Bill No. CS for SB 1062, 1st Eng.

Amendment No. ____ Barcode 812402

	CHAMBER ACTION <u>Senate</u> <u>House</u>
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11	Senator Jones moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 26, between lines 9 and 10,
15	
16	insert:
17	Section 19. <u>Sections 19 through 35 of this act may be</u>
18	cited as the "Clara Ramsey Care of the Elderly Act."
19	Section 20. <u>Certified Geriatric Specialist Preparation</u>
20	<u>Pilot Program</u>
21	(1) The Agency for Workforce Innovation shall
22	establish a pilot program for delivery of geriatric nursing
23 24	education to certified nursing assistants who wish to become certified geriatric specialists. The agency shall select two
24 25	pilot sites in nursing homes that have received the Gold Seal
25	designation under section 400.235, Florida Statutes; have been
27	designated as a teaching nursing home under section 430.80,
28	Florida Statutes; or have not received a class I or class II
29	deficiency within the 30 months preceding application for this
30	program.
31	(2) To be eligible to receive geriatric nursing
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Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 education, a certified nursing assistant must have been 1 1 employed by a participating nursing home for at least 1 year 2 3 and must have received a high school diploma or its 4 <u>equivalent.</u> 5 (3) The education shall be provided at the worksite and in coordination with the certified nursing assistant's 6 7 work schedule. (4) Faculty shall provide the instruction under an 8 approved nursing program pursuant to section 464.019, Florida 9 10 Statutes. 11 (5) The education must be designed to prepare the certified nursing assistant to meet the requirements for 12 13 certification as a geriatric specialist. The didactic and clinical education must include all portions of the practical 14 15 nursing curriculum pursuant to section 464.019, Florida 16 Statutes, except for pediatric and obstetric/maternal-child education, and must include additional education in the care 17 of ill, injured, or infirm geriatric patients and the 18 19 maintenance of health, the prevention of injury, and the provision of palliative care for geriatric patients. 2.0 Section 21. Certified Geriatric Specialty Nursing 21 Initiative Steering Committee .--2.2 (1) In order to guide the implementation of the 23 Certified Geriatric Specialist Preparation Pilot Program, 24 25 there is created a Certified Geriatric Specialty Nursing Initiative Steering Committee. The steering committee shall be 26 27 composed of the following members: (a) The chair of the Board of Nursing or his or her 2.8 29 designee; 30 (b) A representative of the Agency for Workforce 31 <u>Innovation, appointed by the Director of Workforce Innovation;</u> 2 10:41 AM 04/23/04 s1062c1c-1318h

Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 (c) A representative of Workforce Florida, Inc., 1 appointed by the chair of the Board of Directors of Workforce 2 3 Florida, Inc.; (d) A representative of the Department of Education, 4 5 appointed by the Commissioner of Education; (e) A representative of the Department of Health, б 7 appointed by the Secretary of Health; 8 (f) A representative of the Agency for Health Care Administration, appointed by the Secretary of Health Care 9 10 Administration; 11 (q) The Director of the Florida Center for Nursing; (h) A representative of the Department of Elderly 12 13 Affairs, appointed by the Secretary of Elderly Affairs; and (i) A representative of a Gold Seal nursing home that 14 15 is not one of the pilot program sites, appointed by the Secretary of Health Care Administration. 16 (2) The steering committee shall: 17 (a) Provide consultation and guidance to the Agency 18 19 for Workforce Innovation on matters of policy during the 20 implementation of the pilot program; and (b) Provide oversight to the evaluation of the pilot 21 2.2 program. (3) Members of the steering committee are entitled to 23 reimbursement for per diem and travel expenses under section 24 25 112.061, Florida Statutes. (4) The steering committee shall complete its 26 activities by June 30, 2007, and the authorization for the 27 28 steering committee ends on that date. 29 Section 22. Evaluation of the Certified Geriatric Specialist Preparation Pilot Program. -- The Agency for 30 31 Workforce Innovation, in consultation with the Certified 3 10:41 AM 04/23/04

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Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 Geriatric Specialty Nursing Initiative Steering Committee, 1 1 shall conduct or contract for an evaluation of the pilot 2 3 program. The agency shall ensure that an evaluation report is submitted to the Governor, the President of the Senate, and 4 5 the Speaker of the House of Representatives by January 1, 2007. The evaluation must address the experience and success б of the certified nursing assistants in the pilot program and 7 must contain recommendations regarding the expansion of the 8 delivery of geriatric nursing education in nursing homes. 9 Section 23. Reports. -- The Agency for Workforce 10 11 Innovation shall submit status reports and recommendations regarding legislation necessary to further the implementation 12 of the pilot program to the Governor, the President of the 13 Senate, and the Speaker of the House of Representatives on 14 15 January 1, 2005, January 1, 2006, and January 1, 2007. 16 Section 24. Section 464.0125, Florida Statutes, is 17 created to read: 464.0125 Certified geriatric specialists; 18 19 certification requirements.--(1) DEFINITIONS; RESPONSIBILITIES.--2.0 (a) As used in this section, the term: 21 1. "Certified geriatric specialist" means a person who 2.2 23 meets the qualifications specified in this section and who is certified by the board to practice as a certified geriatric 24 25 specialist. 26 2. "Geriatric patient" means any patient who is 60 27 years of age or older. 3. "Practice of certified geriatric specialty nursing" 2.8 means the performance of selected acts in facilities licensed 29 under part II or part III of chapter 400, including the 30 31 administration of treatments and medications, in the care of 4 10:41 AM 04/23/04 s1062c1c-1318h

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1	ill, injured, or infirm geriatric patients and the promotion
2	of wellness, maintenance of health, and prevention of illness
3	of geriatric patients under the direction of a registered
4	nurse, a licensed physician, a licensed osteopathic physician,
5	a licensed podiatric physician, or a licensed dentist. The
6	scope of practice of a certified geriatric specialist includes
7	the practice of practical nursing as defined in s. 464.003 for
8	geriatric patients only, except for any act in which
9	instruction and clinical knowledge of pediatric nursing or
10	obstetric/maternal-child nursing is required. A certified
11	geriatric specialist, while providing nursing services in
12	facilities licensed under part II or part III of chapter 400,
13	may supervise the activities of certified nursing assistants
14	and other unlicensed personnel providing services in such
15	facilities in accordance with rules adopted by the board.
16	(b) The certified geriatric specialist shall be
17	responsible and accountable for making decisions that are
18	based upon the individual's educational preparation and
19	experience in performing certified geriatric specialty
20	nursing.
21	(2) CERTIFICATION
22	(a) Any certified nursing assistant desiring to be
23	certified as a certified geriatric specialist must apply to
24	the department and submit proof that he or she holds a current
25	certificate as a certified nursing assistant under part II of
26	this chapter and has satisfactorily completed the following
27	requirements:
28	1. Is in good mental and physical health, is a
29	recipient of a high school diploma or its equivalent; has
30	completed the requirements for graduation from an approved
31	program for nursing or its equivalent, as determined by the
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1	board, for the preparation of licensed practical nurses,
2	except for instruction and clinical knowledge of pediatric
3	nursing or obstetric/maternal-child nursing; and has completed
4	additional education in the care of ill, injured, or infirm
5	geriatric patients, the maintenance of health, the prevention
б	of injury, and the provision of palliative care for geriatric
7	patients. By September 1, 2004, the Board of Nursing shall
8	adopt rules establishing the core competencies for the
9	additional education in geriatric care. Any program that is
10	approved on July 1, 2004, by the board for the preparation of
11	registered nurses or licensed practical nurses may provide
12	education for the preparation of certified geriatric
13	specialists without further board approval.
14	2. Has the ability to communicate in the English
15	language, which may be determined by an examination given by
16	the department.
17	3. Has provided sufficient information, which must be
18	submitted by the department for a statewide criminal records
19	correspondence check through the Department of Law
20	Enforcement.
21	(b) Each applicant who meets the requirements of this
22	subsection is, unless denied pursuant to s. 464.018, entitled
23	to certification as a certified geriatric specialist. The
24	board must certify, and the department must issue a
25	certificate to practice as a certified geriatric specialist
26	to, any certified nursing assistant who meets the
27	qualifications set forth in this section. The board shall
28	establish an application fee not to exceed \$100 and a biennial
29	renewal fee not to exceed \$50. The board may adopt rules to
30	administer this section.
31	(c) A person receiving certification under this
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Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 1 | section shall: 1. Work only within the confines of a facility 2 3 licensed under part II or part III of chapter 400. 2. Care for geriatric patients only. 4 5 3. Comply with the minimum standards of practice for nurses and be subject to disciplinary action for violations of 6 7 <u>s. 464.018.</u> (3) ARTICULATION. -- Any certified geriatric specialist 8 who completes the additional instruction and coursework in an 9 approved nursing program pursuant to s. 464.019 for the 10 11 preparation of practical nursing in the areas of pediatric nursing and obstetric/maternal-child nursing is, unless denied 12 13 pursuant to s. 464.018, entitled to licensure as a licensed practical nurse if the applicant otherwise meets the 14 15 requirements of s. 464.008. 16 (4) TITLES AND ABBREVIATIONS; RESTRICTIONS; PENALTIES.--17 (a) Only persons who hold certificates to practice as 18 19 certified geriatric specialists in this state or who are 20 performing services within the practice of certified geriatric specialty nursing pursuant to the exception set forth in s. 21 2.2 464.022(8) may use the title "Certified Geriatric Specialist" and the abbreviation "C.G.S." 23 24 (b) A person may not practice or advertise as, or 25 assume the title of, certified geriatric specialist or use the abbreviation "C.G.S." or take any other action that would lead 26 27 the public to believe that person is certified as such or is 28 performing services within the practice of certified geriatric 29 specialty nursing pursuant to the exception set forth in s. 30 464.022(8), unless that person is certified to practice as 31 such. 7

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Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 (c) A violation of this subsection is a misdemeanor of 1 the first degree, punishable as provided in s. 775.082 or s. 2 3 775.083. (5) VIOLATIONS AND PENALTIES. -- Practicing certified 4 5 geriatric specialty nursing, as defined in this section, without holding an active certificate to do so constitutes a б 7 felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. 8 Section 25. Paragraph (b) of subsection (1) of section 9 381.00315, Florida Statutes, is amended to read: 10 11 381.00315 Public health advisories; public health emergencies .-- The State Health Officer is responsible for 12 13 declaring public health emergencies and issuing public health 14 advisories. 15 (1) As used in this section, the term: 16 (b) "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or 17 may result in substantial injury or harm to the public health 18 19 from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or 20 21 natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent 22 23 possible, consult with the Governor and shall notify the Chief 24 of Domestic Security Initiatives as created in s. 943.03. The 25 declaration of a public health emergency shall continue until 26 the State Health Officer finds that the threat or danger has 27 been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. 28 However, a declaration of a public health emergency may not 29 continue for longer than 60 days unless the Governor concurs 30 31 in the renewal of the declaration. The State Health Officer, 10:41 AM 04/23/04 s1062c1c-1318h

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upon declaration of a public health emergency, may take
 actions that are necessary to protect the public health. Such
 actions include, but are not limited to:

1. Directing manufacturers of prescription drugs or 4 5 over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who б are permitted under chapter 499 to give priority to the 7 shipping of specified drugs to pharmacies and health care 8 providers within geographic areas that have been identified by 9 the State Health Officer. The State Health Officer must 10 11 identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State 12 13 Health Officer's priority shipping directive before shipping 14 the specified drugs.

15 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

22 3. Notwithstanding s. 456.036, temporarily 23 reactivating the inactive license of the following health care 24 practitioners, when such practitioners are needed to respond 25 to the public health emergency: physicians licensed under 26 chapter 458 or chapter 459; physician assistants licensed 27 under chapter 458 or chapter 459; certified geriatric specialists certified under part I of chapter 464; licensed 28 practical nurses, registered nurses, and advanced registered 29 nurse practitioners licensed under part I of chapter 464; 30 31 respiratory therapists licensed under part V of chapter 468; 10:41 AM 04/23/04 s1062c1c-1318h

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1 and emergency medical technicians and paramedics certified 2 under part III of chapter 401. Only those health care 3 practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such 4 5 license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph б 7 shall return to inactive status when the public health emergency ends or prior to the end of the public health 8 emergency if the State Health Officer determines that the 9 health care practitioner is no longer needed to provide 10 11 services during the public health emergency. Such licenses may 12 only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as 13 14 applicable. 15 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases 16 17 that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or 18 19 unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to 20 21 quarantine.

a. Examination, testing, vaccination, or treatment may
be performed by any qualified person authorized by the State
Health Officer.

b. If the individual poses a danger to the public
health, the State Health Officer may subject the individual to
quarantine. If there is no practical method to quarantine the
individual, the State Health Officer may use any means
necessary to vaccinate or treat the individual.
Any order of the State Health Officer given to effectuate this

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1 increasing to 2.6 hours of direct care per resident per day beginning January 1, 2003, and increasing to 2.9 hours of 2 3 direct care per resident per day beginning May 1, 2004. Beginning January 1, 2002, no facility shall staff below one 4 5 certified nursing assistant per 20 residents, and a minimum licensed nursing staffing of 1.0 hour of direct resident care б 7 per resident per day but never below one licensed nurse per 40 residents. For purposes of computing nursing staffing minimums 8 and ratios, certified geriatric specialists shall be 9 considered licensed nursing staff. Nursing assistants employed 10 11 never below one licensed nurse per 40 residents. Nursing assistants employed under s. 400.211(2) may be included in 12 13 computing the staffing ratio for certified nursing assistants 14 only if they provide nursing assistance services to residents 15 on a full-time basis. Each nursing home must document 16 compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the 17 18 benefit of facility residents and the public. The agency shall 19 recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing 20 21 assistants, provided that the facility otherwise meets the minimum staffing requirements for licensed nurses and that the 22 23 licensed nurses so recognized are performing the duties of a 24 certified nursing assistant. Unless otherwise approved by the 25 agency, licensed nurses counted towards the minimum staffing 26 requirements for certified nursing assistants must exclusively 27 perform the duties of a certified nursing assistant for the entire shift and shall not also be counted towards the minimum 28 staffing requirements for licensed nurses. If the agency 29 approved a facility's request to use a licensed nurse to 30 31 | perform both licensed nursing and certified nursing assistant 12 10:41 AM 04/23/04 s1062c1c-1318h

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1	duties, the facility must allocate the amount of staff time
2	specifically spent on certified nursing assistant duties for
3	the purpose of documenting compliance with minimum staffing
4	requirements for certified and licensed nursing staff. In no
5	event may the hours of a licensed nurse with dual job
6	responsibilities be counted twice.
7	(c) Licensed practical nurses licensed under chapter
8	464 who are providing nursing services in nursing home
9	facilities under this part may supervise the activities of
10	other licensed practical nurses, certified geriatric
11	specialists, certified nursing assistants, and other
12	unlicensed personnel providing services in such facilities in
13	accordance with rules adopted by the Board of Nursing.
14	Section 29. Paragraph (b) of subsection (2) of section
15	409.908, Florida Statutes, is amended to read:
16	409.908 Reimbursement of Medicaid providersSubject
17	to specific appropriations, the agency shall reimburse
18	Medicaid providers, in accordance with state and federal law,
19	according to methodologies set forth in the rules of the
20	agency and in policy manuals and handbooks incorporated by
21	reference therein. These methodologies may include fee
22	schedules, reimbursement methods based on cost reporting,
23	negotiated fees, competitive bidding pursuant to s. 287.057,
24	and other mechanisms the agency considers efficient and
25	effective for purchasing services or goods on behalf of
26	recipients. If a provider is reimbursed based on cost
27	reporting and submits a cost report late and that cost report
28	would have been used to set a lower reimbursement rate for a
29	rate semester, then the provider's rate for that semester
30	shall be retroactively calculated using the new cost report,
31	and full payment at the recalculated rate shall be affected 13
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1	retroactively. Medicare-granted extensions for filing cost
2	reports, if applicable, shall also apply to Medicaid cost
3	reports. Payment for Medicaid compensable services made on
4	behalf of Medicaid eligible persons is subject to the
5	availability of moneys and any limitations or directions
6	provided for in the General Appropriations Act or chapter 216.
7	Further, nothing in this section shall be construed to prevent
8	or limit the agency from adjusting fees, reimbursement rates,
9	lengths of stay, number of visits, or number of services, or
10	making any other adjustments necessary to comply with the
11	availability of moneys and any limitations or directions
12	provided for in the General Appropriations Act, provided the
13	adjustment is consistent with legislative intent.
14	(2)
15	(b) Subject to any limitations or directions provided
16	for in the General Appropriations Act, the agency shall
17	establish and implement a Florida Title XIX Long-Term Care
18	Reimbursement Plan (Medicaid) for nursing home care in order
10	Rembursemente i fun (Reufeard) for nursing nome care in order
19	to provide care and services in conformance with the
19	to provide care and services in conformance with the
19 20	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and
19 20 21	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals
19 20 21 22	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic
19 20 21 22 23	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.
19 20 21 22 23 24	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not
19 20 21 22 23 24 25	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with
19 20 21 22 23 24 25 26	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency
19 20 21 22 23 24 25 26 27	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency shall amend the Title XIX Long Term Care Reimbursement Plan to
19 20 21 22 23 24 25 26 27 28	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency shall amend the Title XIX Long Term Care Reimbursement rates, for
19 20 21 22 23 24 25 26 27 28 29	to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care. 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency shall amend the Title XIX Long Term Care Reimbursement rates, for the operating, patient care, and MAR components, associated

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equivalent to the previous owner's reimbursement rate. 1 1 2 2. The agency shall amend the long-term care 3 reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care 4 5 component of the per diem rate. These two subcomponents together shall equal the patient care component of the per б 7 diem rate. Separate cost-based ceilings shall be calculated for each patient care subcomponent. The direct care 8 9 subcomponent of the per diem rate shall be limited by the cost-based class ceiling, and the indirect care subcomponent 10 11 shall be limited by the lower of the cost-based class ceiling, by the target rate class ceiling, or by the individual 12 13 provider target. The agency shall adjust the patient care component effective January 1, 2002. The cost to adjust the 14 15 direct care subcomponent shall be net of the total funds 16 previously allocated for the case mix add-on. The agency shall 17 make the required changes to the nursing home cost reporting 18 forms to implement this requirement effective January 1, 2002. 19 3. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services 20 21 including registered nurses, licensed practical nurses, certified geriatric specialists certified under part I of 22 23 chapter 464, and certified nursing assistants who deliver care 24 directly to residents in the nursing home facility. This 25 excludes nursing administration, MDS, and care plan 26 coordinators, staff development, and staffing coordinator. 27 4. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per 28 diem rate. There shall be no costs directly or indirectly 29 allocated to the direct care subcomponent from a home office 30 31 or management company. 15 10:41 AM 04/23/04 s1062c1c-1318h

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1	5. On July 1 of each year, the agency shall report to
2	the Legislature direct and indirect care costs, including
3	average direct and indirect care costs per resident per
4	facility and direct care and indirect care salaries and
5	benefits per category of staff member per facility.
б	6. In order to offset the cost of general and
7	professional liability insurance, the agency shall amend the
8	plan to allow for interim rate adjustments to reflect
9	increases in the cost of general or professional liability
10	insurance for nursing homes. This provision shall be
11	implemented to the extent existing appropriations are
12	available.
13	
14	It is the intent of the Legislature that the reimbursement
15	plan achieve the goal of providing access to health care for
16	nursing home residents who require large amounts of care while
17	encouraging diversion services as an alternative to nursing
18	home care for residents who can be served within the
19	community. The agency shall base the establishment of any
20	maximum rate of payment, whether overall or component, on the
21	available moneys as provided for in the General Appropriations
22	Act. The agency may base the maximum rate of payment on the
23	results of scientifically valid analysis and conclusions
24	derived from objective statistical data pertinent to the
25	particular maximum rate of payment.
26	Section 30. Subsection (2) of section 458.303, Florida
27	Statutes, is amended to read:
28	458.303 Provisions not applicable to other
29	practitioners; exceptions, etc
30	(2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.
31	458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s. 16
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1	458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.
2	458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347
3	shall be construed to prohibit any service rendered by a
4	registered nurse, or a licensed practical nurse, <u>or a</u>
5	certified geriatric specialist certified under part I of
6	chapter 464, if such service is rendered under the direct
7	supervision and control of a licensed physician who provides
8	specific direction for any service to be performed and gives
9	final approval to all services performed. Further, nothing in
10	this or any other chapter shall be construed to prohibit any
11	service rendered by a medical assistant in accordance with the
12	provisions of s. 458.3485.
13	Section 31. Subsection (1) and paragraph (a) of
14	subsection (2) of section 1009.65, Florida Statutes, are
15	amended to read:
16	1009.65 Medical Education Reimbursement and Loan
17	Repayment Program
18	(1) To encourage qualified medical professionals to
19	practice in underserved locations where there are shortages of
20	such personnel, there is established the Medical Education
21	Reimbursement and Loan Repayment Program. The function of the
22	program is to make payments that offset loans and educational
23	expenses incurred by students for studies leading to a medical
24	or nursing degree, medical or nursing licensure, or advanced
25	registered nurse practitioner certification or physician
26	assistant licensure. The following licensed or certified
27	health care professionals are eligible to participate in this
28	program: medical doctors with primary care specialties,
29	doctors of osteopathic medicine with primary care specialties,
30	physician's assistants, certified geriatric specialists
31	certified under part I of chapter 464, licensed practical
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Bill No. CS for SB 1062, 1st Eng. Amendment No. Barcode 812402 1 nurses and registered nurses, and advanced registered nurse 2 practitioners with primary care specialties such as certified 3 nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family 4 5 practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health. б 7 (2) From the funds available, the Department of Health shall make payments to selected medical professionals as 8 9 follows: 10 (a) Up to \$4,000 per year for certified geriatric 11 specialists certified under part I of chapter 464, licensed 12 practical nurses, and registered nurses, up to \$10,000 per year for advanced registered nurse practitioners and 13 physician's assistants, and up to \$20,000 per year for 14 15 physicians. Penalties for noncompliance shall be the same as 16 those in the National Health Services Corps Loan Repayment 17 Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, 18 19 other educational costs, and reasonable living expenses as determined by the Department of Health. 20 21 Section 32. Subsection (2) of section 1009.66, Florida Statutes, is amended to read: 22 23 1009.66 Nursing Student Loan Forgiveness Program.--(2) To be eligible, a candidate must have graduated 24 25 from an accredited or approved nursing program and have 26 received a Florida license as a licensed practical nurse, a 27 certified geriatric specialist certified under part I of 28 chapter 464, or a registered nurse or a Florida certificate as an advanced registered nurse practitioner. 29 Section 33. The sum of \$157,017 is appropriated from 30 31 the General Revenue Fund to the Agency for Workforce 18 s1062c1c-1318h

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	Bill No. <u>CS for SB 1062, 1st Eng.</u>
	Amendment No Barcode 812402
1	Innovation to support the work of the Certified Geriatric
2	Specialty Nursing Initiative Steering Committee, to administer
3	the pilot sites, contract for an evaluation, and to the extent
4	that funds are available, and if necessary, to provide nursing
5	faculty, substitute certified nursing assistants for those who
б	are in clinical education, and technical support to the pilot
7	sites during the 2004-2005 fiscal year.
8	Section 34. Subsection (6) is added to section
9	464.201, Florida Statutes, to read:
10	464.201 DefinitionsAs used in this part, the term:
11	(6) "Practice of a certified nursing assistant" means
12	providing care and assisting persons with tasks relating to
13	the activities of daily living. Such tasks are those
14	associated with personal care, maintaining mobility, nutrition
15	and hydration, toileting and elimination, assistive devices,
16	safety and cleanliness, data gathering, reporting abnormal
17	signs and symptoms, post mortem care, patient socialization
18	and reality orientation, end-of-life care, CPR and emergency
19	care, residents' or patients' rights, documentation of nursing
20	assistant services, and other tasks that a certified nurse
21	assistant may perform after training beyond that required for
22	initial certification and upon validation of competence in
23	that skill by a registered nurse. This section does not
24	restrict the ability of any person who is otherwise trained
25	and educated from performing such tasks.
26	Section 35. Section 464.202, Florida Statutes, is
27	amended to read:
28	464.202 Duties and powers of the boardThe board
29	shall maintain, or contract with or approve another entity to
30	maintain, a state registry of certified nursing assistants.
31	The registry must consist of the name of each certified 19
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1 | nursing assistant in this state; other identifying information defined by board rule; certification status; the effective 2 3 date of certification; other information required by state or federal law; information regarding any crime or any abuse, 4 5 neglect, or exploitation as provided under chapter 435; and any disciplinary action taken against the certified nursing б 7 assistant. The registry shall be accessible to the public, the certificateholder, employers, and other state agencies. The 8 board shall adopt by rule testing procedures for use in 9 certifying nursing assistants and shall adopt rules regulating 10 11 the practice of certified nursing assistants which specify the scope of practice authorized and level of supervision required 12 13 for the practice of certified nursing assistants to enforce 14 this part. The board may contract with or approve another 15 entity or organization to provide the examination services, 16 including the development and administration of examinations. The board shall require that the contract provider offer 17 18 certified nursing assistant applications via the Internet, and 19 may require the contract provider to accept certified nursing assistant applications for processing via the Internet. The 20 21 board shall require the contract provider to provide the preliminary results of the certified nursing examination on 22 23 the date the test is administered. The provider shall pay all 24 reasonable costs and expenses incurred by the board in 25 evaluating the provider's application and performance during 26 the delivery of services, including examination services and 27 procedures for maintaining the certified nursing assistant 28 registry. 29

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SENATE AMENDMENT
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Bill No. CS for SB 1062, 1st Eng.
   Amendment No. Barcode 812402
2
   And the title is amended as follows:
3
          On page 3, line 22, after the second semicolon,
4
   insert:
5
          providing a short title; requiring the Agency
6
7
          for Workforce Innovation to establish a pilot
          program for delivery of certified geriatric
8
          specialty nursing education; specifying
9
          eligibility requirements for certified nursing
10
11
          assistants to obtain certified geriatric
          specialty nursing education; specifying
12
13
          requirements for the education of certified
          nursing assistants to prepare for certification
14
15
          as a certified geriatric specialist; creating a
16
          Certified Geriatric Specialty Nursing
          Initiative Steering Committee; providing for
17
18
          the composition of and manner of appointment to
19
          the Certified Geriatric Specialty Nursing
20
          Initiative Steering Committee; providing
21
          responsibilities of the steering committee;
          providing for reimbursement for per diem and
2.2
23
          travel expenses; requiring the Agency for
          Workforce Innovation to conduct or contract for
24
25
          an evaluation of the pilot program for delivery
26
          of certified geriatric specialty nursing
27
          education; requiring the evaluation to include
          recommendations regarding the expansion of the
2.8
29
          delivery of certified geriatric specialty
          nursing education in nursing homes; requiring
30
          the Agency for Workforce Innovation to report
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                                 21
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Amendment No. ____ Barcode 812402

1	to the Governor and Legislature regarding the
2	status and evaluation of the pilot program;
3	creating s. 464.0125, F.S.; providing
4	definitions; providing requirements for persons
5	to become certified geriatric specialists;
6	specifying fees; providing for articulation of
7	geriatric specialty nursing coursework and
8	practical nursing coursework; providing
9	practice standards and grounds for which
10	certified geriatric specialists may be subject
11	to discipline by the Board of Nursing; creating
12	restrictions on the use of professional nursing
13	titles; prohibiting the use of certain
14	professional titles; providing penalties;
15	authorizing approved nursing programs to
16	provide education for the preparation of
17	certified geriatric specialists without further
18	board approval; authorizing certified geriatric
19	specialists to supervise the activities of
20	others in nursing home facilities according to
21	rules by the Board of Nursing; revising
22	terminology relating to nursing to conform to
23	the certification of geriatric specialists;
24	amending s. 381.00315, F.S.; revising
25	requirements for the reactivation of the
26	licenses of specified health care practitioners
27	in the event of a public health emergency to
28	include certified geriatric specialists;
29	amending s. 400.021, F.S.; including services
30	provided by a certified geriatric specialist
31	within the definition of nursing service; 22
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Bill No. <u>CS for SB 1062, 1st Eng.</u>
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Amendment	No.	 Barcode	812402	

	Amendment No Barcode 812402
1	amending s. 400.211, F.S.; revising
2	requirements for persons employed as nursing
3	assistants to conform to the certification of
4	certified geriatric specialists; amending s.
5	400.23, F.S.; specifying that certified
б	geriatric specialists shall be considered
7	licensed nursing staff; authorizing licensed
8	practical nurses to supervise the activities of
9	certified geriatric specialists in nursing home
10	facilities according to rules adopted by the
11	Board of Nursing; amending s. 409.908, F.S.;
12	revising the methodology for reimbursement of
13	Medicaid program providers to include services
14	of certified geriatric specialists; amending s.
15	458.303, F.S.; revising exceptions to the
16	practice of medicine to include services
17	delegated to a certified geriatric specialist
18	under specified circumstances; amending s.
19	1009.65, F.S.; revising eligibility for the
20	Medical Education Reimbursement and Loan
21	Repayment Program to include certified
22	geriatric specialists; amending s. 1009.66,
23	F.S.; revising eligibility requirements for the
24	Nursing Student Loan Forgiveness Program to
25	include certified geriatric specialists;
26	providing an appropriation; amending s.
27	464.201, F.S.; defining terms; amending s.
28	464.202, F.S.; authorizing the Board of Nursing
29	to adopt rules regarding the practice and
30	supervision of certified nursing assistants;
31	
	23 10:41 JM 04/23/04 23