sup> Connecticut Department of Public Health. Voluntary Non-Opioid Directive. [https://portal.ct.gov/-/media/DPH/CT-VNOD-Form\\_FINAL.pdf](https://portal.ct.gov/-/media/DPH/CT-VNOD-Form_FINAL.pdf)

<sup>e</sup> Louisiana Department of Health. Voluntary Non-Opioid Directive Form. <https://ldh.la.gov/assets/docs/BehavioralHealth/Opioids/VoluntaryNon-OpioidFormFINAL9618.pdf>

<sup>f</sup> Massachusetts Department of Public Health. Voluntary Non-Opioid Directive. <https://www.mass.gov/doc/voluntary-non-opioid-directive/download>

<sup>g</sup> Michigan Department of Health and Human Services. Nonopioid Directive. [https://www.michigan.gov/documents/opioids/MDHHS-5793\\_650584\\_7.dotx](https://www.michigan.gov/documents/opioids/MDHHS-5793_650584_7.dotx)

<sup>h</sup> Michigan Public Act 41, HB 5261. <http://legislature.mi.gov/doc.aspx?2021-HB-5261>

<sup>i</sup> Pennsylvania Department of Health. Pennsylvania Patient Non-Opioid Directive. <https://www.health.pa.gov/topics/Documents/Opioids/Pennsylvania%20Non-Opioid%20Directive.pdf>

<sup>j</sup> West Virginia Department of Health and Human Resources. Voluntary Non-Opioid Directive. <https://dhhr.wv.gov/Office-of-Drug-Control-Policy/Documents/WV%20NonOpioid%20Directive.pdf>

<sup>2</sup> Id.

<sup>3</sup> Bicket MC, Waljee J, Hilliard P. Nonopioid Directives: Unintended Consequences in the Operating Room. *JAMA Health Forum*. 2022;3(6):e221356. doi:10.1001/jamahealthforum.2022.1356 (available at <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2793282>, (last visited Feb. 27, 2025).

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

SB 714 amends s. 765.1103, F.S., to require the DOH to develop a voluntary nonopioid advance directive form to allow a person to indicate to a treating health care provider that he or she does not want to be prescribed or administered an opioid drug for pain management or palliative care should he or she become incapacitated. The DOH must make the form available on its website, and the form must indicate that the person may not be prescribed or administered an opioid drug.

The bill specifies that a valid form must be signed by both the patient and a physician licensed under ch. 458 or 459, F.S., and must be filed in the patient's medical record, either with a health care facility of the patient's choosing or the patient's primary care physician, or both, and must be transferable to another facility or provider upon the patient's request. A person may revoke the form either in verbally or in writing for any reason.

The bill also exempts a health care provider from civil or criminal liability for failing to act in accordance to the nonopioid advance directive if the health care provider who has no actual knowledge of the advance directive prescribes an opioid to a patient in an emergency situation as long as the prescription was not the result of gross negligence or willful misconduct. The bill defines "medical emergency" as an acute injury or illness that poses an immediate risk to the person's life or long-term health.

The bill provides an effective date of 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:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 765.1103 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 Burton

12-01086A-25

2025714\_\_

A bill to be entitled  
An act relating to nonopioid advance directives;  
amending s. 765.1103, F.S.; requiring the Department  
of Health to develop a voluntary nonopioid advance  
directive form for a specified purpose and make the  
form available on its website; providing requirements  
for the form; providing for the valid execution of the  
form; requiring that the form be filed in the  
patient's medical record with the facility or provider  
of the patient's choosing; authorizing a patient to  
revoke the form for any reason, verbally or in  
writing; providing health care providers with immunity  
from civil and criminal liability for failing to act  
in accordance with an advance directive under certain  
circumstances; providing exceptions; defining the term  
"medical emergency situation"; providing an effective  
date.

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

Section 1. Subsection (3) is added to section 765.1103,  
Florida Statutes, to read:

765.1103 Pain management and palliative care.—

(3) (a) The Department of Health shall develop a voluntary  
nonopioid advance directive form that allows a person to  
indicate to a treating health care provider that he or she does  
not want to be prescribed or administered an opioid drug for  
pain management or palliative care in the event that he or she  
should become incapacitated and is unable to personally direct

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his or her health care. The department shall make the form available on its website. The form must indicate to a treating health care provider that the person may not be prescribed or administered an opioid drug.

(b) A valid nonopioid advance directive form must be signed by both the patient and a physician licensed under chapter 458 or chapter 459. The form must be filed in the patient's medical record, either with a health care facility of the patient's choosing or the patient's primary care physician, or both, and is transferable to another facility or provider upon the patient's request.

(c) A person may, verbally or in writing, revoke the voluntary nonopioid advance directive form for any reason.

(d) A health care provider without actual knowledge of a patient's nonopioid advance directive form who prescribes an opioid to the patient in a medical emergency situation is not civilly or criminally liable for failing to act in accordance with the directive unless the act or omission was the result of a provider's gross negligence or willful misconduct. For purposes of this paragraph, the term "medical emergency situation" means an acute injury or illness that poses an immediate risk to a person's life or long-term health.

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.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: CS/SB 170

INTRODUCER: Health Policy Committee and Senator Burton

SUBJECT: Quality of Care in Nursing Homes

DATE: March 5, 2025

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	<b>Fav/CS</b>
2.			AHS	
3.			AP	

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

COMMITTEE SUBSTITUTE - Technical Changes

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**I. Summary:**

CS/SB 170 amends several sections related to the regulation of nursing homes to:

- Require 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;
- Require each nursing home's medical director to be certified by the American Medical Directors Association or have a similar credential recognized by the AHCA;
- Require each nursing home to conduct a patient safety culture survey at least biennially;
- Provide that each nursing home that maintains electronic health records must make available all admission, transfer, and discharge data to the Florida Health Information Exchange (FHIE) program;
- Require 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
- Require 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 provides an effective date of 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.<sup>1</sup> Currently there are 696 nursing homes licensed in Florida.<sup>2</sup> 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.<sup>3</sup>

### *Nursing Home Medical Directors*

Florida law 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

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 also 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.<sup>7</sup>

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.<sup>8</sup>

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<sup>1</sup> AHCA webpage, nursing homes, available at [https://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Long\\_Term\\_Care/Nursing\\_Homes.shtml](https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Nursing_Homes.shtml) (last visited Feb. 28, 2025).

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

<sup>3</sup> *Id.* Search for nursing homes that accept Medicaid or Medicare as payment.

<sup>4</sup> Rule 59A-4.1075, F.A.C.

<sup>5</sup> *Id.*

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

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

### *Nursing Home Financial Reports*

Nursing homes are required to submit financial data to the AHCA pursuant to s. 408.06 (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.<sup>9</sup> 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 FNHURS.

AHCA rule 59E-4.102, F.A.C., implementing 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. As of November 13, 2024, at least 488 of the 696 nursing homes had submitted to the AHCA.<sup>10</sup>

### *Medicaid Quality Incentive Program*

Section 409.908(2)(b)1.e. and f. create the nursing home Medicaid QIP. The payments for nursing homes that meet the minimum threshold of the 20 percentile of included facilities are set at 10 percent of the 2016 non-property related payments of included facilities. In Rule 59G-6.010(1)(y), F.A.C., the AHCA established a point system to determine which nursing homes qualify for the QIP payments based on specified quality metrics. The quality metrics used include:

- **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.
- **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.

<sup>9</sup> See s. 408.061(4), F.S.

<sup>10</sup> Email from AHCA, received on July 10, 2024. On file with Senate Health Policy Committee.

- **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.

### **Patient Safety Culture Surveys**

Patient safety culture is the extent to which an organization's culture supports and promotes patient safety. It 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. 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. It is also important to note that culture exists at multiple levels, from the unit level to the department, organization, and system levels.<sup>11</sup>

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 of the SOPS surveys include a standard set of core items with comparable survey content across facilities. SOPS surveys have been developed for the following settings of care:

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

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.<sup>12</sup> 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.

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<sup>11</sup> 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).

<sup>12</sup> *Id.*

- Supervisor and Management Support for Patient Safety.
- Teamwork.
- Work Pressure and Pace.<sup>13</sup>

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.<sup>14</sup>

Florida law requires hospitals and ambulatory surgical centers (ASC) to conduct, at least biennially, a patient safety culture survey using the SOPS.<sup>15</sup> In order to implement the requirement, the AHCA has customized the AHRQ's patient safety survey instruments, and developed a database application to facilitate the required submission of PSCS data from Florida hospitals and ASCs to the agency as statutorily mandated.<sup>16</sup>

### **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 AHCA's FHIE Services, Florida has developed an Encounter Notification Service (ENS) that delivers real-time notifications based off of Admit, Discharge, and Transfer (ADT)

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<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> Section 395.1012(4), F.S.

<sup>16</sup> Patient Safety Survey System User Guide, 2024, available at [https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide\\_2022%2824%29EP.pdf](https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide_2022%2824%29EP.pdf), (last visited Feb. 28, 2025).

data from participating health care facilities. This data is provided to authorize health care entities to improve patient care coordination.<sup>17</sup>

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

CS/SB 170 amends several sections of the Florida Statutes related to nursing homes.

#### **Consumer Satisfaction Surveys**

The bill reenacts and amends s. 400.0225, F.S., to require that the 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.

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

#### **Medical Directors**

The bill 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.

#### **Patient Safety Culture Surveys**

The bill amends s. 400.141, F.S., to require each nursing home to conduct, at least biennially, a patient safety culture survey using the applicable SOPS developed by the federal ARHQ. 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

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<sup>17</sup> AHCA analysis document for SB 7016 (2024), on file with Senate Health Policy Committee.

be submitted to the AHCA biennially and each facility must develop an internal action plan between surveys to improve survey results and also submit the plan to the AHCA.

### **Florida Health Information Exchange**

The bill 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 AHCA's FHIE. The bill allows the AHCA to adopt rules to implement this subsection.

### **FNHURS Fine**

The bill 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 violation<sup>18</sup> 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 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 showing that the full fine is inappropriate under the circumstances.

The bill also provides that a facility that is fined under the bill's amendment to s. 408.061, F.S., for an FNHURS violation, as described above, may not also be fined for such violation under the AHCA's existing authority to fine under s. 408.08, F.S.

### **Quality Incentive Program Reporting**

The bill 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 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.
- 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.

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

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<sup>18</sup> 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.

**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 as created by the bill, or that are fined for not submitting FNHURS 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 AHCA estimates that CS/SB 170 will have a negative fiscal impact on the AHCA of \$356,500 for state fiscal year 2025-2026 and \$140,500 for each of fiscal years 2026-2027 and 2027-2028.<sup>19</sup>

It is possible that some of this negative fiscal impact may be offset by additional fines against nursing homes that do not submit FNHURS data timely.

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<sup>19</sup> AHCA analysis of SB 170, on file with Senate Health Policy Committee.

**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 an 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.





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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/04/2025	.	
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The Committee on Health Policy (Burton) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 218 - 255

and insert:

Section 5. Present subsections (7) through (15) of section 408.061, Florida Statutes, are redesignated as subsections (8) through (16), respectively, and a new subsection (7) is added to that section, to read:

408.061 Data collection; uniform systems of financial reporting; information relating to physician charges;



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confidential information; immunity.—

(7)(a) Beginning January 1, 2026, the agency shall impose an administrative fine of \$10,000 per violation against a nursing home or home office that fails to comply with subsection (5) or subsection (6), as applicable. For purposes of this paragraph, the term "violation" means failing to file the financial report required by subsection (5) or subsection (6), as applicable, on or before the report's due date. 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.

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

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

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

(2) Unless otherwise fined pursuant to s. 408.061(7), any health care facility that refuses to file a report, fails to timely file a report, files a false report, or files an incomplete report and upon notification fails to timely file a complete report required under s. 408.061; that violates this section, s. 408.061, or s. 408.20, or rule adopted thereunder; or that fails to provide documents or records requested by the



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agency under this chapter shall be punished by a fine not exceeding \$1,000 per day for each day in violation, to be imposed and collected by the agency. Pursuant to rules adopted by the agency, the agency may, upon a showing of good cause, grant a one-time extension of any deadline for a health care facility to timely file a report as required by this section, s. 408.061, or s. 408.20.

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

And the title is amended as follows:

Delete lines 43 - 47

and insert:

administrative fines against nursing homes and home offices of nursing homes for failing to comply with certain reporting requirements; defining the term "violation"; providing construction; requiring the agency to adopt rules; providing requirements for such rules; amending s. 408.08, F.S.; exempting health care facilities from imposition of administrative fines if they have otherwise been fined for the same violation pursuant to other provisions; amending s.

By Senator Burton

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A bill to be entitled

An act relating to the quality of care in nursing homes; reviving, reenacting, and amending s. 400.0225, F.S., relating to consumer satisfaction surveys; requiring the Agency for Health Care Administration to develop user-friendly consumer satisfaction surveys for nursing home facilities; specifying requirements for the surveys; authorizing family members, guardians, and other resident designees to assist the resident in completing the survey; prohibiting employees and volunteers of the facility or of a corporation or business entity with an ownership interest in the facility from attempting to influence a resident's responses to the survey; requiring the agency to specify certain protocols for administration of the survey; requiring the agency to publish on its website aggregated survey data in a manner that allows for comparison between nursing home facilities; amending s. 400.141, F.S.; requiring medical directors of nursing home facilities to obtain, or to be in the process of obtaining, certain qualifications by a specified date; requiring the agency to include such medical director's name on each nursing home facility's online provider profile; requiring nursing home facilities to conduct biennial patient safety culture surveys; specifying requirements for administration of such surveys; requiring nursing home facilities to submit the results of such surveys biennially to the agency in a format specified by

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agency rule; authorizing nursing home facilities to develop an internal action plan between surveys to identify measures for improvement of the survey and submit such plan to the agency; amending s. 400.191, F.S.; requiring the agency to include the results from specified consumer satisfaction surveys as part of the Nursing Home Guide on its website; amending s. 408.051, F.S.; 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; authorizing the agency to adopt rules; amending s. 408.061, F.S.; requiring the agency to impose administrative fines against home offices of nursing homes for failing to comply with certain reporting requirements; defining the term "violation"; providing construction; requiring the agency to adopt rules; providing requirements for such rules; amending s. 409.908, F.S.; requiring the agency to submit an annual report to the Governor and the Legislature on payments made under the Quality Incentive Program; specifying requirements for the report; providing an effective date.

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

Section 1. Notwithstanding the repeal of section 400.0225, Florida Statutes, in section 14 of chapter 2001-377, Laws of Florida, that section is revived, reenacted, and amended to

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59 read:

60 400.0225 Consumer satisfaction surveys.-

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

71 (2) Family members, guardians, or other resident designees  
72 may assist a resident in completing the consumer satisfaction  
73 survey.

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

79 (4) The agency shall specify the protocols for conducting  
80 the consumer satisfaction surveys, ensuring survey validity,  
81 reporting survey results, and protecting the identity of  
82 individual respondents. The agency shall make aggregated survey  
83 data available to consumers on the agency's website pursuant to  
84 s. 400.191(2)(a)15. in a manner that allows for comparison  
85 between nursing home facilities, or its contractor, in  
86 consultation with the nursing home industry and consumer  
87 representatives, shall develop an easy-to-use consumer

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~~satisfaction survey, shall ensure that every nursing facility licensed pursuant to this part participates in assessing consumer satisfaction, and shall establish procedures to ensure that, at least annually, a representative sample of residents of each facility is selected to participate in the survey. The sample shall be of sufficient size to allow comparisons between and among facilities. Family members, guardians, or other resident designees may assist the resident in completing the survey. Employees and volunteers of the nursing facility or of a corporation or business entity with an ownership interest in the facility are prohibited from assisting a resident with or attempting to influence a resident's responses to the consumer satisfaction survey. The agency, or its contractor, shall survey family members, guardians, or other resident designees. The agency, or its contractor, shall specify the protocol for conducting and reporting the consumer satisfaction surveys. Reports of consumer satisfaction surveys shall protect the identity of individual respondents. The agency shall contract for consumer satisfaction surveys and report the results of those surveys in the consumer information materials prepared and distributed by the agency.~~

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

Section 2. Paragraph (b) of subsection (1) of section 400.141, Florida Statutes, is amended, and paragraph (x) is added to that subsection, to read:

400.141 Administration and management of nursing home facilities.—

(1) Every licensed facility shall comply with all

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applicable standards and rules of the agency and shall:

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

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

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

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



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

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

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

2. A list by name and address of all nursing home facilities in this state, including any prior name by which a facility was known during the previous 24-month period.

3. Whether such nursing home facilities are proprietary or nonproprietary.

4. The current owner of the facility's license and the year

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that that entity became the owner of the license.

5. The name of the owner or owners of each facility and whether the facility is affiliated with a company or other organization owning or managing more than one nursing facility in this state.

6. The total number of beds in each facility and the most recently available occupancy levels.

7. The number of private and semiprivate rooms in each facility.

8. The religious affiliation, if any, of each facility.

9. The languages spoken by the administrator and staff of each facility.

10. Whether or not each facility accepts Medicare or Medicaid recipients or insurance, health maintenance organization, United States Department of Veterans Affairs, CHAMPUS program, or workers' compensation coverage.

11. Recreational and other programs available at each facility.

12. Special care units or programs offered at each facility.

13. Whether the facility is a part of a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429.

14. Survey and deficiency information, including all federal and state recertification, licensure, revisit, and complaint survey information, for each facility. For noncertified nursing homes, state survey and deficiency information, including licensure, revisit, and complaint survey information, shall be provided.

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204       15. The results of consumer satisfaction surveys conducted  
205 pursuant to s. 400.0225.

206       Section 4. Present subsections (6) and (7) of section  
207 408.051, Florida Statutes, are redesignated as subsections (7)  
208 and (8), respectively, and a new subsection (6) is added to that  
209 section, to read:

210       408.051 Florida Electronic Health Records Exchange Act.—  
211       (6) NURSING HOME DATA.—A nursing home facility as defined  
212 in s. 400.021 which maintains certified electronic health record  
213 technology shall make available all admit, transfer, and  
214 discharge data to the agency's Florida Health Information  
215 Exchange program for the purpose of supporting public health  
216 data registries and patient care coordination. The agency may  
217 adopt rules to implement this subsection.

218       Section 5. Subsection (6) of section 408.061, Florida  
219 Statutes, is amended to read:

220       408.061 Data collection; uniform systems of financial  
221 reporting; information relating to physician charges;  
222 confidential information; immunity.—

223       (6)(a) Within 120 days after the end of its fiscal year,  
224 the home office of each nursing home as defined in s. 408.07  
225 shall file with the agency, on forms adopted by the agency and  
226 based on the uniform system of financial reporting, its actual  
227 financial experience for that fiscal year, including  
228 expenditures, revenues, and statistical measures. Such data may  
229 be based on internal financial reports that are certified to be  
230 complete and accurate by the chief financial officer of the  
231 nursing home. However, the home office's actual financial  
232 experience shall be its audited actual experience. This audited

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actual experience 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 agency in addition to the information filed in the uniform system of financial reporting. The financial statements must tie to the information submitted in the uniform system of financial reporting, and a crosswalk must be submitted along with the audited financial statements.

(b)1. Beginning January 1, 2026, the agency shall impose an administrative fine of \$10,000 per violation against a home office that fails to comply with paragraph (a). For purposes of this paragraph, the term "violation" means failing to file the financial report required by paragraph (a) on or before the report's due date. 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.

2. The agency shall adopt rules to implement this paragraph. The rules must include provisions for a home office to present factors in mitigation of the imposition of the fine's full dollar amount. The agency may determine not to impose the fine's full dollar amount upon a showing that the full fine is inappropriate under the circumstances.

Section 6. Paragraph (b) of subsection (2) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in

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policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid-eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(2)

(b) Subject to any limitations or directions in the General Appropriations Act, the agency shall establish and implement a state Title XIX Long-Term Care Reimbursement Plan for nursing home care in order to provide care and services in conformance

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with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.

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

a. Peer Groups, including:

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

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

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

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320 (I) Direct Care Costs .....100 percent.  
 321 (II) Indirect Care Costs .....92 percent.  
 322 (III) Operating Costs .....86 percent.  
 323 c. Floors:  
 324 (I) Direct Care Component .....95 percent.  
 325 (II) Indirect Care Component .....92.5 percent.  
 326 (III) Operating Component .....None.  
 327 d. Pass-through Payments .....Real Estate and  
 328 .....Personal Property  
 329 .....Taxes and Property Insurance.  
 330 e. Quality Incentive Program Payment  
 331 Pool.....10 percent of September  
 332 .....2016 non-property related  
 333 .....payments of included facilities.  
 334 f. Quality Score Threshold to Quality for Quality Incentive  
 335 Payment.....20th  
 336 .....percentile of included facilities.  
 337 g. Fair Rental Value System Payment Parameters:  
 338 (I) Building Value per Square Foot based on 2018 RS Means.  
 339 (II) Land Valuation.....10 percent of Gross Building value.  
 340 (III) Facility Square Footage .....Actual Square Footage.  
 341 (IV) Movable Equipment Allowance .....\$8,000 per bed.  
 342 (V) Obsolescence Factor .....1.5 percent.  
 343 (VI) Fair Rental Rate of Return .....8 percent.  
 344 (VII) Minimum Occupancy .....90 percent.  
 345 (VIII) Maximum Facility Age .....40 years.  
 346 (IX) Minimum Square Footage per Bed .....350.  
 347 (X) Maximum Square Footage for Bed .....500.  
 348 (XI) Minimum Cost of a renovation/replacements \$500 per bed.

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h. Ventilator Supplemental payment of \$200 per Medicaid day of 40,000 ventilator Medicaid days per fiscal year.

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

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

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

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

6. A direct care supplemental payment may be made to providers whose direct care hours per patient day are above the



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80th percentile and who provide Medicaid services to a larger percentage of Medicaid patients than the state average.

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

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

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

b. 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.

c. 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 Quality Incentive Program. The agency shall include examination of trends both for the program as a whole as well as for each individual quality metric used by the agency to award program

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407 payments.

408  
409 It is the intent of the Legislature that the reimbursement plan  
410 achieve the goal of providing access to health care for nursing  
411 home residents who require large amounts of care while  
412 encouraging diversion services as an alternative to nursing home  
413 care for residents who can be served within the community. The  
414 agency shall base the establishment of any maximum rate of  
415 payment, whether overall or component, on the available moneys  
416 as provided for in the General Appropriations Act. The agency  
417 may base the maximum rate of payment on the results of  
418 scientifically valid analysis and conclusions derived from  
419 objective statistical data pertinent to the particular maximum  
420 rate of payment. The agency shall base the rates of payments in  
421 accordance with the minimum wage requirements as provided in the  
422 General Appropriations Act.

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

March 4, 2025

Meeting Date

Health Policy

Committee

The Florida Senate

## APPEARANCE RECORD

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

SB 170

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Tom Parker**

Phone **850-224-3907**

Address **307 W. Park Ave**

Email **tparker@fhca.org**

Street

**Tallahassee**

City

**32301**

State

Zip

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

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**Florida Health Care Association**

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

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

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

S-001 (08/10/2021)

03/04/2025

Meeting Date

Health Policy

Committee

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

SB 170

Bill Number or Topic

Amendment Barcode (if applicable)

954-859-7262

Name Ivonne Fernandez - AARP Phone 954-859-7262Address 215 S Monroe Street - 601 Email ifernandez@aarp.org

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against**PLEASE CHECK ONE OF THE FOLLOWING:**I am appearing without  
compensation or sponsorship.I am a registered lobbyist,  
representing:

AARP

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

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

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

S-001 (08/10/2021)

# CourtSmart Tag Report

**Room:** KB 412      **Case No.:** -  
**Caption:** Senate Committee on Health Policy

**Type:**  
**Judge:**

**Started:** 3/4/2025 2:03:02 PM  
**Ends:** 3/4/2025 3:04:58 PM **Length:** 01:01:57

2:03:58 PM	Call to Order-Chair Burton
2:04:02 PM	Roll Call
2:04:12 PM	Quorum
2:04:29 PM	Opening Remarks
2:05:00 PM	Tab 1 SB 526
2:05:06 PM	Senator Harrell
2:11:02 PM	Chair Burton
2:11:11 PM	Late Filed Amendment 538912
2:11:26 PM	Senator Harrell
2:12:01 PM	Chair Burton
2:12:05 PM	Amendment Adopted
2:12:15 PM	Senator Berman
2:12:56 PM	Senator Harrell
2:13:58 PM	Senator Berman
2:14:09 PM	Senator Harrell
2:14:49 PM	Senator Davis
2:15:52 PM	Senator Harrell
2:16:18 PM	Senator Davis
2:17:40 PM	Senator Harrell
2:18:20 PM	Senator Davis
2:19:22 PM	Senator Harrell
2:20:47 PM	Senator Davis
2:21:36 PM	Senator Harrell
2:23:28 PM	Senator Berman
2:24:02 PM	Senator Harrell
2:24:37 PM	Public Testimony
2:24:43 PM	Bob Harris, Florida Association of Independent Nursing Schools
2:32:45 PM	Senator Osgood
2:33:08 PM	Bob Harris
2:34:26 PM	Chair Burton
2:34:54 PM	Tamecia Scott
2:38:44 PM	Allen Morthom, Florida Association of Postsecondary Schools
2:45:46 PM	Senator Osgood
2:46:14 PM	Allen Morthom
2:46:19 PM	Senator Osgood
2:46:34 PM	Allen Morthom
2:46:41 PM	Senator Osgood
2:47:38 PM	Waives Read Into Record
2:47:50 PM	Senator Harrell
2:50:00 PM	Roll Call for SB526
2:50:12 PM	Reported Favorably
2:50:23 PM	Gavel Turned Over to Senator Harrell
2:50:38 PM	Tab 2 SB 714
2:50:51 PM	Senator Burton
2:52:27 PM	Senator Berman
2:52:41 PM	Senator Burton
2:53:00 PM	Chair Harrell
2:53:38 PM	Senator Burton
2:54:13 PM	Roll Call for SB714
2:54:33 PM	Reported Favorably
2:54:43 PM	Tab 3 SB 170
2:54:56 PM	Senator Burton

<b>2:57:30 PM</b>	Amendment 488560
<b>2:57:44 PM</b>	Senator Burton
<b>2:58:02 PM</b>	Amendment Adopted
<b>2:58:36 PM</b>	Public Testimony
<b>2:58:45 PM</b>	Waives Read Into Record
<b>2:59:14 PM</b>	Senator Davis
<b>2:59:47 PM</b>	Senator Burton
<b>3:03:58 PM</b>	Roll Call for SB170
<b>3:04:10 PM</b>	Reported Favorably
<b>3:04:28 PM</b>	Gavel Turned Over to Senator Burton
<b>3:04:47 PM</b>	Closing Remarks
<b>3:04:51 PM</b>	Adjourned