

1 A bill to be entitled

2 An act related to emergency power sources; creating s.
3 366.042, F.S.; requiring the Public Service Commission
4 to ensure electric utilities have prioritized the
5 restoration of electric services to certain medical
6 facilities; amending s. 400.0238, F.S.; revising the
7 method for calculating distribution of punitive
8 damages in certain cases; requiring a claimant who
9 settles a case to provide to the Chief Financial
10 Officer notice of payments into a specified trust
11 fund; amending s. 400.0239, F.S.; authorizing
12 expenditures from the Quality of Long-Term Care
13 Facility Improvement Trust Fund for a specified grant
14 program related to emergency power sources; amending
15 ss. 400.19 and 429.34, F.S.; revising items which
16 must be inspected by the Agency for Health Care
17 Administration at specified intervals in nursing homes
18 and assisted living facilities; amending s. 400.23,
19 F.S.; revising components to be included in rules
20 adopted by the agency related to equipment necessary
21 and essential to the health of residents and emergency
22 planning; requiring the local emergency management
23 agency to publish a list of providers whose emergency
24 plans have been approved; amending s. 409.908, F.S.;
25 requiring adjustments to be made to the provider

26 Medicaid rate to allow reimbursements for certain
 27 items; amending s. 429.41, F.S.; revising minimum
 28 standards to be included in rules, policies, and
 29 procedures adopted by the Department of Elderly
 30 Affairs related to emergency power during power
 31 outages; providing effective dates.

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

34
 35 Section 1. Section 366.042, Florida Statutes, is created
 36 to read:

37 366.042 Power restoration priority.—The commission shall
 38 ensure that electric utilities have prioritized the restoration
 39 of services to critical medical facilities with at least 50
 40 residents, including nursing homes licensed under part II of
 41 chapter 400 and assisted living facilities licensed under part I
 42 of chapter 429, in the event of an emergency.

43 Section 2. Subsections (2) and (4) of section 400.0238,
 44 Florida Statutes, are amended to read:

45 400.0238 Punitive damages; limitation.—

46 (2) The claimant's attorney ~~attorney's~~ fees, if payable
 47 from the judgment, are, to the extent that the fees are based on
 48 the punitive damages, calculated based on the claimant's share
 49 ~~of final judgment for~~ punitive damages. This subsection does not
 50 limit the payment of attorney ~~attorney's~~ fees based upon an

51 award of damages other than punitive damages.

52 (4) (a) Notwithstanding any other law to the contrary, if a
53 claimant has received a final judgment for the amount of
54 punitive damages or if a case is settled before a verdict is
55 returned and the settlement contains a punitive damages element,
56 the punitive award must awarded pursuant to this section shall
57 be equally divided between the claimant and the Quality of Long-
58 Term Care Facility Improvement Trust Fund before the claimant's
59 attorney may receive attorney fees., in accordance with the
60 following provisions:

61 (b) (a) In the event of a judgment, the clerk of the court
62 shall transmit a copy of the jury verdict to the Chief Financial
63 Officer by certified mail. In the final judgment, the court
64 shall order the percentages of the award, payable as provided
65 herein. In the event of a settlement, the claimant shall
66 transmit by certified mail to the Chief Financial Officer a
67 statement identifying the share due to the Quality of Long-Term
68 Care Facility Improvement Trust Fund.

69 (c) (b) A settlement agreement entered into between the
70 original parties to the action after a verdict has been returned
71 must provide a proportionate share payable to the Quality of
72 Long-Term Care Facility Improvement Trust Fund specified herein.
73 For purposes of this paragraph, a proportionate share is a 50-
74 percent share of that percentage of the settlement amount which
75 the punitive damages portion of the verdict bore to the total of

76 | the compensatory and punitive damages in the verdict.

77 | ~~(d)~~ ~~(e)~~ The Department of Financial Services shall collect
 78 | or cause to be collected all payments due the state under this
 79 | section. Such payments are made to the Chief Financial Officer
 80 | and deposited in the appropriate fund specified in this
 81 | subsection.

82 | ~~(e)~~ ~~(d)~~ If the full amount of punitive damages awarded
 83 | cannot be collected, the claimant and the other recipient
 84 | designated pursuant to this subsection are each entitled to a
 85 | proportionate share of the punitive damages collected.

86 | Section 3. Paragraph (h) is added to subsection (2) of
 87 | section 400.0239, Florida Statutes, to read:

88 | 400.0239 Quality of Long-Term Care Facility Improvement
 89 | Trust Fund.—

90 | (2) Expenditures from the trust fund shall be allowable
 91 | for direct support of the following:

92 | (h) A grant program run by the agency to fund the purchase
 93 | of emergency power sources for nursing homes to provide cooling
 94 | and other emergency services to their residents.

95 | Section 4. Subsection (3) of section 400.19, Florida
 96 | Statutes, is amended to read:

97 | 400.19 Right of entry and inspection.—

98 | (3) The agency shall every 15 months conduct at least one
 99 | unannounced inspection to determine compliance by the licensee
 100 | with statutes, and with rules promulgated under the provisions

101 of those statutes, governing minimum standards of construction,
102 equipment and emergency power sources as required in s.
103 400.23(2), quality and adequacy of care, and rights of
104 residents. The survey shall be conducted every 6 months for the
105 next 2-year period if the facility has been cited for a class I
106 deficiency, has been cited for two or more class II deficiencies
107 arising from separate surveys or investigations within a 60-day
108 period, or has had three or more substantiated complaints within
109 a 6-month period, each resulting in at least one class I or
110 class II deficiency. In addition to any other fees or fines in
111 this part, the agency shall assess a fine for each facility that
112 is subject to the 6-month survey cycle. The fine for the 2-year
113 period shall be \$6,000, one-half to be paid at the completion of
114 each survey. The agency may adjust this fine by the change in
115 the Consumer Price Index, based on the 12 months immediately
116 preceding the increase, to cover the cost of the additional
117 surveys. The agency shall verify through subsequent inspection
118 that any deficiency identified during inspection is corrected.
119 However, the agency may verify the correction of a class III or
120 class IV deficiency unrelated to resident rights or resident
121 care without reinspecting the facility if adequate written
122 documentation has been received from the facility, which
123 provides assurance that the deficiency has been corrected. The
124 giving or causing to be given of advance notice of such
125 unannounced inspections by an employee of the agency to any

126 | unauthorized person shall constitute cause for suspension of not
 127 | fewer than 5 working days according to the provisions of chapter
 128 | 110.

129 | Section 5. Paragraphs (d) and (g) of subsection (2) of
 130 | section 400.23, Florida Statutes, are amended to read:

131 | 400.23 Rules; evaluation and deficiencies; licensure
 132 | status.—

133 | (2) Pursuant to the intention of the Legislature, the
 134 | agency, in consultation with the Department of Health and the
 135 | Department of Elderly Affairs, shall adopt and enforce rules to
 136 | implement this part and part II of chapter 408, which shall
 137 | include reasonable and fair criteria in relation to:

138 | (d) The equipment essential to the health and welfare of
 139 | the residents, including an operational emergency power source
 140 | and a supply of fuel to sustain the emergency power source for
 141 | at least 4 days during a power outage. A facility may contract
 142 | with a company to supply an emergency power source or fuel when
 143 | requested by the facility, or may store the emergency power
 144 | source and fuel on site. The emergency power source must provide
 145 | enough energy to:

146 | 1. Consistently maintain an ambient air temperature of 81
 147 | degrees Fahrenheit or below in at least one area of the facility
 148 | with sufficient space to safely hold all of the facility's
 149 | residents; and

150 | 2. Refrigerate and prepare food and beverages for the

151 residents and to store ice.

152 (g) The preparation and annual update of a comprehensive
153 emergency management plan. The agency shall adopt rules
154 establishing minimum criteria for the plan after consultation
155 with the Division of Emergency Management. At a minimum, the
156 rules must provide for plan components that address emergency
157 evacuation transportation; adequate sheltering arrangements;
158 postdisaster activities, including emergency power, food, and
159 water; postdisaster transportation; supplies; staffing;
160 emergency equipment; individual identification of residents and
161 transfer of records; a plan to monitor residents to ensure
162 residents do not experience complications from heat exposure and
163 to make certain all residents have sufficient access to areas of
164 the facility with an ambient air temperature of 81 degrees
165 Fahrenheit or below; a plan to safely transport residents to
166 another appropriate facility if the facility believes it will be
167 unable to maintain the residents in a safe temperature range;
168 and responding to family inquiries. The comprehensive emergency
169 management plan is subject to review and approval by the local
170 emergency management agency. During its review, the local
171 emergency management agency shall ensure that the following
172 agencies, at a minimum, are given the opportunity to review the
173 plan: the Department of Elderly Affairs, the Department of
174 Health, the Agency for Health Care Administration, and the
175 Division of Emergency Management. Also, appropriate volunteer

176 organizations must be given the opportunity to review the plan.
177 The local emergency management agency shall complete its review
178 within 60 days and either approve the plan or advise the
179 facility of necessary revisions. The local emergency management
180 agency shall publish a list of providers whose emergency plans
181 have been approved but may not disclose the plan itself in order
182 to protect sensitive information from public disclosure.

183 Section 6. Paragraph (b) of subsection (2) of section
184 409.908, Florida Statutes, is amended to read:

185 409.908 Reimbursement of Medicaid providers.—Subject to
186 specific appropriations, the agency shall reimburse Medicaid
187 providers, in accordance with state and federal law, according
188 to methodologies set forth in the rules of the agency and in
189 policy manuals and handbooks incorporated by reference therein.
190 These methodologies may include fee schedules, reimbursement
191 methods based on cost reporting, negotiated fees, competitive
192 bidding pursuant to s. 287.057, and other mechanisms the agency
193 considers efficient and effective for purchasing services or
194 goods on behalf of recipients. If a provider is reimbursed based
195 on cost reporting and submits a cost report late and that cost
196 report would have been used to set a lower reimbursement rate
197 for a rate semester, then the provider's rate for that semester
198 shall be retroactively calculated using the new cost report, and
199 full payment at the recalculated rate shall be effected
200 retroactively. Medicare-granted extensions for filing cost

201 reports, if applicable, shall also apply to Medicaid cost
202 reports. Payment for Medicaid compensable services made on
203 behalf of Medicaid eligible persons is subject to the
204 availability of moneys and any limitations or directions
205 provided for in the General Appropriations Act or chapter 216.
206 Further, nothing in this section shall be construed to prevent
207 or limit the agency from adjusting fees, reimbursement rates,
208 lengths of stay, number of visits, or number of services, or
209 making any other adjustments necessary to comply with the
210 availability of moneys and any limitations or directions
211 provided for in the General Appropriations Act, provided the
212 adjustment is consistent with legislative intent.

213 (2)

214 (b) Subject to any limitations or directions in the
215 General Appropriations Act, the agency shall establish and
216 implement a state Title XIX Long-Term Care Reimbursement Plan
217 for nursing home care in order to provide care and services in
218 conformance with the applicable state and federal laws, rules,
219 regulations, and quality and safety standards and to ensure that
220 individuals eligible for medical assistance have reasonable
221 geographic access to such care.

222 1. The agency shall amend the long-term care reimbursement
223 plan and cost reporting system to create direct care and
224 indirect care subcomponents of the patient care component of the
225 per diem rate. These two subcomponents together shall equal the

226 patient care component of the per diem rate. Separate cost-based
227 ceilings shall be calculated for each patient care subcomponent.
228 The direct care subcomponent of the per diem rate shall be
229 limited by the cost-based class ceiling, and the indirect care
230 subcomponent may be limited by the lower of the cost-based class
231 ceiling, the target rate class ceiling, or the individual
232 provider target.

233 2. The direct care subcomponent shall include salaries and
234 benefits of direct care staff providing nursing services
235 including registered nurses, licensed practical nurses, and
236 certified nursing assistants who deliver care directly to
237 residents in the nursing home facility. This excludes nursing
238 administration, staff development, the staffing coordinator, and
239 the administrative portion of the minimum data set and care plan
240 coordinators. The direct care subcomponent also includes
241 medically necessary dental care, vision care, hearing care, and
242 podiatric care.

243 3. All other patient care costs shall be included in the
244 indirect care cost subcomponent of the patient care per diem
245 rate. Costs may not be allocated directly or indirectly to the
246 direct care subcomponent from a home office or management
247 company.

248 4. On July 1 of each year, the agency shall report to the
249 Legislature direct and indirect care costs, including average
250 direct and indirect care costs per resident per facility and

251 direct care and indirect care salaries and benefits per category
252 of staff member per facility.

253 5. In order to offset the cost of general and professional
254 liability insurance, the agency shall amend the plan to allow
255 for interim rate adjustments to reflect increases in the cost of
256 general or professional liability insurance for nursing homes.
257 This provision shall be implemented to the extent existing
258 appropriations are available.

259 6. Adjustments shall be made to the provider Medicaid rate
260 to allow reimbursement over a 5-year period for Medicaid's
261 portion of the costs incurred to meet the emergency power source
262 requirements of s. 400.23(2)(d).

263
264 It is the intent of the Legislature that the reimbursement plan
265 achieve the goal of providing access to health care for nursing
266 home residents who require large amounts of care while
267 encouraging diversion services as an alternative to nursing home
268 care for residents who can be served within the community. The
269 agency shall base the establishment of any maximum rate of
270 payment, whether overall or component, on the available moneys
271 as provided for in the General Appropriations Act. The agency
272 may base the maximum rate of payment on the results of
273 scientifically valid analysis and conclusions derived from
274 objective statistical data pertinent to the particular maximum
275 rate of payment.

276 Section 7. Effective October 1, 2018, paragraph (b) of
277 subsection (2) of section 409.908, Florida Statutes, as amended
278 by chapter 2017-129, Laws of Florida, is amended to read:

279 (b) Subject to any limitations or directions in the
280 General Appropriations Act, the agency shall establish and
281 implement a state Title XIX Long-Term Care Reimbursement Plan
282 for nursing home care in order to provide care and services in
283 conformance with the applicable state and federal laws, rules,
284 regulations, and quality and safety standards and to ensure that
285 individuals eligible for medical assistance have reasonable
286 geographic access to such care.

287 1. The agency shall amend the long-term care reimbursement
288 plan and cost reporting system to create direct care and
289 indirect care subcomponents of the patient care component of the
290 per diem rate. These two subcomponents together shall equal the
291 patient care component of the per diem rate. Separate prices
292 shall be calculated for each patient care subcomponent,
293 initially based on the September 2016 rate setting cost reports
294 and subsequently based on the most recently audited cost report
295 used during a rebasing year. The direct care subcomponent of the
296 per diem rate for any providers still being reimbursed on a cost
297 basis shall be limited by the cost-based class ceiling, and the
298 indirect care subcomponent may be limited by the lower of the
299 cost-based class ceiling, the target rate class ceiling, or the
300 individual provider target. The ceilings and targets apply only

301 to providers being reimbursed on a cost-based system. Effective
 302 October 1, 2018, a prospective payment methodology shall be
 303 implemented for rate setting purposes with the following
 304 parameters:

305 a. Peer Groups, including:

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

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

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

312 (I) Direct Care Costs.....100 percent.
 313 (II) Indirect Care Costs.....92 percent.
 314 (III) Operating Costs.....86 percent.

315 c. Floors:

316 (I) Direct Care Component.....95 percent.
 317 (II) Indirect Care Component.....92.5 percent.
 318 (III) Operating Component.....None.

319 d. Pass-through Payments..Real Estate and Personal Property
 320 Taxes and Property Insurance.

321 e. Quality Incentive Program Payment Pool6 percent of September
 322 2016 non-property related payments of included facilities.

323 f. Quality Score Threshold to Quality for Quality
 324 Incentive
 325 Payment.....20th percentile of included facilities.

- 326 g. Fair Rental Value System Payment Parameters:
- 327 (I) Building Value per Square Foot based on 2018 RS Means.
- 328 (II) Land Valuation.....10 percent of Gross Building value.
- 329 (III) Facility Square Footage.....Actual Square Footage.
- 330 (IV) Moveable Equipment Allowance.....\$8,000 per bed.
- 331 (V) Obsolescence Factor.....1.5 percent.
- 332 (VI) Fair Rental Rate of Return.....8 percent.
- 333 (VII) Minimum Occupancy.....90 percent.
- 334 (VIII) Maximum Facility Age.....40 years.
- 335 (IX) Minimum Square Footage per Bed.....350.
- 336 (X) Maximum Square Footage for Bed.....500.
- 337 (XI) Minimum Cost of a renovation/replacements\$500 per bed.
- 338 h. Ventilator Supplemental payment of \$200 per Medicaid
- 339 day of 40,000 ventilator Medicaid days per fiscal year.
- 340 2. The direct care subcomponent shall include salaries and
- 341 benefits of direct care staff providing nursing services
- 342 including registered nurses, licensed practical nurses, and
- 343 certified nursing assistants who deliver care directly to
- 344 residents in the nursing home facility, allowable therapy costs,
- 345 and dietary costs. This excludes nursing administration, staff
- 346 development, the staffing coordinator, and the administrative
- 347 portion of the minimum data set and care plan coordinators. The
- 348 direct care subcomponent also includes medically necessary
- 349 dental care, vision care, hearing care, and podiatric care.
- 350 3. All other patient care costs shall be included in the

351 indirect care cost subcomponent of the patient care per diem
352 rate, including complex medical equipment, medical supplies, and
353 other allowable ancillary costs. Costs may not be allocated
354 directly or indirectly to the direct care subcomponent from a
355 home office or management company.

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

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

365 6. A direct care supplemental payment may be made to
366 providers whose direct care hours per patient day are above the
367 80th percentile and who provide Medicaid services to a larger
368 percentage of Medicaid patients than the state average.

369 7. For the period beginning on October 1, 2018, and ending
370 on September 30, 2021, the agency shall reimburse providers the
371 greater of their September 2016 cost-based rate or their
372 prospective payment rate. Effective October 1, 2021, the agency
373 shall reimburse providers the greater of 95 percent of their
374 cost-based rate or their rebased prospective payment rate, using
375 the most recently audited cost report for each facility. This

376 subparagraph shall expire September 30, 2023.

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

385 9. Adjustments shall be made to the provider Medicaid rate
386 to allow reimbursement over a 5-year period for Medicaid's
387 portion of the costs incurred to meet the emergency power source
388 requirements of s. 400.23(2)(d).

389
390 It is the intent of the Legislature that the reimbursement plan
391 achieve the goal of providing access to health care for nursing
392 home residents who require large amounts of care while
393 encouraging diversion services as an alternative to nursing home
394 care for residents who can be served within the community. The
395 agency shall base the establishment of any maximum rate of
396 payment, whether overall or component, on the available moneys
397 as provided for in the General Appropriations Act. The agency
398 may base the maximum rate of payment on the results of
399 scientifically valid analysis and conclusions derived from
400 objective statistical data pertinent to the particular maximum

401 rate of payment.

402 Section 8. Subsection (2) of section 429.34, Florida
403 Statutes, is amended to read:

404 429.34 Right of entry and inspection.—

405 (2) The agency shall inspect each licensed assisted living
406 facility at least once every 24 months to determine compliance
407 by the licensee with this chapter, and related rules concerning
408 the provision of electricity and emergency power sources during
409 power outages, the quality and adequacy of care, and resident
410 rights. If an assisted living facility is cited for a class I
411 violation or three or more class II violations arising from
412 separate surveys within a 60-day period or due to unrelated
413 circumstances during the same survey, the agency must conduct an
414 additional licensure inspection within 6 months.

415 Section 9. Paragraph (a) of subsection (1) of section
416 429.41, Florida Statutes, is amended to read:

417 429.41 Rules establishing standards.—

418 (1) It is the intent of the Legislature that rules
419 published and enforced pursuant to this section shall include
420 criteria by which a reasonable and consistent quality of
421 resident care and quality of life may be ensured and the results
422 of such resident care may be demonstrated. Such rules shall also
423 ensure a safe and sanitary environment that is residential and
424 noninstitutional in design or nature. It is further intended
425 that reasonable efforts be made to accommodate the needs and

426 | preferences of residents to enhance the quality of life in a
427 | facility. Uniform firesafety standards for assisted living
428 | facilities shall be established by the State Fire Marshal
429 | pursuant to s. 633.206. The agency, in consultation with the
430 | department, may adopt rules to administer the requirements of
431 | part II of chapter 408. In order to provide safe and sanitary
432 | facilities and the highest quality of resident care
433 | accommodating the needs and preferences of residents, the
434 | department, in consultation with the agency, the Department of
435 | Children and Families, and the Department of Health, shall adopt
436 | rules, policies, and procedures to administer this part, which
437 | must include reasonable and fair minimum standards in relation
438 | to:

439 | (a) The requirements for and maintenance of facilities,
440 | not in conflict with chapter 553, relating to electricity,
441 | plumbing, heating, cooling, lighting, ventilation, living space,
442 | and other housing conditions, which will ensure the health,
443 | safety, and comfort of residents suitable to the size of the
444 | structure.

445 | 1. Firesafety evacuation capability determination.—An
446 | evacuation capability evaluation for initial licensure shall be
447 | conducted within 6 months after the date of licensure.

448 | 2. Firesafety requirements.—

449 | a. The National Fire Protection Association, Life Safety
450 | Code, NFPA 101 and 101A, current editions, shall be used in

451 determining the uniform firesafety code adopted by the State
452 Fire Marshal for assisted living facilities, pursuant to s.
453 633.206.

454 b. A local government or a utility may charge fees only in
455 an amount not to exceed the actual expenses incurred by the
456 local government or the utility relating to the installation and
457 maintenance of an automatic fire sprinkler system in a licensed
458 assisted living facility structure.

459 c. All licensed facilities must have an annual fire
460 inspection conducted by the local fire marshal or authority
461 having jurisdiction.

462 d. An assisted living facility that is issued a building
463 permit or certificate of occupancy before July 1, 2016, may at
464 its option and after notifying the authority having
465 jurisdiction, remain under the provisions of the 1994 and 1995
466 editions of the National Fire Protection Association, Life
467 Safety Code, NFPA 101, and NFPA 101A. The facility opting to
468 remain under such provisions may make repairs, modernizations,
469 renovations, or additions to, or rehabilitate, the facility in
470 compliance with NFPA 101, 1994 edition, and may utilize the
471 alternative approaches to life safety in compliance with NFPA
472 101A, 1995 edition. However, a facility for which a building
473 permit or certificate of occupancy is issued before July 1,
474 2016, that undergoes Level III building alteration or
475 rehabilitation, as defined in the Florida Building Code, or

476 seeks to utilize features not authorized under the 1994 or 1995
477 editions of the Life Safety Code must thereafter comply with all
478 aspects of the uniform firesafety standards established under s.
479 633.206, and the Florida Fire Prevention Code, in effect for
480 assisted living facilities as adopted by the State Fire Marshal.

481 3. Resident elopement requirements.—Facilities are
482 required to conduct a minimum of two resident elopement
483 prevention and response drills per year. All administrators and
484 direct care staff must participate in the drills which shall
485 include a review of procedures to address resident elopement.
486 Facilities must document the implementation of the drills and
487 ensure that the drills are conducted in a manner consistent with
488 the facility's resident elopement policies and procedures.

489 4. An operational emergency power source and a supply of
490 fuel to sustain the emergency power source for at least 4 days
491 during a power outage. A facility may contract with a company to
492 provide an emergency power source or fuel when requested by the
493 facility, or may store an emergency power source and a supply of
494 fuel on site. The emergency power source must provide enough
495 energy to:

496 a. Consistently maintain an ambient air temperature of 81
497 degrees Fahrenheit or below in at least one area of the facility
498 that has enough space to safely hold all of the facility's
499 residents; and

500 b. Refrigerate and prepare food for the residents and to

HB 933

2018

501 | store ice.

502 | Section 10. Except as otherwise expressly provided in this
503 | act, this act shall take effect July 1, 2018.