By Senator Simon

3-00912A-25

20251588

A bill to be entitled

An act relating to the Agency for Health Care Administration; amending s. 408.05, F.S.; deleting the State Consumer Health Information and Policy Advisory Council; amending s. 429.177, F.S.; defining the term "memory care services"; requiring memory care providers to follow specified standards of operation in providing memory care services; providing applicability; providing requirements for resident contracts; providing requirements for memory care facilities; prohibiting certain facilities from advertising, representing, or holding themselves out as memory care providers unless such facilities meet specified criteria; repealing s. 429.178, F.S., relating to special care for persons with Alzheimer's disease or other related disorders; amending s. 627.4236, F.S.; deleting rulemaking authority; providing effective dates.

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

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Section 1. Paragraph (g) of subsection (3) and subsection (6) of section 408.05, Florida Statutes, are amended to read:
408.05 Florida Center for Health Information and
Transparency.—

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(3) HEALTH INFORMATION TRANSPARENCY.—In order to disseminate and facilitate the availability of comparable and uniform health information, the agency shall perform the following functions:

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(g) Consult with contracted vendors, the State Consumer

Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data.

- (6) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL.
- (a) There is established in the agency the State Consumer Health Information and Policy Advisory Council to assist the center. The council consists of the following members:
- 1. An employee of the Executive Office of the Governor, to be appointed by the Governor.
- 2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.
- 3. An employee of the Department of Education, to be appointed by the Commissioner of Education.
- 4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.
- (b) Each member of the council shall be appointed to serve for a term of 2 years following the date of appointment. A vacancy shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.
- (c)—The council may meet at the call of its chair, at the request of the agency, or at the request of a majority of its membership, but the council must meet at least quarterly.
 - (d) Members shall elect a chair and vice chair annually.

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(e)—A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take action.

- (f) The council shall maintain minutes of each meeting and shall make such minutes available to any person.
- (g) Members of the council shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061.
- (h) The council's duties and responsibilities include, but are not limited to, the following:
- 1. To develop a mission statement, goals, and a plan of action for the identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities.
- 2. To develop a review process to ensure cooperative planning among agencies that collect or maintain health-related data.
- 3. To create ad hoc issue-oriented technical workgroups on an as-needed basis to make recommendations to the council.
- Section 2. Effective January 1, 2026, section 429.177, Florida Statutes, is amended to read:
- 429.177 Patients with Alzheimer's disease, dementia, or other memory related disorders; certain disclosures; minimum standards.—
- (1) "Memory care services" means specialized or focused care and services designed to address health or behavioral issues resulting from Alzheimer's disease, dementia, or other memory disorders.
 - (2) (a) A facility that advertises itself as a memory care

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provider or otherwise claims that the facility provides memory care services, including, but not limited to, services for residents with Alzheimer's disease, dementia, or other memory disorders, must meet all of the following standards of operation for such services:

- 1. Develop and implement policies and procedures addressing all of the following:
 - a. Admittance criteria.
- b. Care and services necessary to address the needs of persons admitted for memory care services.
- 2. Provide activities specifically designed and offered for persons admitted for memory care services.
- 3. Maintain a current and accurate log of residents admitted as receiving memory care services.
- (b) The standards in paragraph (a) apply to any unit designated for the provision of memory care services or to a facility that provides memory care services to any resident admitted and requiring such services.
- (3) In addition to the requirements of s. 429.24, resident contracts must specify all memory care services to be provided and any related costs should those costs exceed standard room and board.
- (4) In addition to the requirements of s. 429.26(7), for persons residing in a memory care facility, the facility shall:
- (a) Notify a licensed physician when a resident has a change of condition specific to increased or more severe dementia or other memory disorder to ensure that appropriate care is provided to the resident. The notification must occur within 30 days after the acknowledgement of such changes in

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condition by facility staff.

- (b) If a change in the resident's condition is determined to exist, notify the resident's representative or designee and assist in making appointments for the necessary care and services for treatment of the change in condition.
- (c) If the resident does not have a representative or designee, or if the resident's representative or designee cannot be located or is unresponsive, arrange with the appropriate health care provider for the necessary care and services for treatment of the change in condition.
- (5) (a) The memory care facility or unit, if a memory care provider has a specific unit designated for memory care services, must have at least one staff member present to provide care and services at all times. The staff member shall:
 - 1. Stay awake at all times while on duty.
- 2. Meet any training requirements specified by statute or rule for assisted living facilities, including the training and continuing education requirements of s. 430.5025.
- 3. Be certified in first aid and cardiopulmonary resuscitation.
- (b) A staff member administering medication or providing assistance with the self-administration of medication may not be considered as the sole staff member toward the staffing requirement while engaged in these tasks.
- (6) A facility licensed under this part which claims that it provides special care for persons who have Alzheimer's disease, dementia, or other memory related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially

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applicable to, or suitable for, such persons. The facility must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer's disease, dementia, or other memory related disorders offered by the facility and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the facility's records as part of the license renewal procedure.

Section 3. <u>Effective January 1, 2026, section 429.178,</u> Florida Statutes, is repealed.

Section 4. Subsection (3) of section 627.4236, Florida Statutes, is amended to read:

627.4236 Coverage for bone marrow transplant procedures.—
(3) (a) The Agency for Health Care Administration shall
adopt rules specifying the bone marrow transplant procedures
that are accepted within the appropriate oncological specialty
and are not experimental for purposes of this section. The rules
must be based upon recommendations of an advisory panel
appointed by the secretary of the agency, composed of:

- 1. One adult oncologist, selected from a list of three names recommended by the Florida Medical Association;
- 2. One pediatric oncologist, selected from a list of three names recommended by the Florida Pediatric Society;
- 3. One representative of the J. Hillis Miller Health Center at the University of Florida;
- 4. One representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;
 - 5. One consumer representative, selected from a list of

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three names recommended by the Chief Financial Officer;

- 6. One representative of the Health Insurance Association of America;
- 7. Two representatives of health insurers, one of whom represents the insurer with the largest Florida health insurance premium volume and one of whom represents the insurer with the second largest Florida health insurance premium volume; and
- 8. One representative of the insurer with the largest Florida small group health insurance premium volume.
- (b) The director shall also appoint a member of the advisory panel to serve as chairperson.
- (c) The agency shall provide, within existing resources, staff support to enable the panel to carry out its responsibilities under this section.
- (d) In making recommendations and adopting rules under this section, the advisory panel and the director shall:
- 1. Take into account findings, studies, or research of the federal Agency for Health Care Policy, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, and Congressional Office of Technology Assessment, and any other relevant information.
- 2. Consider whether the federal Food and Drug
 Administration or National Cancer Institute is conducting or
 sponsoring assessment procedures to determine the safety and
 efficacy of the procedure or substantially similar procedures,
 or of any part of such procedures.
- 3. Consider practices of providers with respect to requesting or requiring patients to sign a written acknowledgment that a bone marrow transplant procedure is

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(e) The advisory panel shall conduct, at least biennially,

a review of scientific evidence to ensure that its
recommendations are based on current research findings and that
insurance policies offer coverage for the latest medically
acceptable bone marrow transplant procedures.

Section 5. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2025.