

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 189 Nursing/Geriatric Specialty
SPONSOR(S): Farkas
TIED BILLS: None. **IDEN./SIM. BILLS:** CS/SB 492 (s)

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Health Care</u>	<u>21 Y, 1 N</u>	<u>Mitchell</u>	<u>Collins</u>
2) <u>Future of Florida's Families</u>	<u></u>	<u></u>	<u></u>
3) <u>Appropriations</u>	<u></u>	<u></u>	<u></u>
4) <u></u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

The Legislature continues to address quality and costs of nursing home care. In 2001, the Legislature required staffing increases phased in over a 3-year period, starting with one certified nursing assistant (CNA) per 20 residents--to provide 2.3 hours of direct care per resident per day, and increasing to 2.9 hours per resident in May 1, 2004 (s. 400.23(3), F.S.). Nursing homes must also provide one hour of daily direct care by a licensed nurse, and maintain a ratio of not less than one licensed nurse per 40 residents. In 2002, a Joint Select Committee on Nursing Homes proposed a certified geriatric nursing classification for certified nursing assistants in long-term care facilities, to meet staffing shortages and improve care.

HB 189 has three components to meet staffing shortages and improve care. The bill:

- Creates a new licensure category of certified geriatric specialist to work in nursing homes;
- Establishes a career pathway for current certified nursing assistants (CNAs) to become certified geriatric specialists when they receive training, without having to take a licensure examination; and
- Establishes a pilot training program for certified nurse assistants working in nursing homes at two sites.

The certified geriatric specialist status created by the bill is based on the requirements for Licensed Practical Nurses except that it replaces training in pediatric and obstetric/maternal-child nursing, with training in care for geriatric patients, and does not require a licensure examination. Current CNAs are only trained to provide care and assistance relating to the activities of daily living. Certified Geriatric Specialists will be trained to administer treatments and medications to geriatric patients under the direction of a registered nurse or licensed physician.

The bill requires the Agency for Workforce Innovation (AWI) to establish a pilot training program to deliver geriatric nursing education to an estimated 40 certified nursing assistants at two nursing home sites. It appropriates \$157,017 for the pilot, and requires a nine member committee and evaluation and status reports.

The bill also revises eligibility for the Medical Education Reimbursement and Loan Repayment Program and the Nursing Student Loan Forgiveness Program to include certified geriatric specialists.

The effective date of the bill is upon becoming law.

According to the Agency for Workforce Innovation, training costs over the three years of the pilot project are \$521,571. According to the Department of Health, recurring licensure costs over a two year cycle are \$99,895.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives .

STORAGE NAME h0189a.hc.doc
DATE February 6, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

Reduce government:

The bill establishes the new category of licensure of certified geriatric specialist.

Lower taxes:

Fees are required for certified geriatric specialists. The application fee shall not exceed \$100 and the renewal fee shall not exceed \$50.

B. EFFECT OF PROPOSED CHANGES:

HB 189 has here components that address nursing home staffing problems and provide a pathway for career advancement for nursing home staff. The bill: creates a new licensure category of certified geriatric specialist; allows certified nursing assistants who receive training to become certified geriatric specialists without having to take a licensure examination; and establishes a pilot project to provide training for current certified nurse assistants to become certified geriatric specialists.

New Health Care Certificate Called Certified Geriatric Specialist

The creation of the new health care certificate called certified geriatric specialist will help address the shortage of skilled nursing personnel in nursing homes. The certified geriatric specialist is similar to the licensed practical nurse, but removes instruction and clinical experiences in pediatrics and obstetrics/maternal child care and enhances the instruction and clinical experiences in geriatric nursing care.

The bill defines the practice of certified geriatric specialty nursing in nursing homes and related facilities licensed under part II or part III of chapter 400, F.S. The scope of practice includes the administration of treatments and medications in the care of ill, injured, or infirm geriatric patients and the promotion of wellness, maintenance of health, and prevention of illness of geriatric patients. Certified geriatric specialty nurses are required to practice be under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. A certified geriatric specialist may supervise the activities of certified nursing assistants and other unlicensed personnel providing services in nursing homes and related facilities in accordance with rules to be adopted by the Board of Nursing.

The bill clarifies the definition of the practice of current certified nursing assistants as: "...providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights...."

Pathway for Certified Nursing Assistants Working in Nursing Homes to Become Certified Geriatric Specialist Nurses

The bill also provides a career advancement pathway for certified nursing assistants working in nursing homes to become certified geriatric specialist nurses. Any currently certified nursing assistant who desires to be certified as a certified geriatric specialist must apply to the Department of Health and submit proof of satisfactory completion of the following requirements:

1. Has completed the requirements for graduation from an approved program for preparation of licensed practical nurses (except for instruction and clinical knowledge of pediatric nursing or obstetric/maternal-child nursing), and has completed additional education in the care of geriatric patients;
2. Is in good mental and physical health;
3. Is a recipient of a high school diploma or the equivalent;
4. Has the ability to communicate in the English language, which may be determined by an examination given by the department; and
5. Has provided sufficient information, which must be submitted by the Department of Health for a statewide criminal records correspondence check through the Department of Law Enforcement.

A person receiving certification as a geriatric specialist must:

1. Work only within the confines of a facility licensed under part II or part III of chapter 400, F.S.
2. Care for geriatric patients only.
3. Comply with the minimum standards of practice for nurses and be subject to disciplinary action for violations of s. 464.018, F.S.

In addition the bill also requires that any certified geriatric specialist who completes the additional instruction and coursework in an approved nursing program for the preparation of practical nursing in the areas of pediatric nursing and obstetric/maternal-child nursing, is entitled to be licensed as a licensed practical nurse if the applicant otherwise meets the requirements of s. 464.008, F.S., including passing a licensure examination.

By September 1, 2004, the Board of Nursing must adopt rules establishing the core competencies for the additional education in geriatric care. Any program that is approved on July 1, 2004, by the board for the preparation of registered nurses or licensed practical nurses may provide training for the preparation of certified geriatric specialists without further board approval.

The board must establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50.

Pilot Training Project by the Agency for Workforce Innovation

The bill requires the Agency for Workforce Innovation to create a pilot program at two sites to deliver geriatric nursing education to certified nursing assistants who are employed in a nursing home. A nine member steering committee will oversee the pilot program. The Agency for Workforce Innovation is required to submit evaluation and status reports to the Governor and Legislature. The Department of Health estimates the 40 participants would be trained in the pilot training programs based on student/faculty ratios.

Sources of Funding

The cost to administer certification of certified geriatric specialists by the Department of Health are to be met by application and renewal fees established by the Board of Nursing.

The bill revises eligibility for Medical Education Reimbursement and Loan Repayment Program and the Nursing Student Loan Forgiveness Program to include certified geriatric specialists.

The bill appropriates \$157,017 to the Agency for Workforce Innovation to support implementation of the pilot program.

The effective date of the bill is upon becoming law.

CURRENT SITUATION

Shortage of Nursing Staff

The national shortage of nurses affects nursing homes as well as hospitals. There are a limited number of clinical slots for nursing programs in Florida.

Recent Legislative Initiatives Addressing Nursing Home Staffing

The 2001 Legislature enacted staffing increases in nursing homes as outlined in s. 400.23(3), F.S. The increase is being phased in over a 3-year period beginning with a minimum certified nursing assistant (CNA) ratio of no less than one CNA per 20 residents and the requirement to provide 2.3 hours of direct care per resident per day, effective January 1, 2002. Effective January 1, 2003, the ratio increases to 2.6 hours of direct care per resident per day, with an increase to 2.9 hours of direct care per resident per day on May 1, 2004. In addition, nursing homes must provide one hour of direct care per resident per day by a licensed nurse and maintain a ratio of no less than one licensed nurse per 40 residents.

In 2002, a Joint Select Committee on Nursing Homes was created to address the issue of nursing homes continuing difficulty in maintaining adequate insurance coverage. In an effort to address the liability insurance crisis, the committee proposed the development of a certified geriatric nursing classification for certified nursing assistants who receive additional training to specifically provide care to the elderly in long-term care facilities.

Scope of Practice in Nursing: Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants

Part I, ch. 464, F.S., provides for the regulation of nursing. It provides for three levels of licensure and certification: registered nurses (RNs); licensed practical nurses (LPNs); and certified nursing assistants (CNAs).

- Registered nurses (RNs) provide nursing assessment and care, and administer medications and treatments as prescribed or authorized by a duly licensed practitioner. They supervise other personnel.
- Licensed practical nurses (LPNs) administer treatments and medications under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.
- Certified Nurse Assistants (CNAs) provide care and assistance to persons relating to the activities of daily living.

Licensure Requirements for Licensed Practical Nurses in Florida

To become licensed as a practical nurse in Florida, an applicant must pass a national licensing examination developed by the National Council of State Boards of Nursing (NCSBN) or a similar national organization.

To sit for the examination in Florida, an applicant must complete an application and pay the Florida Department of Health fees totaling \$180, which includes the following fees: \$75 initial licensure fee; \$75 examination fee; \$5 unlicensed activity fee; \$5 Nursing Student Loan Forgiveness Fund fee; and \$20 fingerprint/criminal background fee (includes \$5 for administrative costs).

The applicant must provide sufficient information for a statewide criminal records correspondence check through the Florida Department of Law Enforcement; be in good mental and physical health; have a high school diploma or the equivalent; have completed the requirements of a Florida Board of

Nursing approved nursing program for licensed practical nurses or the practical nursing education equivalency; and have the ability to communicate in English.

Once the Florida Board of Nursing has certified an applicant to take the examination, the applicant must submit a letter of authorization from the board and pay \$200 to the NCSBN examination vendor to sit for the computerized national nursing examination (NCLEX-PN). An applicant is eligible to sit for the license examination up to three consecutive times.

The 1350-hour curriculum for practical nursing is offered in 61 board-approved schools around the state. In the year ending June 30, 2002, there were 3,527 admissions to practical nursing programs into 4,349 slots approved by the board, or 81% capacity. In 2002-2003, the board approved 8 new practical nursing schools with additional capacity of over 500 students. During the same period, there were a total of 2,074 graduates of practical nursing programs in Florida.

Requirements for Certification as a “Certified Nursing Assistant” in Florida

Part II, ch. 464, F.S., provides for the regulation of certified nursing assistants by the Florida Board of Nursing. The Florida Department of Education was responsible for approving nursing assistant training programs until the Florida Board of Nursing assumed that responsibility on October 1, 2000.

The Florida Board of Nursing must issue a certificate to any person who demonstrates minimum competency to read and write and successfully passes the required Level I or Level II criminal background screening required under s. 400.215, F.S., and meets one of the following criteria:

1. Successful completion of an approved training program and achievement of a minimum score on the nursing assistant competency examination;
2. Achievement of a minimum score on the nursing assistant competency examination by an applicant who has a high school diploma or its equivalent or who is at least 18 years old;
3. Current certification in another state; or
4. Completion of the curriculum under the Enterprise Florida Jobs and Education Partnership Grant and achievement of a minimum score on the nursing assistant competency examination.

The nursing assistant competency examination has two parts: (1) a two-hour written test with fifty multiple-choice questions written in English; and (2) a manual skills evaluation that requires the applicant to perform five randomly-selected nursing assistant skills. An oral examination must be administered as a substitute for the written portion of the examination upon an applicant's request.

Standardized Curriculum for the Nursing Assistant Training Program

The standardized curriculum for the certified nursing assistant training program is established in rule 64B9-15.006, F.A.C. It requires a minimum of 80 hours of classroom and 40 hours clinical instruction. The Certified Nursing Assistant Examination consists of a written exam and a clinical skills test. The Clinical Skills Test includes such tasks as:

- (a) Personal Care:
 1. Perineal Care-Male and Female;
 2. Catheter Care;
 3. Dressing;
 4. Partial Bed Bath;
 5. Toileting – Bedpan;
 6. Mouth Care – Brushing Teeth;
 7. Mouth Care – Care of Dentures;
 8. Grooming – Hair and Nail Care; and
 9. Feeding.
- (b) Promoting Function, Health, and Safety:
 1. Change of Position;
 2. Transfer;

3. Range of Motion for Upper Extremities; and
 4. Range of Motion for Lower Extremities.
- (c) Environmental Activities – Changing an Occupied Bed.
- (d) Reporting and Recording:
1. Measure and Record Vital Signs; and
 2. Measure and Record Height and Weight.

Florida Board of Nursing Approval of Nursing Programs

Professional nursing (RN) or practical nursing (LPN) licensure applicants must graduate from an approved nursing program as a prerequisite to being allowed to sit for the nursing licensure examination. Under part I, ch. 464, F.S., the Florida Board of Nursing must adopt rules regarding educational objectives, faculty qualifications, curriculum guidelines, administrative procedures, and clinical training necessary to ensure that approved nursing programs graduate nurses capable of competent practice.

Chapter 2002-230, L.O.F., modified the provisions governing approval of nursing programs by the Florida Board of Nursing. The law exempts from certain board administrative rules, any nursing program that maintains accreditation through a nursing accrediting body recognized by the United States Department of Education, if the program maintains a student pass rate on the National Clinical Licensure Exam (NCLEX) of not less than ten percentage points below the national average pass rate as reported annually by the National Council of State Boards of Nursing (NCSBN).

Articulation of Nursing Education Program Career Paths

Florida has an articulation agreement for health education programs that permits a student to learn in modules from the basic health sciences course in high school, to bachelor's degree programs. The articulation among health education programs in Florida is designed to ensure that a student's (and in many cases, the state's) investment of time and money at one level of education can provide a building block to the next education program when the health care worker is ready to move up to the next level of skill and knowledge. The CNA standards are the basis for the LPN standards. The high school core also articulates into LPN and associate degree in nursing (ADN) programs. Most community colleges have a "bridge" program for LPN to RN. Universities are required to accept and speed the progress of registered nurses who hold an AS degree and want to get their BS in nursing. Under AS to BS articulation, a university must accept the AS degree as a block of designated nursing courses and may not, for instance, decide not to give credit for a course or accept some courses as electives rather than as credits toward the nursing degree.

Workforce Initiative to Train Nurses--Nurses Now

The Agency for Workforce Innovation has received a federal Workforce Investment Act Section 171 special demonstration project grant of \$2 million to provide training to address the critical statewide need for Licensed Practical Nurses, Registered Nurses, and nursing instructors. The state, working in partnership with education entities and health care facilities, will identify and facilitate the replication of innovative training options and professional certifications.

"Nurses Now" is a partnership between the Agency for Workforce Innovation (AWI), the Florida Department of Education, Division of Community Colleges, and Division of Workforce Education, the Department of Health, and the nurse education and training community. AWI will serve as the lead agency and liaison with the 24 Regional Workforce Development Boards. The Department of Education will be the liaison with the state university system, community colleges and public secondary and post secondary school system nursing education and training programs.

Grants have been awarded to six workforce regions which will use the funds to train a total of 336 nurses. In addition to increasing the number of training opportunities, Nurses Now will identify innovative and alternative education and training delivery systems that provide opportunities for students in all areas of the state to access training and receive clinical experiences in health care facilities or with patient care simulators. A Nurses Now website will provide linkages to education and

training programs, exemplary practices, scholarship and loan information, and employment and training resources of the One Stop delivery system and regional workforce boards.

According to the Department of Health, three nursing programs have received AWI Nurses Now grants to assist CNAs to become LPNs, and in 2003, LPN active licenses in Florida rose 8% from 52,813 to 57,038.

Limited Funding of the Nursing Student Loan Forgiveness Program to Encourage Nursing Education

The Nursing Student Loan Forgiveness Program (NSLFP) assists eligible Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Advanced Registered Nurse Practitioners (ARNPs), by making an annual payment, to the principle only, of outstanding student loans incurred toward a nursing education.

According to the Department of Health there are currently 2,460 nurses on the Nursing Student Loan Forgiveness Program (NSLFP) waiting list. According to the Department of Health, the program is unable to process the applications for those on the waiting list because it does not have funding to enroll any new additional nurses into the program. There are currently 273 nurses enrolled in the NSLFP.

Facilities where nurses may work in order to be eligible to participate in the NSLFP are: state-operated medical facilities; public schools; Department of Health (DOH) county health departments; community/migrant health centers; teaching hospitals, as defined in s. 408.07, F.S.; family practice teaching hospitals, as defined in s. 395.805, F.S.; specialty children's hospitals, as described in s. 409.9119, F.S.; and other licensed hospitals, licensed nursing homes and licensed birth centers.

According to the Department of Health, the Medical Education Reimbursement and Loan Repayment Program has not been funded since FY 1993-94.

Clara Ramsey

Clara Ramsey worked as an aide to Jacksonville lawmakers for 13 years. She was attentive to the concerns of the constituents who called on their senator for assistance. She was beloved by all who encountered her joyful spirit and her calm way of accomplishing objectives. In the months preceding her untimely death in an automobile accident on February 23, 2003, Mrs. Ramsey was working on the geriatric nursing proposal that is created in this bill.

C. SECTION DIRECTORY:

Section 1. Cites the bill as the "Clara Ramsey Care of the Elderly Act." The act is named for Clara Ramsey, a long-time Legislative aide who worked on the development of this geriatric nursing initiative.

Section 2. Creates the Certified Geriatric Specialist Preparation Pilot Program for delivery of geriatric nursing education to CNAs who wish to become certified geriatric specialists.

Section 3. Creates the Certified Geriatric Specialty Nursing Initiative Steering Committee to guide the implementation of the pilot program.

Section 4. Requires AWI to conduct or contract for an evaluation of the pilot program in consultation with the steering committee.

Section 5. Requires AWI to submit annual status reports and recommendations regarding the pilot program.

Section 6. Creates s. 464.0125, F.S., to provide definitions and responsibilities for certified geriatric specialists.

Section 7. Amends s. 381.00315, F.S., to authorize the temporary reactivation of the inactive certification of a certified geriatric specialist in the event of a public health emergency.

Section 8. Amends s. 400.021, F.S., to add certified geriatric specialists to the individuals who may render nursing services in a nursing home.

Section 9. Amends s. 400.211, F.S., to permit the employment in a nursing home of a certified geriatric specialist as a CNA, just as a registered nurse or practical nurse may be employed as a CNA.

Section 10. Amends s. 400.23(3), F.S., to authorize the inclusion of certified geriatric specialists as nursing staff in the computation of nursing staffing minimums in a nursing home.

Section 11. Amends s. 409.908(2), F.S., to include certified geriatric specialists in the direct care subcomponent when patient costs are calculated for nursing home reimbursement by the Medicaid program.

Section 12. Amends s. 458.303(2), F.S., to permit certified geriatric specialists to practice under the direct supervision of a licensed physician.

Section 13. Amends s. 1009.65, F.S., to make certified geriatric specialists eligible for participation in the Medical Education Reimbursement and Loan Repayment Program, up to \$4,000 per year.

Section 14. Amends s. 1009.66(2), F.S., to make certified geriatric specialists eligible for participation in the Nursing Student Loan Forgiveness Program.

Section 15. Provides an appropriation of \$157,017 from the General Revenue Fund to AWI to support implementation of the pilot program.

Section 16. Amends s. 464.201, F.S., to provide a definition for the "practice of a certified nursing assistant."

Section 17. Amends s. 464.202, F.S., to authorize the Board of Nursing to adopt rules regarding the scope of practice and level of supervision of certified nursing assistants.

Section 18. Provides an effective date of upon becoming a law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

	FY 2003-04	FY 2004-05	FY 2005-06
	Amount	Amount	Amount
Application fee for registration as a certified geriatric specialist -			
Total Estimated Revenue		\$4,000	

The Department of Health's estimate for FY 2004-05 assumes 40 certified geriatric specialists would be licensed.

2. Expenditures:

FISCAL IMPACT ON THE AGENCY FOR WORKFORCE INNOVATION:	FY 2003-04 Amount/FTE	FY 2004-05 Amount/FTE	FY 2005-06 Amount/FTE
Program Manager	\$6,360	\$6,360	\$6,360
Data Processing	\$1,000	\$1,000	\$1,000
Fringe Benefits (35%)	\$2,576	\$2,576	\$2,576
Indirect Costs (15.51%)	\$1,541	\$1,541	\$1,541
 Staff Travel			
2 trips /month x 2 people x 400mi @ \$.29 x 12 months	\$5,560	\$5,560	\$5,560
 Contracted Services for reporting, coordination, correlation site visits and evaluation:	\$72,500 1 FTE	\$72,500 1 FTE	\$72,500 1 FTE
 Tuition, Books, Fees, Medicals and Training Supplies: 24 participants per Program Site @ \$2,000 per year	\$48,000	\$96,000	\$48,000
 Travel Expenses for Steering Committee Meetings			
4 trips x 6 persons x \$350 airfare	\$ 8,400		
4 trips x 6 persons x 50 (per diem) x 2 days	\$ 2,400		
4 trips x 6 persons x \$30 x 2 days (car)	\$ 4,440		
4 trips x 2 nights lodging@ \$80 x 6 persons	\$ 3,840		
Annual total	\$19,080	\$19,080	\$19,080
Duplication/Printing of Annual Reports / Final Evaluation	\$ 400	\$ 400	\$ 400
Total Annual Cost:	\$157,017	\$205,017	\$159,537

**FISCAL IMPACT ON THE
DEPARTMENT OF HEALTH:**

	FY 2004-05 Amount/FTE	FY 2005-06 Amount/FTE
Non-Recurring:		
EXPENSE: Standard Expense Package	\$2,603	
OCO: Standard OCO Package	\$2,000	
Total Non-Recurring	\$4,603	
 Recurring and Annualized Continuation Effects:		
Salaries/Benefits: Regulatory Specialist I	\$42,230	\$42,230
EXPENSES: Standard Expense Package	\$ 5,416	\$ 5,416
Total Recurring Costs	\$47,646	\$47,646
 Total of Estimated Non-recurring & Recurring Expenses	\$52,249	\$47,646

According to DOH, one Regulatory Specialist I, pay grade 15, would be required starting in year 2. DOH used the annual mid-point for pay band 3 to establish recurring salary and benefits. According to DOH, there may be other indeterminate costs associated with implementing this program such as modifying PRAES (the Medical Quality Assurance practitioner data base), printing forms, etc.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Board of Nursing is authorized to adopt rules regarding the practice and supervision of certified nursing assistants.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The Department of Health has expressed concerns that the bill makes certified geriatric specialists eligible for The Nursing Student Loan Forgiveness Program (NSLFP) but does not include them in providing funding to maintain the trust fund. The department is concerned that funding is already limited and not available to everyone who is eligible.

The department has also expressed concerns that the cap on the application fee, that is not to exceed \$100, and the cap on the biennial renewal fee, that is not to exceed \$50, are too low to fund administration of the program. The department estimates administration of the new licensure category to cost \$99,895 over a two year licensure cycle. This must come from the Medical Quality Assurance Trust Fund which is supported by licensure fees.

The Department of Health points out that the bill provides for certified geriatric specialists to be included in the Medical Education and Loan Repayment Program (s. 1009.65, F.S.) but that nursing homes are not eligible sites for the program.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES