

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 943 Prenatal Services and Early Childhood Development

SPONSOR(S): Health Quality Subcommittee; Gonzalez

TIED BILLS: **IDEN./SIM. BILLS:** SB 7034

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Tuszynski	O'Callaghan
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The Individuals with Disabilities Education Act (IDEA) was originally enacted by Congress in 1975 to ensure that children with disabilities have the opportunity to receive a free and appropriate public education in the least restrictive environment. In September 2011, the U.S. Department of Education released its final implementing regulations for Part C of the IDEA, which were adopted to help improve services and outcomes for infants and toddlers with disabilities and to provide additional support and services for families of such infants and toddlers.

Part C of the IDEA (known as the Early Steps Program) provides services to families with infants and toddlers from birth to three years of age who have or are at risk of having developmental delays or disabilities. The federal government created grants to assist states in providing early intervention programs under Part C of the IDEA. The program has no financial eligibility requirements and is an entitlement to any eligible child.

Florida's Early Steps Program, named the Infants and Toddlers Early Intervention Program, is administered by Children's Medical Services within the Department of Health (DOH). The DOH contracts with hospitals and non-profit organizations across the state to screen children for eligibility and to coordinate and deliver services.

In 2014 and 2015, the U.S. Department of Education placed the Florida Early Steps Program on "needs assistance" status because of the program's failure to meet the 100% standard for any of the compliance indicators required under Part C of the IDEA. In response, DOH officials established an action plan and are currently in year two of its implementation to improve the timely delivery of Early Steps Program services.

The bill renames the Infants and Toddlers Early Intervention Program the Early Steps Program, repeals outdated sections of statute related to the program, and includes other revisions and updates to conform to the U.S. Department of Education's implementing regulations.

The bill requires DOH to expand the capabilities of its clearinghouse, which is a website containing information on early intervention services, among other things. The bill provides program goals, defines terms, and assigns duties to DOH as well as the local Early Steps Program offices. The bill sets eligibility requirements for the program. The bill also requires DOH to develop a statewide plan, create and enforce performance standards and submit an annual accountability report to the Governor, Legislature, and the Florida Interagency Coordinating Council for Infants and Toddlers (Council). The bill designates the Council as the state interagency coordination council required under federal law.

The bill provides procedures for the successful transition of children from the Early Steps Program to the local school districts.

There is an indeterminate, negative fiscal impact on state and local government. See Fiscal Comment.

The bill provides for an effective date of July 1, 2016.

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

STORAGE NAME: h0943a.HQS

DATE: 1/25/2016

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) was originally enacted by Congress in 1975 to ensure that children with disabilities have the opportunity to receive a free and appropriate public education in the least restrictive environment.¹ In September 2011, the U.S. Department of Education released its final implementing regulations for Part C of the IDEA, which were adopted to help improve services and outcomes for infants and toddlers with disabilities and to provide additional support and services for families of such infants and toddlers.²

The Early Steps Program

Part C of the IDEA (the Early Steps Program) provides services to families with infants and toddlers from birth to three years of age who have or are at risk of having developmental delays or disabilities.³ The federal government created grants to assist states in providing early intervention programs under Part C of the IDEA.⁴ The program has no financial eligibility requirements and is an entitlement to any eligible child.⁵

Part 303 of Section 34 Code of Federal Regulations

Part 303 of Section 34, Code of Federal Regulations, governs early intervention programs for infants and toddlers with disabilities. These federal rules provide the purpose of the early intervention program, the activities that may be supported by the federal IDEA grant, the children that are eligible to be served, the types of services available, the definition of service coordination activities, and for the use of service coordinators.⁶

Subpart A

This subpart details the purpose of the early intervention program for infants and toddlers with disabilities, provides eligibility criteria, and includes definitions.

The purpose of the program is to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.⁷

Early intervention skills for this population focus on 5 areas:

- Physical (reaching, rolling, crawling, and walking);
- Cognitive (thinking, learning, and solving problems);
- Communication (talking, listening, and understanding);
- Social/emotional (playing and feeling secure and happy); and
- Adaptive/self-help (eating and dressing).⁸

¹ U.S. Department of Education, Office of Special Education and Rehabilitative Services, *The IDEA 35th Anniversary*, available at: <http://www2.ed.gov/about/offices/list/osers/idea35/index.html> (last accessed on 1/14/16).

² U.S. Department of Education, *IDEA 2004: Building the Legacy*, available at: <http://idea.ed.gov/part-c/search/new> (last accessed on 1/17/16).

³ See 34 C.F.R. s. 303.1

⁴ 34 C.F.R. s. 303.100

⁵ 34 C.F.R. s. 303.101(a)(1)

⁶ 34 C.F.R. s. 303.1

⁷ Id.

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Subpart B

This subpart details state eligibility and the minimum components a statewide system must include, such as:

- A rigorous definition of “developmental delay;”⁹
- Evaluation, assessment, and nondiscriminatory procedures;¹⁰
- Individualized family service plans (IFSPs);¹¹
- A comprehensive “child find” system;¹²
- A public awareness program;
- A state interagency coordinating council;¹³ and
- Early intervention services in natural environments.¹⁴

States must establish qualifications for personnel providing early intervention services to eligible children and families.¹⁵ States must have standards to ensure that necessary personnel carry out the purposes of the program and are appropriately and adequately prepared and trained.¹⁶

Subpart C

This subpart details the application requirements, assurances, and processes the state must follow to apply for the federal grant.

Subpart D

This subpart provides detail for pre-referral procedures, referral procedures, post-referral procedures, and IFSPs. Pre-referral procedures include a public awareness program¹⁷ and a comprehensive “child find” system.¹⁸ The child find system must include a system for making referrals that include timelines, and ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services.¹⁹

At-risk infants and toddlers are referred through the state’s child find system by primary referral sources such as:

- Hospitals;
- Physicians;
- Child care programs;
- Schools; and
- Other public agencies.²⁰

Within 45 days of a referral, any post-referral screening, evaluation, assessment, and the initial IFSP meeting must be completed. These post-referral services are comprehensive, multidisciplinary

⁸ Center for Parent Information and Resources, *Overview of Early Intervention - What is Early Intervention?* available at: <http://www.parentcenterhub.org/repository/ei-overview/> (last accessed 1/15/2016).

⁹ 34 C.F.R. s. 303.111

¹⁰ 34 C.F.R. s. 303.113

¹¹ 34 C.F.R. s. 303.114

¹² 34 C.F.R. s. 303.115

¹³ 34 C.F.R. s. 303.125

¹⁴ 34 C.F.R. s. 303.126

¹⁵ 34 C.F.R. s. 303.119

¹⁶ Id.

¹⁷ 34 C.F.R. s. 303.301

¹⁸ 34 C.F.R. s. 303.302

¹⁹ 34 C.F.R. s. 303.302(a)

²⁰ 34 C.F.R. s. 303.303(c)

evaluations of children and an identification of family needs.²¹ States must also develop policies and procedures for IFSPs.²²

The federal law allows for early intervention services for an eligible child and the child's family to begin before the completion of the evaluation and assessment under certain conditions.²³ While each agency or person involved in the provision of early intervention services is responsible for making good faith efforts to assist the eligible child in achieving the outcomes in the IFSP, the law states that any agency or person cannot be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.²⁴

Subpart E

This subpart details the procedural safeguards concerning confidentiality, consent, notice, and dispute resolution procedures.²⁵ Each state must ensure that the parents of a child are afforded the right to confidentiality of personally identifiable information, including the right to written notice of, and written consent to, the exchange of that information among agencies, consistent with federal and state laws.²⁶ Parents must give written consent before the Early Steps Program may evaluate, assess, and provide early intervention services to a child.²⁷ In the event parents do not give consent, reasonable efforts should be made to ensure the parent is aware of the nature of the evaluation, assessment and services available and understands that without consent the child will not be able to receive the evaluation, assessment or services.²⁸

The federal rules require that a service provider give written notice to parents before the provider initiates or changes the identification, evaluation, or placement of the child, or provides the appropriate early intervention services to the child and the child's family.²⁹ Procedures to resolve disputes through a mediation process, at a minimum, must be available whenever a parent requests a hearing.³⁰ The mediation process is voluntary, must be conducted by a qualified mediator, and cannot be used to deny or delay a parent's right to a due process hearing.³¹ During the mediation, the child must continue to receive early intervention services currently being provided.³² If the complaint involves an application for initial services, the child must receive any services that are not in dispute.³³

Subpart F

This subpart details the use of funds. State policy must specify which functions and services will be provided at no cost to all parents and which will be subject to a system of payments.³⁴ The inability of parents of an eligible child to pay for services must not result in a denial of services to the child or the child's family.³⁵ States may establish a schedule of sliding fees for early intervention services but some functions such as evaluation and assessment, and service coordination are not subject to fees.³⁶

²¹ See 34 C.F.R. s. 303.321

²² 34 C.F.R. s. 303.340 – a written plan for providing early intervention services to an infant or toddler with a disability under this part and the infant's or toddler's family that—

(a) Is based on the evaluation and assessment described in s. 303.321;

(b) Includes the content specified in s. 303.344;

(c) Is implemented as soon as possible once parental consent for the early intervention services in the IFSP is obtained (consistent with s. 303.420); and

(d) Is developed in accordance with the IFSP procedures in ss. 303.342, 303.343, and 303.345.

²³ 34 C.F.R. s. 303.345

²⁴ 34 C.F.R. s. 303.346

²⁵ 34 C.F.R. s. 303.400

²⁶ 34 C.F.R. s. 303.401

²⁷ 34 C.F.R. s. 303.404

²⁸ Id.

²⁹ 34 C.F.R. s. 303.421

³⁰ 34 C.F.R. s. 303.431

³¹ Id.

³² 34 C.F.R. s. 303.430(e)

³³ Id.

³⁴ 34 C.F.R. s. 303.520

³⁵ Id.

³⁶ 34 C.F.R. s. 303.521

Funds provided by the federal grant may be used only for early intervention services for an eligible child who is not entitled to these services under any other federal, state, local or private source.³⁷ Interim payments to avoid delay in providing needed services to an eligible child are allowed but the agency that has ultimate responsibility for the payment must reimburse the program.³⁸

Subpart G

Each state that receives financial assistance for the program must establish a State Interagency Coordinating Council (Council).³⁹ The Council must be appointed by the Governor and membership must reasonably represent the population of the state.⁴⁰ The Council is to:

- Advise and assist the lead agency regarding the provision of appropriate services for children with disabilities from birth through age five;
- Advise appropriate agencies in the state with respect to integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible; and
- Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care.⁴¹

Subpart H

This subpart details the monitoring, enforcement, and reporting requirements. Each State must have in place a performance plan and review it every six years.⁴² The plan must include data collection that is reported annually.⁴³

The federal government has three enforcement categories for assistance to the states:

- Needs Assistance – when it is determined that, for two consecutive years, a state has needed assistance in implementing the requirements of Part C of IDEA;
- Needs Intervention – when it is determined that for three or more consecutive years, a state has needed assistance in implementing the requirements of Part C of IDEA; and
- Needs Substantial Intervention – when it is determined that a state needs substantial intervention or there is a substantial failure to comply with Part C of IDEA.

States must also have various components under 20 U.S.C. 1435, within their statewide system, which broadly covers administrative, oversight and regulatory functions, such as:

- Policies to ensure appropriate delivery of early intervention services to infants, toddlers and their families;
- IFSPs for each infant or toddler with a disability;
- A properly functioning administrative structure that identifies eligible infants and toddlers using a rigorous definition of “developmental delay,” makes referrals, centrally collects information, provides directory of services and resources, incorporates data, and has a comprehensive system for personnel development;
- A single line of responsibility in a lead agency designated by the Governor, including financial responsibility, provision of services, resolution of disputes, and development of procedures to ensure timeliness of services; and
- A State Interagency Coordination Council.

³⁷ 34 C.F.R. s.303.510

³⁸ Id.

³⁹ 34 C.F.R. s. 303.600

⁴⁰ Id.

⁴¹ 34 C.F.R. s. 303.605

⁴² 34 C.F.R. s. 303.701

⁴³ 34 C.F.R. s. 303.702

Infants and Toddlers Early Intervention Program

Florida's Infants and Toddlers Early Intervention Program (Early Steps Program), is administered by Children's Medical Services within the Department of Health (DOH).⁴⁴ DOH contracts with hospitals and non-profit organizations across the state for coordination and delivery of services.⁴⁵

The Office of Program Policy Analysis & Government Accountability has recently examined Florida's Early Steps Program, including program eligibility, service provision, issues related to payment, and recent administrative changes.⁴⁶ The conclusions of that research are as follows:

- Following a series of public hearings in 2010, DOH refined and narrowed the program's eligibility criteria. However, recent research findings suggest that considerable variation exists across the state in the percentage of children determined eligible. Stakeholders also have expressed concern that Florida's eligibility criteria may not capture some children who would benefit from early intervention services;
- Federal guidelines for early intervention services emphasize quality and timeliness of services. Various factors can influence timeliness and quality, including family circumstances, service delivery requirements, service coordination caseloads, provider availability, and transition planning;
- Federal rules require the Early Steps Program to be the payor of last resort. However, research has shown that the Local Early Steps (LES) offices use Early Steps Program funds to pay claims for children with insurance; and
- In the spring of 2015, DOH modified the Early Steps Program in response to a \$6.9 million funding deficit. Changes included restructuring LES contracts and other administrative efficiencies, including staffing reductions and elimination of the program's third party administrator. LES offices perceive a lack of communication and direction from the program office due to these recent staff reductions.⁴⁷

Florida was determined by the U.S. Secretary of Education to need assistance for 2014 and 2015 with implementation of the Early Steps Program. Florida has not met the 100% standard for any of the compliance indicators for those reporting years.⁴⁸ However, DOH officials established an action plan, and are currently in year two of implementation, to improve the timely delivery of Early Steps Program services.

DOH Clearinghouse

Bright Expectations is the name of DOH's clearinghouse, which is a website that provides resources and information on developmental disabilities for pregnant women, health care providers, parents and families. More specifically, this website provides information on evaluation and intervention services, support programs for families, resources for health care providers, and other important information on developmental disabilities as directed in s. 383.141, F.S.⁴⁹

The Information Clearinghouse on Developmental Disabilities Advisory Council, which consists of nine members who are health care providers or caregivers and who perform health care services for persons who have developmental disabilities, advises DOH on the resources to be included in the Bright Expectations website.⁵⁰

⁴⁴ S. 391.308, F.S..

⁴⁵ Office of Program Policy Analysis & Government Accountability. Florida Legislature, *Early Steps Has Revised Reimbursement Rates but Needs to Assess Impact of Expanded Outreach on Child Participation*, Report No. 08-44, (July 2008)
<http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0844rpt.pdf>.

⁴⁶ Office of Program Policy Analysis & Government Accountability, Florida Legislature, *Florida's Early Steps Program* (November 3, 2015)(on file with Health Quality Subcommittee staff).

⁴⁷ Id.

⁴⁸ Id.

⁴⁹ Florida Department of Health, *About Bright Expectations*, available at: <http://www.floridahealth.gov/programs-and-services/people-with-disabilities/bright-expectations/about.html> (last accessed 1/17/2016).

⁵⁰ The Information Clearinghouse on Developmental Disabilities Advisory Council is established in s. 383.141, F.S.

Effect of Proposed Changes

HB 943 repeals the state's early intervention program statutes to create new standards, eligibility criteria, and responsibilities under the program.

The bill renames the Florida Infants and Toddlers Early Intervention Program the Early Steps Program. The bill makes DOH the lead agency in the administration of the Early Steps Program.

The bill amends s. 391.302, F.S., to add definitions for "developmental delay" to mean a condition, identified and measured through appropriate instruments and procedures, which may delay physical, cognitive, communication, social or emotional, or adaptive development, and "developmental disability" to mean a condition, identified and measured through appropriate instruments and procedures, which may impair physical, cognitive, communication, social or emotional, or adaptive development. The bill also adds definitions for "habilitative services and devices", and "local program office."

Clearinghouse

The bill amends s. 383.141, F.S., to provide additional direction to DOH in administering its information clearinghouse. The bill requires the clearinghouse to provide comprehensive information to educate parents and providers of early intervention services. DOH is directed to refer to children with developmental disabilities or delays as children with "unique abilities" whenever possible in the clearinghouse. DOH is to provide education and training to parents and providers through the clearinghouse. The clearinghouse is to promote public awareness of intervention services available to parents of children with developmental disabilities or delays.

Legislative Intent and Program Goals

The bill amends s. 391.301, F.S., to update the legislative intent of the Early Steps Program and to establish goals for the program. The program must:

- Provide services to enhance the development of infants and toddlers;
- Increase the awareness among parents and health care providers of the importance of the first three years of life for the development of the brain;
- Maintain the importance of the family in early intervention services;
- Provide comprehensive and coordinated services;
- Ensure timely evaluation of infants and toddlers and provide individual planning for intervention services;
- Improve the capacity of health care providers to serve children with unique needs; and
- Ensure program and financial accountability.

DOH Program Responsibilities

The bill increases DOH's responsibilities in administering the Early Steps Program. The bill requires DOH to:

- Develop a statewide plan for the program;
- Ensure that screening is continued at hospitals providing Level II and Level III neonatal intensive care;
- Establish standards and qualifications for service providers used by the program;
- Develop uniform procedures to determine eligibility for the program;
- Provide a statewide format for IFSPs;
- Promote interagency cooperation with the Medicaid program and the Department of Education;
- Provide guidance to LES offices for coordinating Early Steps Program benefits with other programs such as Medicaid and private insurance;
- Provide an appeals procedure, to include mediation, for parents whose infant or toddler is determined not to be eligible for Early Steps Program services;
- Competitively procure LES to administer the Early Steps Program;
- Establish performance measures and standards to evaluate LES offices;
- Provide technical assistance to LES offices; and
- Report to the Governor and Legislature on the performance of the Early Steps Program on December 1st of each year.

Eligibility

The bill establishes eligibility for the Early Steps Program. The eligibility criteria are based on federal law and funds appropriated by the General Appropriations Act. Infants and toddlers are eligible for an Early Steps Program evaluation if they are determined to have the presence of or risk of a developmental delay based on a physical or mental condition.

Infants and toddlers with a developmental disability based on an established condition known to result in a developmental delay, or a physical or mental conditions known to create a risk of a developmental delay, are eligible for Early Steps Program services. Infants and toddlers are also eligible for Early Steps Program services based on an informed clinical opinion. In addition, infants and toddlers with a specific score on a standardized evaluation instrument are eligible for services under the Early Steps Program.

The bill requires a mediation process, and if necessary, an appeals process under ch. 120, F.S., for applicants found ineligible.

Local Early Steps Program Offices Responsibilities

The bill expands the responsibilities of LES offices. These offices must:

- Evaluate a child within 45 days after referral;
- Notify parents if the child is eligible for services, and provide an appeal process to those parents whose child is found ineligible;
- Make interagency agreements with local school districts and local Medicaid managed care organizations;
- Provide services directly or procure early intervention services;
- Provide services in the child's natural environment to the extent possible;
- Develop an IFSP for each child served in the program;
- Assess the progress of the child in meeting the goals of the IFSPs;
- Provide service coordination to ensure that assistance for families is properly managed whether the program provides the services directly or through referral to other service providers;
- Make agreements with local Medicaid managed care organizations;
- Make agreements with local private insurers;

- Provide data required by DOH to assess the performance of the program; and
- Improve a child's transition to the local school district where the child may need special education or related services.

Florida Interagency Coordinating Council for Infants and Toddlers

The bill also designates the Florida Interagency Coordinating Council for Infants and Toddlers as the state interagency coordination council required under Part C of the IDEA. This council currently exists and its role is to advise and assist Florida's Early Steps Program in the performance of its responsibilities by:

- Identifying sources of fiscal and other support for early intervention service programs under Part C of the IDEA;
- Assigning financial responsibility to the appropriate agency;
- Promoting methods for intra-agency and interagency collaboration regarding child find, monitoring, financial responsibility, provision of services, and transition;
- Preparing applications under Part C of IDEA, including amendments;
- Transitioning children from the Early Steps Program to the state education agency; and
- Annually reporting on the status of early intervention services for infants and toddlers with disabilities and their families.⁵¹

The bill provides an effective date of July 1, 2016.

B. SECTION DIRECTORY:

- Section 1:** Amends s. 383.141, F.S., relating to prenatally diagnosed conditions; definitions; information clearinghouse; advisory council.
- Section 2:** Amends s. 391.025, F.S., relating to applicability and scope of Children's Medical Services.
- Section 3:** Amends s. 391.026, F.S., relating to powers and duties of the department.
- Section 4:** Amends s. 391.301, F.S., relating to establishment and goals of the Early Steps Program.
- Section 5:** Amends s. 391.302, F.S., relating to definitions.
- Section 6:** Amends s. 391.308, F.S., relating to the Early Steps Program.
- Section 7:** Amends s. 413.092, F.S., relating to the Blind Babies Program.
- Section 8:** Amends s. 1003.575, F.S., relating to assistive technology devices; findings; and interagency agreements.
- Section 9:** Repeals s. 391.303, F.S., relating to program requirements.
- Section 10:** Repeals s. 391.304, F.S., relating to program coordination.
- Section 11:** Repeals s. 391.305, F.S., relating to program standards.
- Section 12:** Repeals s. 391.306, F.S., relating to program funding and contracts.
- Section 13:** Repeals s. 391.307, F.S., relating to program review.
- Section 14:** Provides an effective date of July 1, 2016.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

⁵¹ Florida's Interagency Coordinating Council for Infants & Toddlers, *Home*, available at: <http://www.floridaicc.com/index.html> (last accessed on 1/17/16).

DOH states they cannot absorb the workload required for the bill's reporting requirements from existing resources. Furthermore, DOH estimates a \$100,000 recurring impact (website design, phone, and staff + benefits) to meet the requirements of the bill pertaining to its clearinghouse database and website. Due to the ch. 120, F.S., appeal process, DOH also anticipates the need for an attorney at \$60,000 (+ fringe benefits), recurring.⁵²

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

There may be a potential impact on local school districts to comply with new transitional requirements.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Additional guidance provided for the administration of the Early Steps Program may result in additional opportunities for private providers of early childhood interventions.

D. FISCAL COMMENTS:

The bill creates new eligibility criteria for infants or toddlers needing Early Steps Program services. Specifically, an infant or toddler is eligible for services if he or she is determined to have a developmental delay based on an informed clinical opinion, is at risk of a developmental delay based on an established condition known to result in a developmental delay, or has a physical or mental condition known to create a risk of developmental delay. DOH estimates that 1,000 additional children would be eligible for services in the Early Steps Program under such criteria, which would cost approximately \$1,317,000 annually.⁵³ However, the funding of such services is conditioned upon an appropriation for such services in the General Appropriations Act.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 19, 2016, the Health Quality Subcommittee adopted a strike all amendment. The amendment made the following changes:

⁵² Florida Department of Health, 2016 Agency Legislative Bill Analysis: HB 943, Dec. 16, 2015, (on file with Health Quality Subcommittee staff).

⁵³ Id.

- Adds “assistive technology” to the definition of “habilitative services and devices.”
- Clarifies the role of the local program offices to provide education and information about the Early Steps Program to hospitals that provide Level II and Level III neonatal intensive care services.
- Adds mediation as a dispute resolution process when a child is denied program services.
- Clarifies eligibility for the program is contingent upon specific funding in the General Appropriations Act.
- Clarifies the eligibility requirements for a program evaluation by making an infant or toddler eligible if he or she is determined to have the presence of or risk of a developmental delay based on a physical or medical condition.
- Makes an infant or toddler eligible for program services if he or she is determined to have a developmental delay based on an informed clinical opinion, is at risk of a developmental delay based on an established condition known to result in a developmental delay, or has a physical or mental condition known to create a risk of developmental delay.
- Changes language throughout for readability and consistency.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.