

Tab 1	SB 952 by Gruters; (Identical to H 01293) Taxation					
284354	A	S	RCS	MS, Gruters	Delete L.38:	01/25 04:44 PM

Tab 2	SB 1028 by Cruz; (Similar to H 01329) End-stage Renal Disease Facility Emergency Planning					
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Tab 3	SB 1712 by Burgess; (Identical to H 01315) Veteran Suicide Prevention Training Pilot Program					
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

**MILITARY AND VETERANS AFFAIRS, SPACE, AND
DOMESTIC SECURITY**

Senator Wright, Chair
Senator Harrell, Vice Chair

MEETING DATE: Tuesday, January 25, 2022
TIME: 1:00—3:00 p.m.
PLACE: Mallory Horne Committee Room, 37 Senate Building

MEMBERS: Senator Wright, Chair; Senator Harrell, Vice Chair; Senators Burgess, Cruz, Gibson, Rodriguez, and Torres

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 952 Gruters (Identical H 1293)	Taxation; Exempting federal loans related to a state of emergency from the excise tax imposed on documents; increasing the combined total amount of credits which may be granted to business enterprises during any calendar year, etc. MS 01/25/2022 Fav/CS FT AP	Fav/CS Yeas 7 Nays 0
2	SB 1028 Cruz (Similar H 1329)	End-stage Renal Disease Facility Emergency Planning; Requiring end-stage renal disease facilities to annually provide information to certain persons regarding special needs shelter registration procedures; requiring local emergency management agencies to identify and include in their county emergency management plans the health care facilities for which electric and water utilities must prioritize the emergency restoration of services; requiring end-stage renal disease facilities to adopt written emergency preparedness and contingency operations plans; requiring the Agency for Health Care Administration, in consultation with the Division of Emergency Management, to adopt rules, etc. MS 01/25/2022 Favorable HP RC	Favorable Yeas 7 Nays 0
3	SB 1712 Burgess (Identical H 1315)	Veteran Suicide Prevention Training Pilot Program; Requiring the Department of Veterans' Affairs to establish the pilot program; requiring pilot program participants to receive certain training; requiring the department to contract with an organization to develop the curriculum for such training; requiring the department to submit an annual report to the Legislature by a specified date, etc. MS 01/25/2022 Favorable AHS AP	Favorable Yeas 5 Nays 0

Other Related Meeting Documents

COMMITTEE MEETING EXPANDED AGENDA
Military and Veterans Affairs, Space, and Domestic Security
Tuesday, January 25, 2022, 1:00—3:00 p.m.

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 Military and Veterans Affairs, Space, and Domestic Security

BILL: CS\SB 952

INTRODUCER: Committee on Military and Veterans Affairs, Space, and Domestic Security and Senator Gruters

SUBJECT: Taxation

DATE: January 25, 2022 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Caldwell	MS	Fav/CS
2.			FT	
3.			AP	

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

I. Summary:

CS/SB 952 creates a documentary state tax exemption for federal loans made in response to a state of emergency declared by executive order or proclamation of the Governor. The bill also increases the combined amount of tax credits which may be awarded to qualified businesses for research and development under s. 220.196, F.S., from \$9 million to \$50 million under any calendar year, and provides a process for the distribution of those tax credits for the 2021 calendar year.

CS/SB 952 shall take effect upon becoming a law.

II. Present Situation:

Documentary Stamp Tax

Florida levies a documentary stamp tax on certain documents, which is comprised of two taxes imposed on different bases at varying rates. The tax on deeds and other documents related to real property is 70 cents per \$100,¹ and the tax on bonds, debentures, certificates of indebtedness, promissory notes, nonnegotiable notes, and other written obligations to pay money is 35 cents

¹ Section 201.02(1)(a), F.S.

per \$100.^{2, 3} Documentary stamp taxes levied on promissory notes, nonnegotiable notes, and written obligations may not exceed \$2,450.⁴

Chapter 201, F.S., provides that certain transactions are exempt from the documentary stamp tax; notably, s. 201.25, F.S., which exempts loans made by the Small Business Emergency Bridge Loan Program in response to a disaster for which the Governor declares a state of emergency and any loan made by the Agricultural Economic Development Program pursuant to s. 570.82, F.S.

Federal CARES Act

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law on March 27, 2020, in response to the COVID-19 pandemic. The CARES Act established, among other programs, the Paycheck Protection Program (PPP), which expanded the scope of both the businesses eligible for – and allowable uses of – loans made under section 7(a) of the Small Business Act.⁵ In addition to businesses which had already been eligible for Small Business Administration (SBA) loans, eligibility was expanded to businesses, nonprofits, veterans' organizations, and tribal businesses with 500 or fewer employees or that meet the size standards based on the business's NAICS code.⁶

COVID-19 State of Emergency

On April 6, 2020, Governor DeSantis issued Executive Order 20-95, suspending the collection of documentary stamp taxes levied on notes and other written obligations made under Title I of the federal CARES Act. The suspension remained in effect until the expiration of Executive Order 20-52 on May 3, 2021 when the Governor issued Executive Orders 20-101 and 102 ending the state of emergency related to COVID-19.^{7,8}

Federal Tax Credit

The U.S. Research and Experimentation Tax Credit⁹ was created in 1981 as part of the Economic Recovery Tax Act, a comprehensive package of initiatives designed to boost U.S. business competitiveness and encourage investment and savings by American taxpayers during a period of economic recession.¹⁰ In 2015, the Protecting Americans from Tax Hikes (PATH) Act

² Section 201.07, F.S.

³ Section 201.08(1)(a), F.S.

⁴ *Id.*

⁵ Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, § 1102, 134 Stat. 286 (2020).

⁶ Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, § 1102, 134 Stat. 288 (2020).

⁷ Section 252.36(2), F.S., provides that states of emergency may not continue for more than 60 days unless renewed by the Governor.

⁸ Governor Ron DeSantis, Fla. Exec. Orders No. 21-101 and 102 (May 3, 2021), available at <https://www.flgov.com/2021-executive-orders/> (last visited January 5, 2022).

⁹ The U.S. Research and Experimentation Tax Credit is also known as the Research and Development Tax Credit, 26 U.S.C §41, Credit for increasing research activities.

¹⁰ Francisco Moris, *The U.S. Research and Experimentation Tax Credit in the 1990s* (July 2005), National Science Foundation Report, available at <https://wayback.archive-it.org/5902/20150627200929/http://www.nsf.gov/statistics/infbrief/nsf05316/> (last visited on January 5, 2022).

permanently extended the research and experimentation tax credit (also known as the research and development tax credit or R&D) after 16 temporary extensions.¹¹

In September 2021, the Internal Revenue Service (IRS) issued a *Memorandum* containing new guidance for taxpayers who apply for a refund claim for a research credit. This memorandum describes new requirements for increased documentation and more detailed information, including a declaration under the penalty of perjury verifying that the information and facts provided by the taxpayer are accurate.¹² These changes remained in a grace period until January 10, 2022, and then transitioned to a one-year transition period during which the IRS provides taxpayers 30 days to perfect research credit claims for refund prior to a final determination by the IRS.¹³

To qualify as a valid research credit claim request, the taxpayer at a minimum must:

- Identify all the business components to which the I.R.C. §41 research credit claim relates for that year.
- For each business component,
 - Identify all research activities performed;
 - Identify all individuals who performed each research activity; and
 - Identify all the information each individual sought to discover.
- Provide the total qualified employee wage expenses, total qualified supply expenses, and total qualified contract research expenses for the claim year.¹⁴

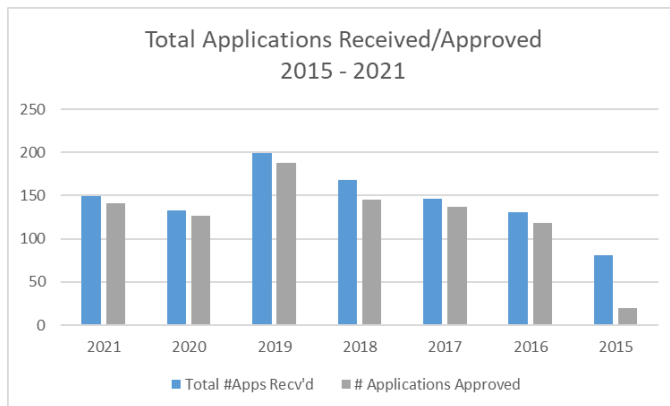


Figure 1: Data source: Florida Department of Revenue Annual Allocation Reports, available at: <https://floridarevenue.com/taxes/Documents/flCitRDCredit.pdf>

Florida Tax Credit

Section 220.196, F.S., authorizes a R&D tax credit against state corporate income taxes for certain businesses with qualified research expenses.¹⁵ Under the federal definition, a qualified research expense includes in-house research expenses and contract research expenses, including any wages paid or incurred to employees, supplies used in the conduct of qualified research, and any amounts paid or incurred to another person for the right to use computers in the conduct of qualified

research.¹⁶

¹¹ U.S. Department of the Treasury, Office of Tax Analysis, *Research and Experimentation (R&E) Credit*, available at <https://www.treasury.gov/resource-center/tax-policy/tax-analysis/Documents/RE-Credit.pdf> (last visited January 6, 2022).

¹² Internal Revenue Service, Office of the Chief Counsel, *Memorandum Relating to I.R.C. § 41 Research Credit Refund Claims* (September 17, 2021), available at <https://www.irs.gov/pub/irs-lafa/20214101f.pdf> (last visited January 5, 2022).

¹³ Internal Revenue Service, Office of the Chief Counsel, *Memorandum Relating to I.R.C. § 41 Research Credit Refund Claims* (September 17, 2021), available at <https://www.irs.gov/pub/irs-lafa/20214101f.pdf> (last visited January 5, 2022).

¹⁴ Internal Revenue Service, Office of the Chief Counsel, *Memorandum Relating to I.R.C. § 41 Research Credit Refund Claims* (September 17, 2021), available at <https://www.irs.gov/pub/irs-lafa/20214101f.pdf> (last visited January 5, 2022).

¹⁵ Section 220.196(1)(c), F.S., defines “qualified research expenses” as research expenses qualifying for the credit under federal law for in house research expenses incurred in Florida or contract research expenses incurred in Florida.

¹⁶ See U.S.C. §41(b). Credit for increasing qualified research; qualified research expenses.

A business is eligible for the tax credit if it:

- Has qualified research expenses in Florida in the taxable year exceeding the base amount;¹⁷
- Claims, and is allowed, a research credit for such qualified expenses under federal law for the same taxable year; and
- Is in a qualified target industry,¹⁸ specifically manufacturing, life sciences, information technology, aviation and aerospace, homeland security and defense, cloud information technology, marine sciences, materials sciences, or nanotechnology.¹⁹

The tax credit is 10 percent of the difference between the current tax year's R&D expenditures in Florida and the average of R&D expenditures over the previous four tax years. However, if the business has existed fewer than four years, then the credit amount is reduced by 25 percent for each year the business or predecessor corporation did not exist.²⁰ The state tax credit taken in any taxable year may not exceed 50 percent of the company's remaining net corporate income tax liability under ch. 220, F.S., after all other credits to which the business is entitled have been applied. Any unused credits may be carried forward by the business for up to five years following the year in which the qualified research expenses were incurred.²¹

Currently, the maximum amount of R&D credits that may be approved by the Department of Revenue (DOR) during any calendar year is \$9 million. Applications for the credit may be filed with the DOR on or after March 20 and before March 27 for qualified research expenses incurred within the preceding calendar year. If the total amount of credits applied for exceeds the annual cap, credits are allocated on a prorated basis.²² Eligible taxpayers are notified of the amount of credit allocated to them and the year for which the credit may be claimed. The chart below illustrates the number of applications received and approved by the DOR since program inception.²³

Since program inception, funding requests have annually exceeded the amount of credit available to be allocated as the chart below illustrates. The statutory cap has been more than \$9 million twice: \$16.5 million during the 2017 calendar year and \$23 million in the first program year. Except for the initial year when funds were distributed on a first come, first served basis, all qualified applicants receive a pro-rated amount of their funding request if the application is approved.²⁴

Qualified Target Industry Businesses

¹⁷ "Base amount" means the average of the business' qualified research expenses in Florida allowed under 26 U.S.C. s. 41 for the preceding 4 taxable years. Chapter 220.196(1)(a), F.S.

¹⁸ The Department of Economic Opportunity (DEO) certifies whether a business is a qualified target industry business, pursuant to s. 220.196(2)(a)3., F.S.

¹⁹ See s. 220.196(2)(a), F.S.

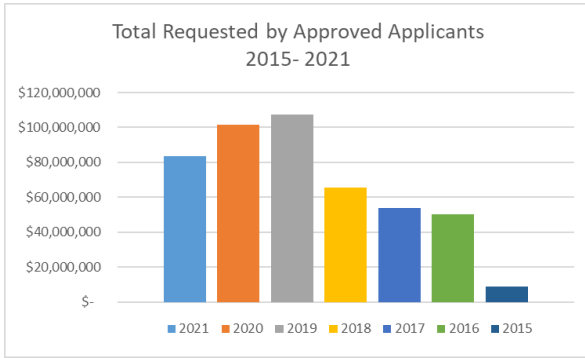
²⁰ See s. 220.196(2)(b), F.S.

²¹ See s. 220.196(2)(d), F.S.

²² See s. 220.196(2)(e), F.S.

²³ Department of Revenue, *Research and Development Tax Credit for Florida Corporate Income Tax (2015-2021)*, <https://floridarevenue.com/taxes/Documents/flCitRDCredit.pdf> (last visited January 6, 2022).

²⁴ Department of Revenue, *Research and Development Tax Credit for Florida Corporate Income Tax (2015-2021)*, <https://floridarevenue.com/taxes/Documents/flCitRDCredit.pdf> (last visited January 6, 2022).



The qualified target industry program is used to identify businesses that are eligible for tax refunds and which can create jobs with higher than average wages in industries that are expected to have a positive economic impact.²⁵ Target industry businesses are defined in s. 288.106, F.S., as a corporate headquarters business or any business that is engaged in one of the target industries identified pursuant to criteria developed by DEO in consultation with Enterprise Florida, Inc. (EFI).²⁶ The criteria

includes future growth, stability, high wage, market and resource independence, industrial base diversification and strengthening, and positive economic impact.²⁷ EFI lists the recognized qualified target industries as manufacturing, corporate headquarters, research and development, global logistics, cleantech, life sciences, financial and professional services, aviation and aerospace, homeland security and defense, infotech, emerging technologies, and other manufacturing.²⁸ During the 2019 calendar year, DEO reported 76 executed agreements effective for the 2019-2020 fiscal year. These agreements had a projected capital investment of over \$2.2 billion and an average contracted annual wage of \$65,176.²⁹

III. Effect of Proposed Changes:

Section 1 amends s. 201.25, F.S., to exempt any loans relating to a state of emergency declared through either an executive order or a proclamation from the Governor pursuant to s. 252.36, F.S., from all taxes imposed under ch. 201, F.S.

Section 2 amends paragraph (e) of subsection (2) of section 220.196, F.S., to increase the total amount of annual credits available each calendar year from \$9 million to \$50 million. Obsolete language relating to the 2018 calendar year is removed.

Section 3 provides that application of the changes contained in CS/SB 952 are applicable to s. 220.196, F.S., for the allocation of credits for expenses incurred in the 2021 calendar year.

Section 4 provides the act shall take effect upon becoming a law.

²⁵ Florida Department of Economic Opportunity and Enterprise Florida, *2020 Incentives Report*, p. 12, available at https://floridajobs.org/docs/default-source/reports-and-legislation/2019-2020-annual-incentives-report-final.pdf?sfvrsn=af674ab0_2 (last visited January 6, 2022).

²⁶ See s. 288.106(2)(n), F.S.

²⁷ See s. 288.106(2)(q), F.S.

²⁸ Florida Department of Economic Opportunity and Enterprise Florida, *2020 Incentives Report*, p. 12, available at https://floridajobs.org/docs/default-source/reports-and-legislation/2019-2020-annual-incentives-report-final.pdf?sfvrsn=af674ab0_2 (last visited January 6, 2022).

²⁹ Florida Department of Economic Opportunity and Enterprise Florida, *2020 Incentives Report*, p. 13, available at https://floridajobs.org/docs/default-source/reports-and-legislation/2019-2020-annual-incentives-report-final.pdf?sfvrsn=af674ab0_2 (last visited January 6, 2022).

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:

CS/SB 952 exempts from collection all taxes imposed under ch. 201, F.S., for any federal loans relating to a state of emergency which has been declared by executive order or by proclamation of the Governor pursuant to s. 282.36, F.S. Currently, only two programs are exempt from taxes imposed by Chapter 201:

- Loans made by the Florida Small Business Emergency Bridge Loan Program in response to a disaster that results in a state of emergency or proclamation of the Governor; or
- Loans made by the Agricultural Economic Development Program, pursuant to s. 570.82, F.S.

The expansion of this exemption would mean an indeterminate loss of additional tax income relating to the fees that would have otherwise been charged under ch. 201, F.S., for these transactions. The DOR did not provide an estimate of a fiscal impact noting that such an impact would be determined by the Revenue Estimating Conference which has not yet reviewed this proposal.³⁰

B. Private Sector Impact:

For eligible taxpayers, the proposed amendments to ch. 201, F.S., would provide additional mechanisms for tax relief on federal loans during a state of emergency.

³⁰ Florida Department of Revenue, *Senate Bill 952 Fiscal Analysis* (Nov. 29, 2021)(on file with Senate Committee on Military Affairs, Veteran Affairs, Space, and Domestic Security).

Savings on loan costs may assist taxpayers during a difficult financial time and allow taxpayers, especially those directly impacted by a disaster, to stretch limited financial resources. The number of taxpayers or private commercial entities that may be impacted is unknown as is the overall fiscal impact of the bill. The bill likely has an indeterminate negative fiscal impact to the state based on the number of declarations in any given year, the breadth of those declarations from a geographic standpoint, the specific areas involved in those declarations, the length of those declarations or proclamations, and ultimately the number of taxpayers who utilize the provision.

C. Government Sector Impact:

Governmental entities which now receive funds from federal loan transactions would likely experience an indeterminate loss of revenue during a state of emergency time period.

The bill increases the total amount of tax credits to be allocated each calendar year; however, the funds for those additional tax credits are not incorporated for the 2022-2023 fiscal year or any outgoing fiscal years.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The DOR's original analysis of SB 952 said that some federal loans may require mortgages and the current bill language maintains that language and does not contemplate that scenario.³¹ As a result, any required mortgage that may arise out of a federal loan may not be exempt under the bill.³²

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 201.25 and 220.196, F.S.

IX. Additional Information:

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

The CS/SB 952 amends the effective date from July 1, 2022 to upon becoming law to address a technical issue which impacts implementation during the current state fiscal

³¹ See United States Department of Agriculture, *Farm Loan Information Chart (March 2020)*, https://www.fsa.usda.gov/Assets/USDA-FSA-Public/usdafiles/FactSheets/farm_loan_info_chart-factsheet.pdf (last visited January 6, 2022).

³² Florida Department of Revenue, Senate Bill 952 Fiscal Analysis (Nov. 29, 2021)(on file with Senate Committee on Military Affairs, Veterans Affairs, Space, and Domestic Security).

year. With the amendment made, dissemination of credits in the 2021-2022 fiscal year is clarified.

B. Amendments:

None.

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



284354

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/25/2022	.	
	.	
	.	
	.	

The Committee on Military and Veterans Affairs, Space, and Domestic Security (Gruters) recommended the following:

Senate Amendment

Delete line 38
and insert:
Section 4. This act shall take effect upon becoming a law.

By Senator Gruters

23-01007-22

2022952__

1 A bill to be entitled
 2 An act relating to taxation; amending s. 201.25, F.S.;
 3 exempting federal loans related to a state of
 4 emergency from the excise tax imposed on documents;
 5 amending s. 220.196, F.S.; increasing the combined
 6 total amount of credits which may be granted to
 7 business enterprises during any calendar year;
 8 deleting obsolete language; providing applicability;
 9 providing an effective date.

10

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

12

13 Section 1. Present subsection (2) of section 201.25,
 14 Florida Statutes, is redesignated as subsection (3), and a new
 15 subsection (2) is added to that section, to read:

16 201.25 Tax exemptions for certain loans.—There shall be
 17 exempt from all taxes imposed by this chapter:

18 (2) Any federal loans that are related to a state of
 19 emergency declared by executive order or proclamation of the
 20 Governor pursuant to s. 252.36.

21 Section 2. Paragraph (e) of subsection (2) of section
 22 220.196, Florida Statutes, is amended to read:

23 220.196 Research and development tax credit.—

24 (2) TAX CREDIT.—

25 (e) The combined total amount of tax credits which may be
 26 granted to all business enterprises under this section during
 27 any calendar year is \$50 ~~\$9~~ million, ~~except that the total~~
 28 ~~amount that may be awarded in the 2018 calendar year is \$16.5~~
 29 ~~million~~. Applications may be filed with the department on or

Page 1 of 2

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

23-01007-22

2022952__

30 after March 20 and before March 27 for qualified research
 31 expenses incurred within the preceding calendar year. If the
 32 total credits for all applicants exceed the maximum amount
 33 allowed under this paragraph, the credits shall be allocated on
 34 a prorated basis.

35 Section 3. The amendment made by this act to s. 220.196,
 36 Florida Statutes, first applies to the 2022 allocation of tax
 37 credits for expenses incurred in calendar year 2021.

38 Section 4. This act shall take effect July 1, 2022.

Page 2 of 2

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



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: January 18, 2022

I respectfully request that **Senate Bill #952**, relating to Taxation, be placed on the:

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

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Joe Gruters".

Joe Gruters

Cc: Diana Caldwell, Staff Director
Lois Graham, Committee Administrative Assistant



2022 AGENCY LEGISLATIVE BILL ANALYSIS

DEPARTMENT OF REVENUE

AY
CW

BILL INFORMATION

BILL NUMBER:	SB 952
BILL TITLE:	Taxation
BILL SPONSOR:	Senator Gruters
EFFECTIVE DATE:	07/01/2022

COMMITTEES OF REFERENCE

1) N/A
2)
3)
4)
5)

CURRENT COMMITTEE

N/A

SIMILAR BILLS

BILL NUMBER:	
SPONSOR:	

IDENTICAL BILLS

BILL NUMBER:	
SPONSOR:	

PREVIOUS LEGISLATION

YEAR/BILL NUMBER/SPONSOR/LAST ACTION:
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BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	11/29/2021
AGENCY CONTACT:	Office of Legislative and Cabinet Services (850) 617-8324

POLICY ANALYSIS

1. ANALYSIS OF EACH SECTION THAT AFFECTS THE DEPARTMENT OF REVENUE.

Section 1. Tax exemptions for certain loans. (p. 1):

PRESENT SITUATION

Section 201.25, F.S., provides that certain loans are exempt from all taxes imposed by Ch. 201, F.S.

EFFECT OF THE BILL

The bill amends s. 201.25, F.S., to provide that the exemption extends to any federal loans that are related to a state of emergency declared by executive order or proclamation of the Governor pursuant to s. 252.36, F.S.

Section 2. Research and development tax credit. (pp. 1-2):

PRESENT SITUATION

Section 220.196(2)(e), F.S., provides that the total amount of research and development tax credits which may be granted to all business enterprises under s. 220.196, F.S., is \$9 million, except that the total amount that may be awarded in the 2018 calendar year is \$16.5 million.

EFFECT OF THE BILL

The bill amends s. 220.196(2)(e), F.S., to provide that the total amount of research and development tax credits which may be granted to all business enterprises under s. 220.196, F.S., is \$50 million.

Section 3. (p. 2): The amendment made by this act to s. 220.196, F.S., first applies to the 2022 allocation of tax credits for expenses incurred in calendar year 2021.

Section 4. (p. 2): This act shall take effect July 1, 2022.

2. DOES THE DEPARTMENT EXPECT TO DEVELOP, ADOPT, MODIFY OR ELIMINATE ANY RULES, REGULATIONS, POLICIES, OR PROCEDURES? YES NO

If yes, explain:	
Rule(s) impacted (provide references to F.A.C., etc.):	

3. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS? N/A

4. DOES THE BILL REQUIRE THE DEPARTMENT TO SUBMIT, MODIFY OR DELETE ANY REPORTS, STUDIES OR PLANS? YES NO

If yes, provide a description:	
Date Due:	
Bill Section Number(s):	

5. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? YES NO

Board:	
Board Purpose:	
Who Appoints:	
Changes:	
Bill Section Number(s):	

FISCAL ANALYSIS

6. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? The Department of Revenue does not conduct this analysis. The Revenue Estimating Conference will determine the revenue impact, if any, to local governments.

7. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT?

Revenues:	The Department of Revenue does not conduct this analysis. The Revenue Estimating Conference will determine the revenue impact, if any, to state government.
Expenditures: <i>(Department of Revenue expenditures and operational impacts)</i>	<input type="checkbox"/> NO IMPACT <input type="checkbox"/> LESS THAN \$25,000 <input type="checkbox"/> MORE THAN \$25,000 <input type="checkbox"/> UNABLE TO DETERMINE <input checked="" type="checkbox"/> OPERATIONAL IMPACT ONLY
Does the legislation contain an appropriation to the Department?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? The Department of Revenue does not conduct this analysis.

9. DOES THE BILL INCREASE OR DECREASE TAXES, FEES OR FINES? The Department of Revenue does not conduct this analysis. The Revenue Estimating Conference will determine the revenue impact on state and local government, if any.

TECHNOLOGY IMPACT

If any, see attached Fiscal Impact Analysis.

FEDERAL IMPACT

If any, see Additional Comments section below.

ADDITIONAL COMMENTS

10. STATUTE(S) AFFECTED: Sections 201.25, 220.196, F.S.

11. HAS BILL LANGUAGE BEEN ANALYZED EARLIER THIS SESSION? YES NO

If no, go to #12. If yes:

A. Identify bill number or source.

B. Were issues/problems identified? YES NO

a. If yes, have they been resolved? YES NO If no, briefly explain.

C. Are new issues/problems created? YES NO If yes, briefly identify.

12. DOES THE BILL PRESENT DIFFICULTY IN IMPLEMENTATION, ADMINISTRATION OR ENFORCEMENT? YES NO

If yes, describe administrative problems, technical errors, or other difficulties:

- Section 1.: It is unclear how the Department would determine that a federal loan is related to a state of emergency pursuant to s. 252.36, F.S.

The U.S. Small Business Administration (SBA) or other federal agencies may require mortgages with some of the loans. The mortgage would not be exempt under the current language.

If it is the bill's intent to also exempt any mortgage executed to secure a loan related to a state of emergency, the sponsor may wish to consider the following replacement language for Line 18:

(2) Notes and mortgages that arise out of loans made by a federal agency that are related to a state of

Additional comments may be made upon clarification of legislative intent.

- Section 2. through Section 4.: The bill is not effective until July 1, 2022. However, Section 3. of the bill states that the increased annual amount of research and development tax credits first applies to the 2022 allocation of tax credits, which will take place during March 20-26, 2022. It is unclear if the Department must wait until July 1, 2022, before granting these credits.

13. OTHER:

- Section 2. through Section 4.: Even if the Department does not have to wait until July 1, 2022, before granting the research and development tax credits, the Department may have to delay granting the credits if the bill does not become law until after March 26, 2022, because the Department will not know how much credit is available.

The Department may have to issue letters to the research and development tax credit applicants or post a TIP to the Department's website to notify applicants of the delay.

1/25/22

APPEARANCE RECORD

SB 952

Meeting Date

Bill Number or Topic

Military & Veterans Affairs

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

Committee

Amendment Barcode (if applicable)

Name **Carolyn Johnson**

Phone **521-1200**

Address **136 S Bronough St**

Email **cjohnson@flchamber.com**

Street

Tallahassee

FL

32301

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The Florida Senate

APPEARANCE RECORD

SB 952

1/25/22

Meeting Date

Bill Number or Topic

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

Military + Veterans Affairs

Committee

Amendment Barcode (if applicable)

Name Kenneth Pratt

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Street

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Tallahassee

FL

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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 Military and Veterans Affairs, Space, and Domestic Security

BILL: SB 1028

INTRODUCER: Senator Cruz

SUBJECT: End-stage Renal Disease Facility Emergency Planning

DATE: January 18, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Caldwell	MS	Favorable
2.	_____	_____	HP	_____
3.	_____	_____	RC	_____

I. Summary:

SB1028 modifies provisions addressing emergency management planning issues for individuals with special health care needs and incorporates end stage renal disease (ESRD) facilities into emergency management planning, including the following statutory changes:

- Adds end stage renal (ESRD) facilities to the list of facilities and organizations which must annually provide information to its clients regarding the registration process for special needs shelter requests during emergency and disaster declarations.
- Creates requirements for local emergency management agencies to identify and include in emergency preparedness and contingency operations plans health care facilities, which includes ESRD facilities.
- Requires local emergency management plans to prioritize the restoration of electric and water utilities to health care facilities, including ESRD facilities, within its jurisdiction during a declared state of emergency.
- Creates an emergency and contingency operations planning component for ESRD facilities with requirements for a written operations plan, patient communications, back-up site within 50 mile radius, continuity of care plans, and contingency plans.
- Provides rulemaking authority to the Agency for Health Care Administration (AHCA), in consultation with the Division of Emergency Management (DEM).

The bill is effective July 1, 2022 and has an indeterminate fiscal impact on both state and local government. Many of the activities are already required under federal law; however, SB 1028 may require additional workload as the implementation timelines are not identical.

II. Present Situation:

Chronic Kidney Disease

Chronic kidney disease (CKD) affects approximately 15 percent of American adults or 37 million people and is the progressive loss of renal function which leads to the potential total loss of kidney function.¹ Early interventions can slow the progression of CKD as can controlling blood pressure and blood glucose levels, reducing albuminuria,² eating a healthy diet, and maintaining a healthy lifestyle.³ Signs and symptoms of CKD include:

- Nausea;
- Vomiting;
- Loss of appetite;
- Fatigue and weakness;
- Changes in urination;
- Chest pain;
- Shortness of breath, if fluid builds up in the lungs;
- Swelling of feet and ankles;
- High blood pressure;
- Headaches;
- Difficulty sleeping;
- Decreased mental sharpness;
- Mental twitches and cramps;
- Persistent itching; and
- Metallic taste.⁴

End-Stage Renal Disease (ESRD)

End-Stage Renal Disease (ESRD) occurs when CKD reaches an advanced state and an individual's kidneys no longer function to keep an individual alive.⁵ Any person with ESRD has kidneys which function below 10 percent of their normal ability.⁶ Currently, more than 786,000 people in the United States live with end-stage renal disease.⁷

¹ Centers for Medicare and Medicaid Services, *Chronic Kidney Disease Disparities: Educational Guide for Primary Care* (April 2021), p.5, available at <https://www.cms.gov/files/document/chronic-kidney-disease-disparities-educational-guide-primary-care.pdf> (last visited January 7, 2022).

² Albuminuria is measurement of the amount of protein in the urine. If a person's kidneys are healthy, there should be very little to no protein in the person's urine. See National Kidney Foundation, *Albuminuria*, www.kidney.org (last visited January 7, 2022).

³ Centers for Medicare and Medicaid Services, *Chronic Kidney Disease Disparities: Educational Guide for Primary Care* (April 2021), p.7, available at <https://www.cms.gov/files/document/chronic-kidney-disease-disparities-educational-guide-primary-care.pdf> (last visited January 7, 2022).

⁴ Mayo Clinic, End stage renal disease, <https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/symptoms-causes/syc-20354532> (last visited on January 7, 2022).

⁵ Mayo Clinic, *End stage renal disease*, <https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/symptoms-causes/syc-20354532> (last visited on January 7, 2022).

⁶ Christine DiMaria, *What you need to know about End Stage Kidney Disease (ESRD)*(July 3, 2019) available at <https://www.healthline.com/health/end-stage-kidney-disease> (last visited on January 7, 2022).

⁷ United States Renal Data System, *2020 Annual Data Report*, <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease> (last visited January 7, 2022).

As a progressive disease, each stage of the disease varies by the patient and from the time of diagnosis until the end stage, the duration of that initial diagnosis time to the end stage last anywhere from 10 to 20 years.⁸ Treatment options for those with ESRD may include different types of dialysis or kidney transplant surgery based on the patient's circumstances. Of those with ESRD, current data shows that 71 percent are on dialysis and 21 percent have had a kidney transplant.⁹

During different types of dialysis, a machine does the work of an individual's kidneys to filter harmful wastes, salts, and fluids.¹⁰ Depending on the procedure, this process can be conducted at home or a facility, including specialized ESRD facilities. Dialysis can be a time consuming multi-hour, several days a week commitment of which many patients can complete at home.¹¹

A kidney transplant is a surgical procedure which requires the removal, if required, of the individual's affected, non-functioning kidneys and the placement of donated, functioning kidney. An individual can function normally with one kidney.¹² For 2021, 1,385 kidney transplants were reported for Florida.¹³

End Stage Renal Disease Facilities

End stage renal disease dialysis facilities are not licensed by the State of Florida; however, federal law and regulations establish minimum guidelines for the reimbursement of dialysis and transplant services for qualified Medicaid and Medicare recipients with ESRD and those guidelines determine whether a facility is in compliance for federal reimbursement.¹⁴ A dialysis facility is defined by federal regulation as an entity that provides either outpatient maintenance services, or home dialysis training and support services, or both. The facility can be independent or associated with a hospital that includes a self-care unit that furnishes only self-dialysis services.¹⁵

To qualify for federal reimbursement, facilities and providers must operate and furnish services in compliance with applicable federal, state, and local laws and regulations relating to licensure

⁸ Christine DiMaria, What you need to know about End Stage Kidney Disease (ESRD)(July 3, 2019) available at <https://www.healthline.com/health/end-stage-kidney-disease> (last visited on January 7, 2022).

⁹ United States Renal Data System, 2020 Annual Data Report, <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease> (last visited January 7, 2022).

¹⁰ Johns Hopkins Medicine, *End Stage Renal Disease (ESRD)*, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/end-stage-renal-disease-esrd> (last visited January 7, 2022).

¹¹ Johns Hopkins Medicine, *End Stage Renal Disease (ESRD)*, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/end-stage-renal-disease-esrd> (last visited January 7, 2022).

¹² Christine DiMaria, What you need to know about End Stage Kidney Disease (ESRD)(July 3, 2019) available at <https://www.healthline.com/health/end-stage-kidney-disease> (last visited on January 7, 2022).

¹³ U.S. Department of Health and Human Services, *Organ Procurement and Transplantation Network (report run on January 7, 2022)*, available at <https://optn.transplant.hrsa.gov/data/view-data-reports/state-data/> (last visited on January 7, 2022).

¹⁴ See Section 299I of the Social Security Act Amendments of 1972, Pub. L. 92-603 (original extension of Medicare coverage to insured individuals, their spouses, and dependent children with ESRD who require dialysis or transplantation; effective July 1, 1973); 42 CFR part 494, Conditions for Coverage of Suppliers of End-Stage Renal Disease (ESRD) Services, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#toc=1> (last visited January 7, 2022).

¹⁵ 42 CFR §494.10, *Definitions, Conditions for Coverage of End-Stage Renal Disease Facilities* available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

and other relevant health and safety requirements.¹⁶ Additionally, the regulations include specific patient safety requirements, infection control standards,¹⁷ water quality standards,¹⁸ standards for reuse of bloodlines and hemodialyzers,¹⁹ fire and building safety standards,²⁰ and emergency preparedness requirements.²¹

Each facility must have an emergency preparedness plan that complies with all federal, state, and local requirements and which must be updated every two years. The regulations provide specific elements which must be included in the plan including assessment of facility and community based hazards, strategies for cooperation and collaboration, and plans for patient continuity of care.²² The dialysis facility is also required to develop and implement emergency preparedness policies and procedures which address staffing, evacuations, back-up sites, and use of emergency equipment.²³ In addition to these components, the federal regulations address the development of patient care plans, the delivery of patient care at home, special purpose ESRD facilities, qualifications of personnel, and overall facility governance issues.²⁴

State of Florida Emergency Preparedness

The State Emergency Management Act (Act)²⁵ establishes the framework for how Florida prepares, responds, and recovers from emergencies and disasters. It confers upon the Governor, the Division of Emergency Management (DEM),²⁶ and the governing body of each county and municipality certain emergency powers in the event of emergencies²⁷ and disasters²⁸ resulting

¹⁶ 42 CFR §494.20 *Condition: Compliance with Federal, State, and local laws and regulations. Coverage of End-Stage Renal Disease Facilities* available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

¹⁷ 42 CFR §494.30 *Condition: Infection control*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

¹⁸ 42 CFR §494.40 *Condition: Water and dialysate quality*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

¹⁹ 42 CFR §494.50 *Condition: Reuse of hemodialyzers and bloodlines*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

²⁰ 42 CFR §494.60 *Condition: Physical environment*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

²¹ 42 CFR §494.62 *Condition of participation: Emergency preparedness*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

²² 42 CFR §494.62(a)1-4; *Emergency plan; Condition of participation: Emergency preparedness*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top> (last visited January 7, 2022).

²³ 42 CFR §494.62(b)1-9

²⁴ 42 CFR part 494 *Conditions for Coverage of End-Stage Renal Disease Facilities*, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494#page-top>

²⁵ See ch. 252, F.S.

²⁶ The Division of Emergency Management is established within the Executive Office of the Governor as a separate budget entity. It is responsible for all professional, technical, and administrative support functions necessary to carry out its responsibilities under part I of ch. 252, F.S. The director of the division is appointed by and serves at the pleasure of the Governor, and is the head of the division.

²⁷ “Emergency” means any occurrence, or threat thereof, whether natural, technological, or manmade, in war or in peace, which results or may result in substantial harm to the population or substantial damage to or loss of property. See s. 252.34(4), F.S.

²⁸ “Disaster” means any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by a county, the Governor, or the President of the United States. See s. 252.34(2), F.S.

from natural,²⁹ technological,³⁰ or manmade causes³¹ to ensure preparations of the state will be adequate to deal with, reduce vulnerability to, and recover from such emergencies and disasters; to prepare for the common defense and to protect the public peace, health, and safety; and to preserve the lives and property of the state.

The Governor, the DEM, and the counties and municipalities have specific emergency powers and authority granted to them in the event of an emergency. The individual powers are broad, but also include specific parameters in which they may be executed. State law requires the development and maintenance of a state comprehensive emergency management plan under DEM's direction. The plan incorporates several components, including ensuring the adequacy of security and medical personnel, availability and accessibility of public shelter space, and accommodation of individuals with special needs through special needs shelters within social distancing standards.³² To ensure that adequate space has been identified should an emergency arise and to allow for pre-authorization for entry by emergency personnel, the DEM, along with several state agencies who provide health and human services, are required to conduct an annual registration process and maintain a registry for special needs clients and their caregivers.³³ Current state law requires all appropriate agencies and community-based caregivers to assist DEM with the registration of their special needs clients annually, including:

- Aging and disability resource centers;
- Memory disorder clinics;
- Home health care providers;
- Hospices;
- Nurse registries;
- Home medical providers;
- Department of Children and Families;
- Department of Health;
- Agency for Health Care Administration;
- Department of Education;
- Agency for Persons with Disabilities; and
- Department of Elderly Affairs.³⁴

Physicians licensed under chapter 458 or 459 are not required to assist with the registration process, but may elect to participate.³⁵

²⁹ "Natural emergency" means an emergency caused by a natural event, including, but not limited to, a hurricane, storm, a flood, severe wave action, a drought, or an earthquake. *See* s. 252.34(8), F.S.

³⁰ "Technological emergency" means an emergency caused by a technological failure or accident, including but not limited to, an explosion, transportation accident, radiological accident, or chemical or other hazardous material incident. *See* s. 252.34(12), F.S.

³¹ "Manmade emergency" means an emergency caused by an action against persons or society, including but not limited to, an enemy attack, sabotage, terrorism, civil unrest, or other action impairing the orderly administration of government. *See* s. 252.34(7), F.S.

³² Section 252.35, F.S.

³³ Section 252.355, F.S.

³⁴ Section 252.355, (2)(b), F.S.

³⁵ Section 252.355, (2)(b), F.S.

The state's special needs registry is administered by the Department of Health (DOH) and individuals register online.³⁶ Information is kept private and exempt from public release under Florida's Sunshine Laws.³⁷ Visitors to the website are put on notice that registration for the special needs registry does not automatically qualify someone for a special needs shelter and are directed to also visit their county's disaster preparedness websites.³⁸ The local county websites are listed on the DEM website and each county site has social media links, shelter information, links to the special needs shelter registry, and an emergency notification system.

The Agency for Health Care Administration (AHCA) is the agency designated as the state's chief health policy and planning entity and the department responsible for the licensure, inspection, and regulation of over 48,500 health care facilities in the state. During a state of emergency, the AHCA collaborates with other emergency coordination officers in the relevant state agencies, including tracking the relocation of patients or residents, and establishing and maintaining communications between various health care entities.³⁹ The AHCA has developed an emergency response website resource page for providers and facilities online.⁴⁰

III. Effect of Proposed Changes:

SB 1028 modifies several statutes to address emergency management planning issues for individuals with special health care needs and incorporates end stage renal disease (ESRD) facilities into emergency management planning, including the making the following modifications:

Section 1 amends paragraph (b) of subsection (2) of section 252.355, F.S., relating to emergency management planning to add ESRD facilities to the list of health care provider and social services entities that must provide information annually to their clients about the registry for special needs shelters and assist with the registration of those individuals with special needs. This modification would add ESRD facilities to this mandatory list of organizations and facilities that serve individuals who have unique health care needs, disabilities, impairments, and other health conditions who may need help with an evacuation, rescue, or shelter during an emergency or disaster.

Section 2 creates s. 252.3571, F.S., which requires every local county emergency management plan to identify the health care facilities, which would include ESRD facilities, in its jurisdiction for which water and electric utilities must prioritize the emergency return of such services during a declared state of emergency or disaster. Current state law provides general guidelines for

³⁶ Florida Department of Health, *Special Needs Registry*, <https://snr.flhealthresponse.com/> (last visited January 10, 2022).

³⁷ Normally, under Florida's open government laws, information collected by the state would be open for public inspection and review. Information provided by a person or a business to the DEM for purposes of emergency planning was granted an exemption from s. 119.01(1), F.S. and Art. I of the State Constitution in s. 252.905, F.S.

³⁸ Florida Department of Health, *Special Needs Registry*, <https://snr.flhealthresponse.com/> (last visited January 10, 2022).

³⁹ Agency for Health Care Administration, *Emergency Operations Plan*, available at: https://ahca.myflorida.com/MCHQ/Plans/pdfs/Emergency_Mobilization_Plan.pdf (last visited January 10, 2022).

⁴⁰ Agency for Health Care Administration, *Emergency Preparedness Resources*, https://ahca.myflorida.com/mchq/emergency_activities/index.shtml (last visited January 7, 2022).

performance management of the power generation capability of shelters⁴¹ and supplies of portable generators owned by the state and local government.⁴²

Section 3 creates s. 381.0305, F.S., which establishes the emergency preparedness and contingency operations guidelines for end stage renal disease (ESRD) facilities.

For this new section, definitions are provided for the following terms:

- “Agency” means the Agency for Health Care Administration;
- “Disaster” means the same as in s. 252.34, F.S.;
- “Emergency” means an incident likely to threaten the health, welfare, or safety of ESRD facility patients or staff or the public, including a fire, equipment failure, power outage, flood, interruption in utility service medical emergency, or natural or other disaster.
- “End stage renal disease facility” or “facility” means a facility certified by the Centers for Medicare and Medicaid Services which provides dialysis services under the supervision of a licensed physician.
- “Local emergency management agency” has the same meaning as in s. 252.34, F.S.

Emergency Preparedness and Contingency Operations Plans

In addition to federal regulatory requirements under 42 C.F.R. s. 494.62, each ESRD facility will be required to adopt a written emergency preparedness and contingency operations plan which addresses how to care for a patient during an emergency or disaster. The plan must be:

- Updated annually and have each update approved by the facility’s management.
- Include notification procedures for notice as soon as practicable regarding closure or reduction in hours due to an emergency or disaster for the following:
 - Each hospital with which the facility has a transfer agreement;
 - The local or regional trauma agency that serves the geographic area in which the ESRD facility is located; and
 - Each applicable local management agency.
- Unless the facility meets the exception, each ESRD facility must execute a contract with another ESRD facility within a 50-mile radius which stipulates that the other ESRD will provide dialysis treatment to facility patients who are unable to receive scheduled dialysis treatment due to facility’s closure or reduction in hours.
- Establish procedures and documented patient communication plan for when a patient’s dialysis treatment plan is interrupted.

The bill also requires that a copy of an ESRD facility’s emergency preparedness and contingency operations plan be provided upon request to:

- Each hospital with which the ESRD facility has a transfer agreement.
- The local or regional trauma agency that serves the geographic area where the facility is located.

⁴¹ Section 252.35(2)(a)2, F.S.

⁴² Section 252.35(2)(s) and (t), F.S.

Continuity of Care Requirements

SB 1028 requires continuity of care plans which have been approved by the facility's management and are a part of the facility's emergency management preparedness plans, be developed and provided to patients. The bill requires these continuity of care plans be provided to patients within 30 days before admission to the facility and should include the following:

1. Information on the procedures for distributing written materials to facility patients which specifically describe the facility's emergency preparedness and contingency operations plans.
2. Detailed procedures, based on the facility's patient population, regarding the facility's contingency plan, including transportation options, for patients to access each ESRD facility with which the facility has an agreement or has made advance preparations to receive dialysis treatment.

To receive an exception to contracting with another ESRD facility within a 50-mile radius, an ESRD facility must show that all of the following apply:

1. An ESRD facility is not located within a 50 mile radius of the facility.
2. The ESRD facility has received written approval from the AHCA granting the exemption.

Training and Coordination

The bill requires each ESRD facility to contact a representative from the local and state emergency management agencies, local emergency operations center, and local or regional trauma agency to receive feedback on its emergency preparedness plan, including whether modifications should be made, and to ensure all affected agencies and hospitals are aware of the anticipated number of patients, and the expected level of need its facility will generate during an emergency or disaster.

Each ESRD facility shall also be required to adopt an emergency contingency plan for the continuity of essential building systems during an emergency or disaster. As part of the continuity plan, each ESRD must contract with another facility within a 50-mile radius to provide emergency contingency services or seek an exception as described earlier in this section.

Rulemaking Authority

The bill directs AHCA, in consultation with DEM, to adopt rules to implement this section. At a minimum, the rules must require the medical director of emergency medical services provider licensed under ch. 401, F.S., approve protocols which give preference to the emergency transfer of a dialysis patient from the patient's location directly to an outpatient ESRD facility during a state of emergency declared by the Governor pursuant to ch. 252, F.S., or a disaster declared by the President pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42. U.S.C. ss 5121 et seq.

Section 4 establishes the effective date of the Act as July 1, 2022.

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:

End stage renal disease facilities which are privately owned would be impacted by the changes included in SB 1028 as any new provisions would be applicable to their emergency preparedness and contingency operations activities. As most ESRD facilities are subject to the licensing and regulation of the federal Centers for Medicare and Medicaid Services, many of the general requirements in SB 1028 can be found in federal regulation, 42 C.F.R. 494.62. However, SB 1028 does apply more specific timeframes on some provisions where the federal regulation does not provide a time frame or establishes a geographic limitation which would be more limiting or restrictive where the federal regulation provides no geographic goal (requirement for a backup facility within a designated radius). In other cases, the federal frequency level is below the amount included in SB 1028, such as the frequency of certain trainings or review of materials.

C. Government Sector Impact:

The AHCA and DEM will have increased regulatory review of emergency management and contingency operations plans for ESRD facilities in the same manner which they do for other health care and human service organizations who submit plans or participate in the special needs shelter registry process.

Neither AHCA nor DEM has submitted an agency review of SB 1028, so it is unclear if either agency would experience any fiscal impact.

The local emergency management agencies may also experience additional workload by the addition of the ESRD to the list of organizations on the special needs registry; however, given the special needs of these individuals, it is highly likely that many of these individuals were already registering or seeking special needs shelter assistance during an emergency or disaster. SB 1028 may add clarity to the registry process for both persons with needs and to the agencies and local emergency management agencies which must collaborate and coordinate the services during an emergency or disaster.

VI. Technical Deficiencies:

The bill requires each ESRD facility to provide a copy of its continuity of care plan to each patient within 30 days before admission to its facility (lines 56 through 159). However, if the patient is admitted on an emergency or urgent basis, the continuity plan cannot be provided 30 days or any days prior to admission. In those instances, the bill does not address how the facility can meet this standard or what the consequences may be for a facility which fails to meet this standard.

Secondly, the bill directs the AHCA, in consultation with the DEM to conduct rulemaking and provides specific direction relating to the emergency transfer of dialysis patients during a state of emergency or disaster as declared by the Governor or President of the United States. (lines 205-214). The directive to prioritize the transfer of dialysis patients does not appear to have a clear directive as it does not specify if the preference or priority for transport is only among other transfer patients being served by emergency medical services or for all emergency medical services transportation. The provision may be interpreted to direct emergency medical services providers to prioritize dialysis transfer patients over all other emergency transportation patients, including those which may require immediate transportation to an emergency medical facility for any condition or situation, rather than to prioritize dialysis patients among only those who were being transported via emergency medical services for *transfer purposes* from one facility to another during an emergency or disaster situation.

VII. Related Issues:

In several provisions, SB 1028 refers to the “local or regional trauma agency” which serves a general area; however, this term is not defined in this section. “Trauma agency” is defined under s. 395.4001(12), F.S., to mean a department-approved agency established by one or more counties, or a department-approved entity with which one more counties contract, for the purposes of administering an inclusive regional trauma system.⁴³

VIII. Statutes Affected:

This bill substantially amends section 252.355 of the Florida Statutes.

This bill creates the following sections of the Florida Statutes: 252.3571 and 381.0305.

⁴³ The department references in the definition is the Department of Health.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Cruz

18-01051-22

20221028__

1 A bill to be entitled
 2 An act relating to end-stage renal disease facility
 3 emergency planning; amending s. 252.355, F.S.;
 4 requiring end-stage renal disease facilities to
 5 annually provide information to certain persons
 6 regarding special needs shelter registration
 7 procedures; requiring such facilities to assist
 8 emergency management agencies by performing specified
 9 duties; creating s. 252.3571, F.S.; requiring local
 10 emergency management agencies to identify and include
 11 in their county emergency management plans the health
 12 care facilities for which electric and water utilities
 13 must prioritize the emergency restoration of services;
 14 creating s. 381.0305, F.S.; defining terms; requiring
 15 end-stage renal disease facilities to adopt written
 16 emergency preparedness and contingency operations
 17 plans; providing requirements for such plans;
 18 requiring such facilities to provide the plans to
 19 certain entities upon request; requiring each end-
 20 stage renal disease facility to develop and approve a
 21 continuity of care plan for dialysis treatment during
 22 emergencies or disasters; requiring such facilities to
 23 provide the plan to patients within a specified
 24 timeframe; providing requirements for the plan;
 25 providing an exception from certain contract
 26 requirements; requiring end-stage renal disease
 27 facility staff to undergo specified annual training;
 28 requiring specified coordination between end-stage
 29 renal disease facilities and certain entities;

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

18-01051-22

20221028__

30 requiring such facilities to adopt emergency
 31 contingency plans for the continuity of essential
 32 building systems during emergencies or disasters;
 33 providing requirements for such plan; requiring the
 34 Agency for Health Care Administration, in consultation
 35 with the Division of Emergency Management, to adopt
 36 rules; providing requirements for such rules;
 37 providing an effective date.

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

40
 41 Section 1. Paragraph (b) of subsection (2) of section
 42 252.355, Florida Statutes, is amended to read:
 43 252.355 Registry of persons with special needs; notice;
 44 registration program.—

45 (2) In order to ensure that all persons with special needs
 46 may register, the division shall develop and maintain a special
 47 needs shelter registration program. During a public health
 48 emergency in which physical distancing is necessary, as
 49 determined by the State Health Officer, the division must
 50 maintain information on special needs shelter options that
 51 mitigate the threat of the spread of infectious diseases.

52 (b) To assist in identifying persons with special needs,
 53 home health agencies, hospices, end-stage renal disease
 54 facilities, nurse registries, home medical equipment providers,
 55 the Department of Children and Families, the Department of
 56 Health, the Agency for Health Care Administration, the
 57 Department of Education, the Agency for Persons with
 58 Disabilities, the Department of Elderly Affairs, and memory

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

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59 disorder clinics shall, and any physician licensed under chapter
60 458 or chapter 459 and any pharmacy licensed under chapter 465
61 may, annually provide registration information to all of their
62 special needs clients or their caregivers. The division shall
63 develop a brochure that provides information regarding special
64 needs shelter registration procedures. The brochure must be
65 easily accessible on the division's website. All appropriate
66 agencies and community-based service providers, including aging
67 and disability resource centers, memory disorder clinics, home
68 health care providers, hospices, end-stage renal disease
69 facilities, nurse registries, and home medical equipment
70 providers, shall, and any physician licensed under chapter 458
71 or chapter 459 may, assist emergency management agencies by
72 annually registering persons with special needs for special
73 needs shelters, collecting registration information for persons
74 with special needs as part of the program intake process, and
75 establishing programs to educate clients about the registration
76 process and disaster preparedness safety procedures. A client of
77 a state-funded or federally funded service program who has a
78 physical, mental, or cognitive impairment or sensory disability
79 and who needs assistance in evacuating, or when in a shelter,
80 must register as a person with special needs. The registration
81 program shall give persons with special needs the option of
82 preauthorizing emergency response personnel to enter their homes
83 during search and rescue operations if necessary to ensure their
84 safety and welfare following disasters.

85 Section 2. Section 252.3571, Florida Statutes, is created
86 to read:

87 252.3571 Emergency restoration of services for health care

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88 facilities by electric and water utilities.-Each local emergency
89 management agency shall identify and include in its county
90 emergency management plan the health care facilities, including
91 end-stage renal disease facilities as defined in s. 381.0305(1),
92 located within its jurisdiction for which electric and water
93 utilities must prioritize the emergency restoration of services
94 during a declared state of emergency or disaster.

95 Section 3. Section 381.0305, Florida Statutes, is created
96 to read:

97 381.0305 Emergency preparedness and contingency operations
98 planning for end-stage renal disease facilities.-

99 (1) DEFINITIONS.-As used in this section, the term:

100 (a) "Agency" means the Agency for Health Care
101 Administration.

102 (b) "Disaster" has the same meaning as in s. 252.34.

103 (c) "Emergency" means an incident likely to threaten the
104 health, welfare, or safety of end-stage renal disease facility
105 patients or staff or the public, including a fire, equipment
106 failure, power outage, flood, interruption in utility service,
107 medical emergency, or natural or other disaster.

108 (d) "End-stage renal disease facility" or "facility" means
109 a facility certified by the Centers for Medicare and Medicaid
110 Services which provides dialysis services under the supervision
111 of a licensed physician.

112 (e) "Local emergency management agency" has the same
113 meaning as in s. 252.34.

114 (2) EMERGENCY PREPAREDNESS AND CONTINGENCY OPERATIONS
115 PLAN.-

116 (a) In addition to the federal requirements in 42 C.F.R. s.

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117 494.62, each end-stage renal disease facility in this state
 118 shall adopt a written emergency preparedness and contingency
 119 operations plan to address providing care to patients during an
 120 emergency or disaster. The plan must meet all of the following
 121 requirements:

122 1. Be updated annually and approved by the facility's
 123 management each time the plan is updated.

124 2. Include procedures for notifying each of the following
 125 entities as soon as practicable regarding the closure or
 126 reduction in hours of operation of the facility due to an
 127 emergency or disaster:

128 a. Each hospital with which the facility has a transfer
 129 agreement.

130 b. The local or regional trauma agency that serves the
 131 geographic area in which the facility is located.

132 c. Each applicable local emergency management agency.

133 3. Except as provided in subsection (4), require the
 134 facility to execute a contract with another end-stage renal
 135 disease facility located within a 50-mile radius of the facility
 136 which stipulates that the other end-stage renal disease facility
 137 will provide dialysis treatment to facility patients who are
 138 unable to receive scheduled dialysis treatment due to the
 139 facility's closure or reduction in hours.

140 4. Include a documented patient communications plan that
 141 establishes procedures for notifying a patient when that
 142 patient's scheduled dialysis treatment is interrupted.

143 (b) Upon request, an end-stage renal disease facility must
 144 provide its emergency preparedness and contingency operations
 145 plan to each of the following entities:

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146 1. Each hospital with which the facility has a transfer
 147 agreement.

148 2. The local or regional trauma agency that serves the
 149 geographic area in which the facility is located.

150 3. Each applicable local emergency management agency.

151 (3) CONTINUITY OF CARE PLAN.—As part of the emergency
 152 preparedness and contingency operations plan adopted pursuant to
 153 paragraph (2) (a), each end-stage renal disease facility shall
 154 develop, and the facility's management must approve, a
 155 continuity of care plan for providing dialysis treatment to
 156 facility patients during an emergency or disaster. The facility
 157 must provide a copy of the plan to each patient within 30 days
 158 before admission to the facility. The plan must include all of
 159 the following:

160 (a) Procedures for distributing written materials to
 161 facility patients which specifically describe the facility's
 162 emergency preparedness and contingency operations plan.

163 (b) Based on the facility's patient population, detailed
 164 procedures regarding the facility's contingency plan, including
 165 transportation options, for patients to access dialysis
 166 treatment at each end-stage renal disease facility with which
 167 the facility has an agreement or has made advance preparations
 168 to ensure that the facility's patients have the option to
 169 receive dialysis treatment.

170 (4) EXCEPTION.—An end-stage renal disease facility is not
 171 required to contract with another end-stage renal disease
 172 facility pursuant to subparagraph (2) (a)3. if all of the
 173 following apply:

174 (a) An end-stage renal disease facility is not located

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175 within a 50-mile radius of the facility.

176 (b) The facility obtains written approval from the agency
 177 exempting the facility from such requirement.

178 (5) TRAINING.—Each end-stage renal disease facility shall
 179 provide annual training to facility staff on the facility's
 180 emergency preparedness and contingency operations plan adopted
 181 pursuant to this section.

182 (6) COORDINATION WITH OTHER ENTITIES.—Each end-stage renal
 183 disease facility shall annually contact a representative from
 184 local and state emergency management agencies, a local emergency
 185 operations center, and a local or regional trauma agency to:

186 (a) Request feedback on whether the emergency preparedness
 187 and contingency operations plan adopted by the facility pursuant
 188 to paragraph (2) (a) should be modified.

189 (b) Ensure that local agencies, regional agencies, state
 190 agencies, and hospitals are aware of the facility, the
 191 facility's policy on providing life-saving treatment, the
 192 facility's patient population and potential transportation
 193 needs, and the anticipated number of patients affected.

194 (7) CONTINUITY OF ESSENTIAL BUILDING SYSTEMS.—Each end-
 195 stage renal disease facility shall adopt an emergency
 196 contingency plan for the continuity of essential building
 197 systems during an emergency or disaster. As part of the plan,
 198 the end-stage renal disease facility must contract with another
 199 end-stage renal disease facility that is located within a 50-
 200 mile radius of the facility which stipulates that the other end-
 201 stage renal disease facility will provide emergency contingency
 202 care to the facility's patients.

203 (8) RULEMAKING.—The agency, in consultation with the

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204 Division of Emergency Management, shall adopt rules to implement
 205 this section. At a minimum, the rules must require that the
 206 medical director of each emergency medical services provider
 207 licensed under chapter 401 approve protocols that give
 208 preference to the emergency transfer of a dialysis patient from
 209 the patient's location directly to an outpatient end-stage renal
 210 disease facility during a state of emergency declared by the
 211 Governor pursuant to chapter 252 or a disaster declared by the
 212 President of the United States pursuant to the Robert T.
 213 Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C.
 214 ss. 5121 et seq.

215 Section 4. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: December 14, 2021

I respectfully request that **Senate Bill # 1028**, relating to End-stage Renal Disease Facility Emergency Planning, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Janet Cruz", written over a horizontal line.

Senator Janet Cruz
Florida Senate, District 18

The Florida Senate

APPEARANCE RECORD

SB 1028

Meeting Date

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

Bill Number or Topic

SENATE M.L.I.T.A.R. & VETERAN AFFAIRS
Committee

Amendment Barcode (if applicable)

Name Bob Reynolds Phone 850-509-4340

Address P.O. Box 4369 Email RRR ASSOCIATES @earthlink.net
Street

TALL FLA 32303
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:

FRESENIUS MEDICAL CARE NORTH AMERICA

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)

1/25/2022

The Florida Senate APPEARANCE RECORD

1028

Meeting Date

Military Affairs

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

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Ron Watson

Phone

850 367-1202

Address

9114 Seafair Lane

Email

watson.strategies@comcast.net

Street

Tallahassee

State

FL

Zip

32317

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 Renal Coalition

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)

01/25/ 2022

APPEARANCE RECORD

SB 1028

Meeting Date

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

Bill Number or Topic

Military & Veterans A.

Committee

Amendment Barcode (if applicable)

Name **AARP Associate State Director Advocacy**

Phone **954-850-7262**

Address **215 S. Monroe Street # 603**

Email **ifernandez@aarp.org**

Street

Tallahassee

Florida

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.

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 Military and Veterans Affairs, Space, and Domestic Security

BILL: SB 1712

INTRODUCER: Senator Burgess

SUBJECT: Veteran Suicide Prevention Training Pilot Program

DATE: January 24, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Caldwell</u>	<u>MS</u>	Favorable
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>AP</u>	_____

I. Summary:

Senate Bill 1712 requires the Department of Veterans' Affairs (department) to establish and oversee the Veteran Suicide Prevention Training Pilot Program (program). The purpose of the program is to provide training and certification in preventing veteran suicide to agency claims examiners and county and city veteran service officers. To provide training curriculum, the department will contract with an organization established in developing and implementing veteran-relevant and evidence-based suicide prevention training.

Program participants must be trained in identifying indicators of elevated suicide risk and providing emergency crisis referrals for veterans in emotional or psychological distress.

The bill requires the department to adopt rules, and submit a report to the President of the Senate and the Speaker of the House of Representatives by June 30 of each year. The report will provide information on the pilot program and recommend whether changes should be made to increase effectiveness. In the report to be submitted by June 30, 2026, the department will recommend whether the pilot program should be continued.

A non-recurring appropriation of \$500,000 is provided in the bill.

II. Present Situation:

Veteran Population and Suicide

Veteran Population and Demographics

As of 2017, 20 million veterans live in the United States, of which nearly 2 million are women.¹ Only about half of veterans nationally receive or access at least one benefit from the Veterans Administration.² Third to only California and Texas, Florida has more than 1.5 million veterans.³ Of these:

- 1.17 million are wartime veterans;
- 350,000 are peacetime veterans;
- 31,000 are World War II veterans;
- 105,000 are Korean War veterans;
- 498,000 are Vietnam-era veterans;
- 188,000 are Gulf War veterans; and
- 177,494 are Post-9/11 veterans.⁴

Mental Health of Veterans

Veterans are known to have higher levels of mental distress than non-veterans. In a 2014 study, almost 1 in 4 veterans showed symptoms of mental illness.⁵ Predominant mental health diagnoses among veterans are:

- Posttraumatic Stress Disorder (PTSD) at a rate of 15 times that of the general population;
- Depression at a rate of 5 times that of the general population; and
- Traumatic Brain Injury (TBI).⁶

Veterans who have a diagnosable mental health illness are at a much higher risk of suicide than veterans without mental illness. A 2017 study of Veterans Health Administration patients (VHA) shows a more than double rate of suicide among veterans with a mental health or substance use disorder than persons without these diagnoses.⁷

Substance Use Disorder by Veterans

Substance use is considered to constitute a substance use disorder if the:

¹ U.S. Dep't of Veterans Affairs, *National Strategy for Preventing Veteran Suicide, 2018-2028*, available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf (pg. 5).

² *Id.*

³ Florida Dep't of Veterans' Affairs, *Fast Facts*, available at <https://www.floridavets.org/our-veterans/profilefast-facts/> (last visited Jan. 13, 2022).

⁴ *Id.*

⁵ National Institute on Mental Illness (NAMI); *Veterans & Active Duty* (pg. 1), available at <https://www.nami.org/Your-Journey/Veterans-Active-Duty> (last visited Jan. 14, 2022).

⁶ *Id.*

⁷ The rate of suicide among VHA patients with mental health illness at the time of the study was 57 patients per 100,000. Rand Corporation, *Suicide Among Veterans/Veterans' Issues in Focus*, available at <https://www.rand.org/pubs/perspectives/PEA1363-1.html> (last visited Oct. 22, 2021) (pg. 4).

Recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.⁸

Substance use disorder is marked among veterans, the most prevalent being alcohol binge drinking and at a higher rate of use than by non-veterans.⁹ The rate of illegal drug use, primarily marijuana (marijuana use for recreational purposes is still illegal in most states) is about the same for veterans and the general population.¹⁰ Despite efforts by the VHA and other agencies in recent decades to reduce substance use disorder among veterans, rates continue to increase.¹¹ This is especially so for prescription opioid use.¹² Substance use disorder is correlated to medical ailments, other psychiatric disorders, relationship and employment impairment, and increased rates of suicidal ideation, attempts, and completion.¹³ In a study on military personnel, researchers found that 30 percent of suicides were preceded by alcohol or drug use, while 20 percent of high-risk-behavior deaths were attributed to alcohol or drug overdose.¹⁴

Military Sexual Trauma

Military sexual trauma is an occurrence or occurrences of sexual harassment or sexual assault that has taken place during military service.¹⁵ Researchers have found a clear association between military sexual trauma and suicide.¹⁶ Early data finds that 1 of 4 survivors of military sexual trauma report non-suicidal self-injury.¹⁷ Relatedly, non-suicidal self-injury correlates to suicidal ideation, planning, and attempts.¹⁸

Suicide Rates Attributed to Service During Post 9/11 Conflict

An estimated cumulative 7,057 servicemembers have died in service throughout the Post 9/11 era. A much higher rate of 30,000 active duty personnel and veterans who previously served during the Post-9/11 era have died by suicide, or 4 times as many that died in service.¹⁹ Identified causes vary.

⁸ Substance Abuse and Mental Health Services Administration, U.S. Dep't of Health and Human Services, *Mental Health and Substance Use Disorders*, available at <https://www.samhsa.gov/find-help/disorders> (last visited Oct. 25, 2021).

⁹ National Center for Biotechnology Information (NCBI), U.S. National Library of Medicine, *Substance Use Disorders in Military Veterans: Prevalence and Treatment Challenges*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5587184/> (pg. 3).

¹⁰ *Id.* at 4.

¹¹ *Id.* at 2.

¹² *Id.* at 4.

¹³ *Id.* at 2.

¹⁴ *Id.*

¹⁵ U.S. Dep't of Veterans Affairs, *Military Sexual Trauma -- A Risk Factor for Suicide*, available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature-Review-Military-Sexual-Trauma-CLEARED-3-5-19.pdf.

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ Thomas Howard Suitt, III, Watson Institute, International & Public Affairs, Brown University, *High Suicide Rates among United States Service Members and Veterans of the Post-9/11 Wars*, available at https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt_Suicides_Costs%20of%20War_June%2021%202021.pdf (June 21, 2021) (pgs. 1, 3).

There are clear contributors to suicidal ideation like high exposure to trauma [(mental, physical, moral, and sexual),] stress and burnout, the influence of the military's hegemonic masculine culture, continued access to guns, and the difficulty of reintegrating into civilian life. ... [W]e must also examine unique elements of the U.S. post-9/11 wars. ... [W]e have seen a tremendous rise of improvised explosive devices (IEDs) in warfare, significantly increasing the number of traumatic brain injuries (TBIs), and polytrauma cases among service members.²⁰

As many as 20 percent of post-9/11 servicemembers have experienced TBI's, with many exposed to repetitive damage.²¹

Suicide Rates Disparity between Veterans and Non-Veterans

From the latest data reported for 2019, 553 veterans died by suicide in Florida, 524 men and 29 women, while nationally, 6,261 veterans died by suicide.²² Suicide rates are highest among the youngest veterans, aged 18-29 years of age.²³ In comparing suicide rates between the veteran and non-veteran population, in 2019 the rate of suicide by the general population in Florida is 19.6 per 100,000 persons while that for Florida veterans, is 35.7.²⁴ A similar disparity exists at the national level, 18.0 per 100,000 for the general population and 31.6 for veterans.²⁵ More than 70 percent of the time, a firearm was used to die by suicide.²⁶

That the Covid pandemic contributed to a significant increase in feelings of loss, anxiety, and depression is well-documented.²⁷ Lesser known is the impact of the pandemic on suicide and if there is one, any changes that occur over a period of time. Also, unknown at this time is whether the marked disparity in rates of suicide between veterans and non-veterans will trend differently in coming years.

Suicide Intervention Programs

Federal Programs

Suicide prevention is a top clinical priority of the U.S. Department of Veterans Affairs. In 2018, the department implemented a 10-year strategy for preventing veteran suicide.²⁸ This approach to suicide prevention involves a veteran's family, peers, and community. The plan also includes specific outreach to veterans who do not access services of the VA.²⁹

²⁰ *Id.* at 3-4.

²¹ *Id.* at 4.

²² U.S. Dep't of Veterans Affairs, *Florida Veteran Suicide Data Sheet, 2019*, available at <https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019-State-Data-Sheet-Florida-508.pdf>.

²³ U.S. Dep't of Veterans Affairs, *National Strategy for Preventing Veteran Suicide, 2018-2028*, *supra* note 1 at 7.

²⁴ U.S. Dep't of Veterans Affairs, *Florida Veteran Suicide Data Sheet, 2019*, *supra* note 22.

²⁵ *Id.*

²⁶ *Id.*

²⁷ KFF, *The Implications of COVID-19 for Mental Health and Substance Use* (Feb. 10, 2021), available at <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/> (last visited Nov. 3, 2021).

²⁸ U.S. Dep't of Veterans Affairs, *National Strategy for Preventing Veteran Suicide, 2018-2028*, *supra* note 1.

²⁹ *Id.* at 1.

Initiatives include:

- Enhancing mental health services for veterans who are women;
- Broadening telehealth;
- Developing free-of-charge mobile applications for veterans and their families;
- Improving access to mental health care; and
- Helping families of veterans by telephone.³⁰

In implementing its plans, the VA partners with other government agencies and organizations at both the national and local level to share information and training on suicide prevention.³¹ To reach suicide prevention at the state level, the VA, along with the Substance Abuse and Mental Health Service Administration (SAMHSA), initiated the “Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.”³² The goal of this program is to implement a uniform comprehensive suicide prevention plan, from the national to the state level. To date, 35 states have joined the challenge.³³ Florida is a member.³⁴

The Veterans COMPACT Act of 2020 enables the Veterans Administration to implement programs providing mental health assistance to transitioning servicemembers and improving services for veterans who are women. The law also authorizes a non-VA facility to get reimbursed for providing a veteran emergent suicide care.³⁵

Most recently, in November 2021, the White House unveiled a plan to advance a comprehensive, cross-sector, evidence-based strategy for reducing suicide rates among servicemembers and veterans.³⁶ This plan adds several priority goals to the existing and ongoing comprehensive plan, which are:

- Improving lethal means safety, by inserting time and distance between a person in crisis and access to lethal means, such as a firearm or medication;
- Enhancing crisis care and facilitating care transitions, including stabilization services;
- Increasing access to and delivery of evidence-based treatment;
- Addressing upstream risk (leading up to crisis) and protective factors in furthering prevention efforts; and
- Bridging interagency coordination.³⁷

³⁰ *Id.* at 11.

³¹ *Id.*

³² U.S. Dep’t of Veterans Affairs, *2021 National Veteran Suicide Prevention Report* (Sept. 2021) (pg. 13), available at <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf>.

³³ *Id.* at 14.

³⁴ Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Dep’t of Health & Human Services, *Governor’s and Mayor’s Challenges to Prevent Suicide Among Servicemembers, Veterans, and their Families*, available at <https://www.samhsa.gov/smvf-ta-center/mayors-governors-challenges> (last visited Jan. 14, 2022).

³⁵ Veterans COMPACT Act of 2020 (Pub. L. No. 116-214).

³⁶ The White House, *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-sector, Evidence-informed Public Health Strategy*, available at <https://www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf>

³⁷ *Id.* at 8-9.

State Programs

The 2021 Legislature created the Florida Veterans' Care Coordination Program (program), to be established by the Department of Veterans' Affairs (department).³⁸ To provide services, the department may contract with a nonprofit, accredited entity to provide by phone dedicated behavioral health care referral services, through the state's 211 Network.³⁹ The program is modelled after the proof-of-concept pilot program created in 2014 by the Crisis Center of Tampa Bay and the Department of Veterans' Affairs in Hillsborough, Pasco, Pinellas, Polk, and Manatee counties.⁴⁰ A key goal of the program is to prevent suicide by veterans.⁴¹

County and City Veteran Service Officers and Agency Claims Examiners

Current law authorizes each board of county commissioners to approve the hire of a county veteran service officer.⁴² Likewise, the governing body of a city may employ a city veteran service officer.⁴³ To qualify, an applicant must be a veteran who:

- Served in the United States Armed Forces during a period of war;
- Served at least 18 months' active duty; and
- Was discharged under honorable conditions.⁴⁴

A surviving spouse may instead be hired, provided that the veteran spouse met those qualifications.⁴⁵

The applicant must additionally have a minimum of a 2-year degree from an accredited institute of higher education, or a high school degree or its equivalent and 4 years of administrative experience.⁴⁶

The Department of Veterans' Affairs (department) provides the training program for county and city veteran service officers.⁴⁷ Every county or city veteran service officer must attend training and successfully complete a test administered by the department. The department shall further establish periodic training refresher courses. Completion of these courses is a condition of continuing employment.⁴⁸

To date, the department has on staff 89 veteran claims examiners statewide, typically sited at U.S. Veterans Affairs Medical Facilities. Additionally, each county has at least one veteran service officer.⁴⁹

³⁸ Chapter 2021-198, Laws of Fla.; s. 394.9087, F.S.

³⁹ Section 394.9087(1), F.S. The Florida 211 network, established in s. 408.918, F.S., operates as the single point of coordination for information and referral of health and human services (s. 408.918(1), F.S.)

⁴⁰ *Id.*

⁴¹ Section 394.9087(2)(a), F.S.

⁴² Section 292.11(1), F.S.

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Section 291.11(4), F.S.

⁴⁸ *Id.*

⁴⁹ Dep't of Veterans Affairs, *2022 Agency Legislative Bill Analysis, SB 1712* (Jan. 14, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security). A veteran service officer at the city level may

III. Effect of Proposed Changes:

This bill requires the Department of Veterans' Affairs (department) to establish and oversee the Veteran Suicide Prevention Training Pilot Program (program). The purpose of the program is to provide training and certification in preventing veteran suicide to agency claims examiners and county and city veteran service officers. To provide training curriculum, the department will contract with an organization established in developing and implementing veteran-relevant and evidence-based suicide prevention training.

Program participants must be trained in identifying indicators of elevated suicide risk and providing emergency crisis referrals for veterans in emotional or psychological distress.

The bill requires the Department to adopt rules, and submit a report to the President of the Senate and the Speaker of the House of Representatives by June 30 of each year. The report will provide information on the pilot program and recommend whether changes should be made to increase effectiveness. In the report to be submitted by June 30, 2026, the department will recommend whether the pilot program should be continued.

A non-recurring appropriation of \$500,000 is provided in the bill.

The bill takes effect July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

be found in a city such as Jacksonville, which is consolidated with Duval county. Email from Christian Cochran, Department of Veterans Affairs (Jan. 14, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill includes a non-recurring appropriation of \$500,000.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.9088 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 Burgess

20-01740B-22

20221712__

A bill to be entitled

An act relating to the Veteran Suicide Prevention Training Pilot Program; creating s. 394.9088, F.S.; requiring the Department of Veterans' Affairs to establish the pilot program; providing the purpose of the pilot program; requiring pilot program participants to receive certain training; requiring the department to contract with an organization to develop the curriculum for such training; requiring the department to establish and oversee the participant certification process; requiring the department to adopt rules; requiring the department to submit an annual report to the Legislature by a specified date; providing an appropriation; providing an effective date.

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

Section 1. Section 394.9088, Florida Statutes, is created to read:

394.9088 Veteran Suicide Prevention Training Pilot Program.—

(1) The Department of Veterans' Affairs shall establish the Veteran Suicide Prevention Training Pilot Program. The purpose of the pilot program is to offer to each Department of Veterans' Affairs claims examiner and each county and city veteran service officer, as described in s. 292.11, specialized training and certification in the prevention of veteran suicide.

(2) Individuals electing to participate in the pilot

Page 1 of 2

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

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program must be trained to identify indicators of elevated suicide risk and provide emergency crisis referrals for veterans expressing or exhibiting symptoms of emotional or psychological distress. The Department of Veterans' Affairs shall contract with an organization having proven experience developing and implementing veteran-relevant and evidence-based suicide prevention training to develop the curriculum for such training. The department shall establish and oversee the process for certifying program participants who successfully complete such training.

(3) The Department of Veterans' Affairs shall adopt rules necessary to implement the pilot program.

(4) The Department of Veterans' Affairs shall submit a report to the President of the Senate and the Speaker of the House of Representatives by June 30 of each year which includes information concerning the pilot program and whether any changes should be made to the pilot program which would increase its effectiveness. In its report submitted by June 30, 2026, the department shall include a recommendation of whether the pilot program should be continued.

Section 2. The sum of \$500,000 in nonrecurring funds is appropriated from the General Revenue Fund to the Department of Veterans' Affairs for the purpose of implementing this act.

Section 3. This act shall take effect July 1, 2022.

Page 2 of 2

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



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: January 19, 2022

I respectfully request that **Senate Bill #1712**, relating to Veterans Suicide Prevention Training Pilot Program , be placed on the:

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

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

Senator Danny Burgess
Florida Senate, District 20

From: [Brown, Cindy](#)
To: [Graham, Lois](#)
Subject: To upload for SB 1712 as Email from Christian Cochran
Date: Monday, January 24, 2022 9:15:37 AM

From: Cochran, Christian <CochranC@FDVA.STATE.FL.US>
Sent: Friday, January 14, 2022 2:39 PM
To: Brown, Cindy <BROWN.CINDY@flsenate.gov>
Cc: Clark, Roy <ClarkR@FDVA.STATE.FL.US>
Subject: RE: SB 1712

Hey Cindy,

No, each city does not. We mainly see city VSOs this in like Jacksonville (Duval), where it is consolidated.

However, each county has one. In many cases like here in the Big Bend (rural), counties will share the VSOs. This is the case in Jefferson where the VSO also works in Madison.

From: Brown, Cindy <BROWN.CINDY@flsenate.gov>
Sent: Friday, January 14, 2022 2:31 PM
To: Cochran, Christian <CochranC@FDVA.STATE.FL.US>
Subject: RE: SB 1712

Christian, in the analysis it says that each county has at least one VSO. Do you know if this is the same for each city?

Best,

Cindy

Cindy M. Brown

Senior Attorney

Senate Committee on Military and Veterans Affairs, Space, and Domestic Security

533 Knott Building

404 South Monroe Street

Tallahassee, FL 32399-1100

850.487.5785



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Veterans' Affairs

BILL INFORMATION

BILL NUMBER:	SB 1712
BILL TITLE:	Veteran Suicide Prevention Training Pilot Program
BILL SPONSOR:	Senator Burgess
EFFECTIVE DATE:	1 July 2022

COMMITTEES OF REFERENCE

Military and Veterans Affairs, Space, and Domestic Security
Appropriations Subcommittee on Health and Human Services
Appropriations

PREVIOUS LEGISLATION

BILL NUMBER:	None
SPONSOR:	None
YEAR:	None
LAST ACTION:	None

CURRENT COMMITTEE

Military and Veterans Affairs, Space, and Domestic Security

SIMILAR BILLS

BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

IDENTICAL BILLS

BILL NUMBER:	HB 1315
SPONSOR:	Rep Diamond

Is this bill part of an agency package?

No

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	14 Jan 2022
LEAD AGENCY ANALYST:	Roy L. Clark III
ADDITIONAL ANALYST(S):	Jeff Obos, Christian Cochran
LEGAL ANALYST:	Chuck Faircloth

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

This bill requires FDVA to establish and develop Veteran Suicide Prevention Training Pilot Program. The Department of Veterans' Affairs shall contract with an organization having proven experience developing and implementing veteran-relevant and evidence-based suicide prevention training to develop the curriculum for such training. The department shall establish and oversee the process for certifying program participants who successfully complete the training

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Florida is home to 1.5 million veterans, the third highest veteran population in the United States. Our state's veterans tend to have a higher median income, higher educational attainment and lower unemployment rate than the non-veteran population. However, they are plagued by a suicide rate significantly higher than the non-veteran population. This veteran suicide data is the latest reported by the VA reflecting 2018-2019 numbers, so any pandemic effects have not been reported yet. In fact the Veterans Crisis Line reported a 98% increase in text outreach, compared to the same two weeks last August (August 2020) and there reason to believe the decrease shown in the latest annual report was not sustained from 2019 to now. The unique experiences and conditions of veterans lead to both the success veterans sustain and the troubles that can lead to death by suicide. Events such as battlefield trauma, long-term injuries, and abrupt transitions into civilian life are concerns that can lead to mental health concerns.

Currently, the Florida Department of Veterans Affairs has 89 VCEs statewide, many of which are collocated at U.S. Veteran Affairs Medical Facilities. Additionally, each county in the State of Florida has a minimum of one VSO per county. The goal of these VSOs and VCEs is to connect veterans with their earned benefits. These are front line employees who have direct access to veterans and their families.

They are often the first contact a veteran has with the USDVA system and many times they are coming to these VSO & VCEs during times of need (medical or financial)

EFFECT OF THE BILL:

This bill will assist VSOs and VCEs who elect to participate in the pilot program to be trained to identify indicators of elevated suicide risk and provide emergency crisis referrals for veterans expressing or exhibiting symptoms of emotional or psychological distress.

In order to give these VCEs and CVSOs another tool to assist veterans dedicated, suicide prevention training needs to be offered to these boots on the ground. The VCEs and CVSOs will be trained to identify indicators of elevated suicide risk and provide emergency crisis referral for veteran's expressing or exhibiting symptoms of emotional and/or psychological distress. This training will be tailored to roles the VCEs and CVSOs have in the lives of veterans. FDVA currently trains its VCEs and provides annual training for CVSOs, so adding suicide prevention training to the current curriculum would be relatively seamless. The current training that is provided is very basic and does not take into account the roles of the VCE or CVSO.

2. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	Yes, The Department of Veterans' Affairs shall adopt rules necessary to implement the pilot program
Is the change consistent with the agency's core mission?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Rule(s) impacted (provide references to F.A.C., etc.):	
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3. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	
Opponents and summary of position:	

4. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?Y N

If yes, provide a description:	Yes, The Department of Veterans' Affairs shall submit a report to the President of the Senate and the Speaker of the House of Representatives June 30 of each year which includes information concerning the pilot program and whether any changes should be made to the pilot program which would increase its effectiveness.
Date Due:	Annually, June 30th until 2026.
Bill Section Number(s):	Lines 42-49

5. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL?Y N

Board:	None
Board Purpose:	None
Who Appoints:	None
Changes:	None

Bill Section Number(s):	Click or tap here to enter text.
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FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT?

Y N

Revenues:	No
Expenditures:	VSOs will spend a minimum of 1 hour to complete the course and access to computer device
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT?

Y N

Revenues:	No
Expenditures:	Yes
Does the legislation contain a State Government appropriation?	\$500,000 nonrecurring from General Revenue Fund
If yes, was this appropriated last year?	None

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR?

Y N

Revenues:	None
Expenditures:	None
Other:	

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

Y N

If yes, explain impact.	N/A
Bill Section Number:	

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	Yes, FDVA will need to contract with an entity to develop this training and delivery.
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FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y N

If yes, describe the anticipated impact including any fiscal impact.	N/A
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ADDITIONAL COMMENTS

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments	There are no substantive legal issues with the bill. The State of Florida often creates pilot projects in critical areas. The bill's intent and purpose are clear. The bill does, however, create legal tasks for the FDVA. The bill requires FDVA to contract with an organization to provide training. The purchasing process and contracting will require legal staffing. The bill also requires FDVA adopt rules for the pilot program. Rulemaking requires extensive legal review and staffing. FDVA legal staff may also be involved in the direct training and certification of claims examiners and veteran service officers.
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The Florida Senate

APPEARANCE RECORD

SB 1712

1/25/2022

Meeting Date

Bill Number or Topic

Senate Military Veterans, and Spouse

Committee

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

Amendment Barcode (if applicable)

Name James "Honorable" Hartsell, Mayberry, USMC (ret) Phone 850-487-1533

Address 400 S Monroe Street

Email

Street

Tallahassee

FL

32399

City

State

Zip

Speaking: [] For [] Against [x] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing: FDVA

[] 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)

APPEARANCE RECORD

SB1712

1-25-22

Meeting Date

Bill Number or Topic

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

FL CAN Veteran Committee

Committee

Amendment Barcode (if applicable)

Name Samuel E Velaz ortiz

Phone 760 953-7244

Address 127 SE TOMCAT LN

Email Velazortiz@gmail.com

Street

Lake city

FL

32024

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 \(flsenate.gov\)](#)

THE FLORIDA SENATE
APPEARANCE RECORD

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

25 JAN 2022

SB 1712

Meeting Date

Bill Number (if applicable)

Topic Veteran Suicide Prevention Training Pilot Program

Amendment Barcode (if applicable)

Name Christian Cochran

Job Title Public Information and Research Specialist

Address 400 S. Monroe Street Ste 2105

Phone 850-487-1533

Street

Tallahassee

FL

32399

Email CochranC@FDVA.State.FL.US

City

State

Zip

Speaking: For Against Information

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

Representing Florida Department of Veterans' Affairs

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

S-001 (10/14/14)

CourtSmart Tag Report

Room: SB 37

Case No.:

Type:

Caption: Senate Military and Veterans Affairs, Space and Domestic Security Committee

Judge:

Started: 1/25/2022 1:00:39 PM

Ends: 1/25/2022 1:29:54 PM **Length:** 00:29:16

1:00:37 PM Meeting called to order by Chair Wright
1:00:43 PM Roll call by CAA Lois Graham
1:00:55 PM Quorum is announced
1:01:00 PM Chair Wright with comments
1:01:07 PM Pledge of Allegiance led by Senator Torres
1:01:35 PM
1:01:36 PM Chair Wright with opening comments
1:01:52 PM Tab 2 SB 1028 End-Stage Renal Disease Facility Emergency Planning
1:01:59 PM Senator Cruz explains the bill
1:03:59 PM Senator Harrell with question
1:04:12 PM Senator Cruz responds
1:05:02 PM Senator Harrell with follow-up
1:05:08 PM Senator Cruz responds
1:05:21 PM Ron Watson, Florida Renal Coalition speaks
1:06:20 PM Senator Harrell with question
1:06:26 PM Mr. Watson responds
1:06:58 PM Appearance Forms
1:07:02 PM Bob Reynolds, Fresenius Medical Care North Florida waives in support
1:07:09 PM Ron Watson waives in support
1:07:19 PM Senator Harrell in debate
1:08:23 PM Senator Cruz closes on bill
1:08:31 PM Roll call on SB 1028
1:09:26 PM SB 1028 is reported favorably
1:09:38 PM Tab 1 SB 952 Taxation
1:09:54 PM Senator Gruters explains the bill
1:10:36 PM Amendment Barcode 284354
1:10:49 PM Senator Gruters explains the amendment
1:11:06 PM Senator Cruz with question
1:11:11 PM Senator Gruters responds
1:12:16 PM Senator Gruters waives closes on amendment
1:12:25 PM Amendment is adopted
1:12:36 PM Appearance Forms
1:12:38 PM Carolyn Johnson, FL Chamber of Commerce waives in support
1:12:44 PM Kenneth Pratt, Florida Bankers Association waives in support
1:12:47 PM Senator Gruters closes on bill
1:13:03 PM Roll call on CS/SB 952
1:13:09 PM CS/SB 952 is reported favorably
1:13:48 PM Vice-Chair Harrell receives the Chair
1:14:06 PM Tab 3 SB 1712 Veterans Suicide
1:14:19 PM Senator Burgess explains the bill
1:16:07 PM Senator Cruz with question

1:16:13 PM Senator Burgess responds
1:17:10 PM Senator Gibson with question
1:17:35 PM Senator Burgess responds
1:18:16 PM Vice-Chair Harrell with question
1:18:22 PM Senator Burgess responds
1:18:44 PM Senator Torres with question
1:18:49 PM Senator Burgess responds
1:19:40 PM Senator Torres with follow-up
1:19:50 PM Senator Burgess responds
1:21:24 PM Vice-Chair Harrell with comments
1:21:58 PM Senator Burgess with comments
1:22:08 PM Senator Torres with comments
1:22:48 PM Senator Gibson with question
1:22:56 PM Senator Burgess responds
1:24:04 PM Senator Gibson with follow-up
1:24:40 PM Senator Burgess responds
1:25:47 PM Major General James Hartsell, FDVA responds
1:26:08 PM Appearance Forms
1:26:12 PM Christian Cochran FDVA waives in support
1:26:24 PM Samuel Velez Ortiz speaks in support
1:27:14 PM Vice-Chair Harrell in debate
1:27:23 PM Senator Burgess closes on bill
1:27:57 PM Roll call on SB 1712
1:28:56 PM SB 1712 is reported favorably
1:29:19 PM Senator Rodrigues vote motion on Tab's 1 and 2- adopted
1:29:39 PM Senator Torres moves to adjourn
1:29:43 PM Meeting adjourned