The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Appropriations

BILL:	SB 2514
INTRODUCER:	Appropriations Committee
SUBJECT:	Health and Human Services
DATE:	April 3, 2025
REVISED:	

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
Gerbrandt	Sadberry		**AP Submitted as Comm. Bill/FAV**

I. Summary:

SB 2514 conforms statutes to funding decisions related to Health and Human Services in the Proposed Senate General Appropriations Act (GAA) for Fiscal Year 2025-2026. Specifically, the proposed bill:

- Allows dental and dental hygiene students with job offers from eligible public health programs or private practices to apply for the Dental Student Loan Repayment Program prior to beginning employment.
- Revises the Cancer Connect Collaborative's membership, establishes grant parameters and reporting requirements for the Cancer Innovation Fund, and creates a five-year Research Incubator to fund targeted cancer research.
- Establishes the Bascom Palmer Eye Institute VisionGen Initiative to advance genetic and epigenetic research on inherited eye diseases and ocular oncology.
- Requires the Department of Health to revoke medical marijuana registration if a patient or caregiver is convicted or pleads guilty or no contest to a ch. 893, F.S., violation.
- Authorizes Valerie's House, Inc., to provide no cost grief support services to bereaved children who have experienced the death of a parent or sibling, and their caregiver.
- Requires the Agency for Health Care Administration to enhance nursing home governance through resident surveys, medical director standards, safety culture reviews, and improved health data exchange.
- Strengthens nursing home oversight with new reporting, quality tracking, and a third-party comprehensive study on national quality best practices due by December 1, 2025.
- Expands the Training, Education, and Clinicals in Health (TEACH) Funding Program to include certain nonprofits and provides for reimbursement of nursing students.

The bill takes effect July 1, 2025

II. Present Situation:

The Health Care Workforce Shortage

The term "health care workforce" means a health care professional working in health service settings. Physicians and nurses make up the largest segments of the health care workforce. The United States has a health care professional shortage. A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that has been designated by the federal Health Resources and Services Administration (HRSA) as having a shortage of health professionals. As of March 18, 2025, there are 7,749 Primary Care HPSAs, 7,054 Dental HPSAs, and 6,418 Mental Health HPSAs nationwide. To eliminate the shortages, an additional 13,364 primary care practitioners, 10,143 dentists, and 6,202 psychiatrists are needed, respectively.[1]

This shortage is predicted to continue into the foreseeable future and will likely worsen with the aging and the growth of the U.S. population[2] and the expanded access to health care under the federal Affordable Care Act.[3] Aging populations create a disproportionately higher health care demand due to seniors having a higher per capita consumption of health care services than younger populations.[4] Additionally, as more individuals qualify for health care benefits, there will necessarily be a greater demand for more health care professionals to provide these services.

Health Care Shortage Designations

The HRSA designates health care shortage areas in the U.S. The two main types of health care shortage areas designated by the HRSA are HPSAs and Medically Underserved Areas (MUA).

Health Care Professional Shortage Areas

There are three categories of HPSA: primary care, dental health, and mental health.[5]

HPSAs can be designated as geographic areas; areas with a specific group of people such as low-income populations, homeless populations, and migrant farmworker populations; or as a specific

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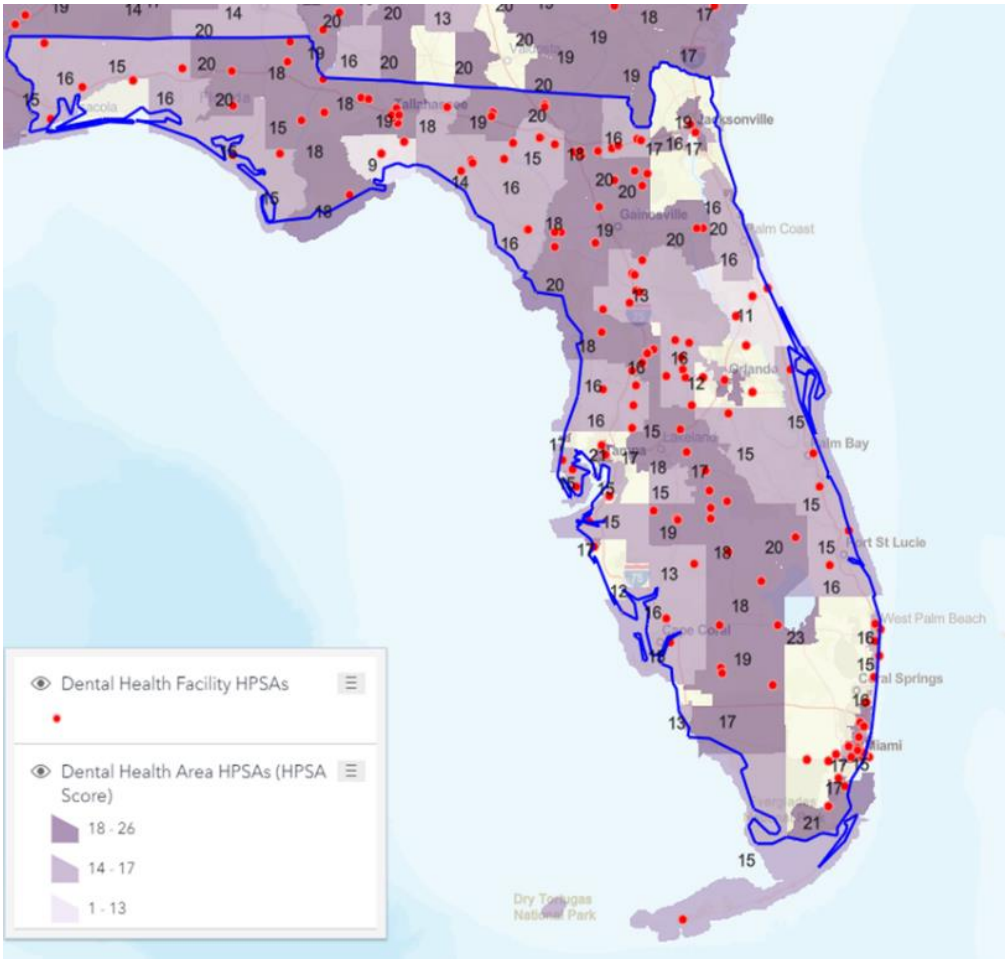
[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Shortage Areas, available at https://data.hrsa.gov/topics/health-workforce/shortage-areas (last visited Jan. 14, 2024).
[2] The U.S. population is expected to increase by 79 million people by 2060, and average of 1.8 million people each year between 2017 and 2060. *See* U.S. *Census Bureau, Demographic Turning Points for the U.S.; Population Projections for 2020 to 2060* (February 2020), *available at* https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf (last visited Jan. 14, 2024).
[3] Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*, (June 2021), *available at* https://www.aamc.org/media/54681/download (last visited Jan 14, 2024).
[4] The nation's 65-and-older population is projected to nearly double in size in coming decades, from 49 million in 2016 to 95 million people in 2060. *See:* U.S. Census Bureau, *U.S. and World Population Clock*, *available at* https://www.census.gov/popclock/, and U.S. Census Bureau, *U.S. Population Projected to Begin Declining in Second Half of Century* (Nov. 9, 2023), *available at* https://www.census.gov/newsroom/press-releases/2023/population-projections.html (both sites last visited Jan. 14, 2024).
[5] *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, *available at* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf, (last visited Jan 14, 2024).

facility that serves a population or geographic area with a shortage of providers.[6] As of December 31, 2024, there are 304 primary care HPSAs, 266 dental HPSAs, and 228 mental health HPSAs designated within the state. It would take 1,803 primary care physicians, 1,317 dentists, and 587 psychiatrists to eliminate these shortage areas.[7]

Each HPSA is given a score by the HRSA indicating the severity of the shortage in that area, population, or facility. The scores for primary care and mental health HPSAs can be between 0 and 25 and between 0 and 26 for dental health HPSAs, with a higher score indicating a more severe shortage.[8]

Dental HPSAs

Below is a map of dental health HPSAs in Florida with their associated HPSA scores.



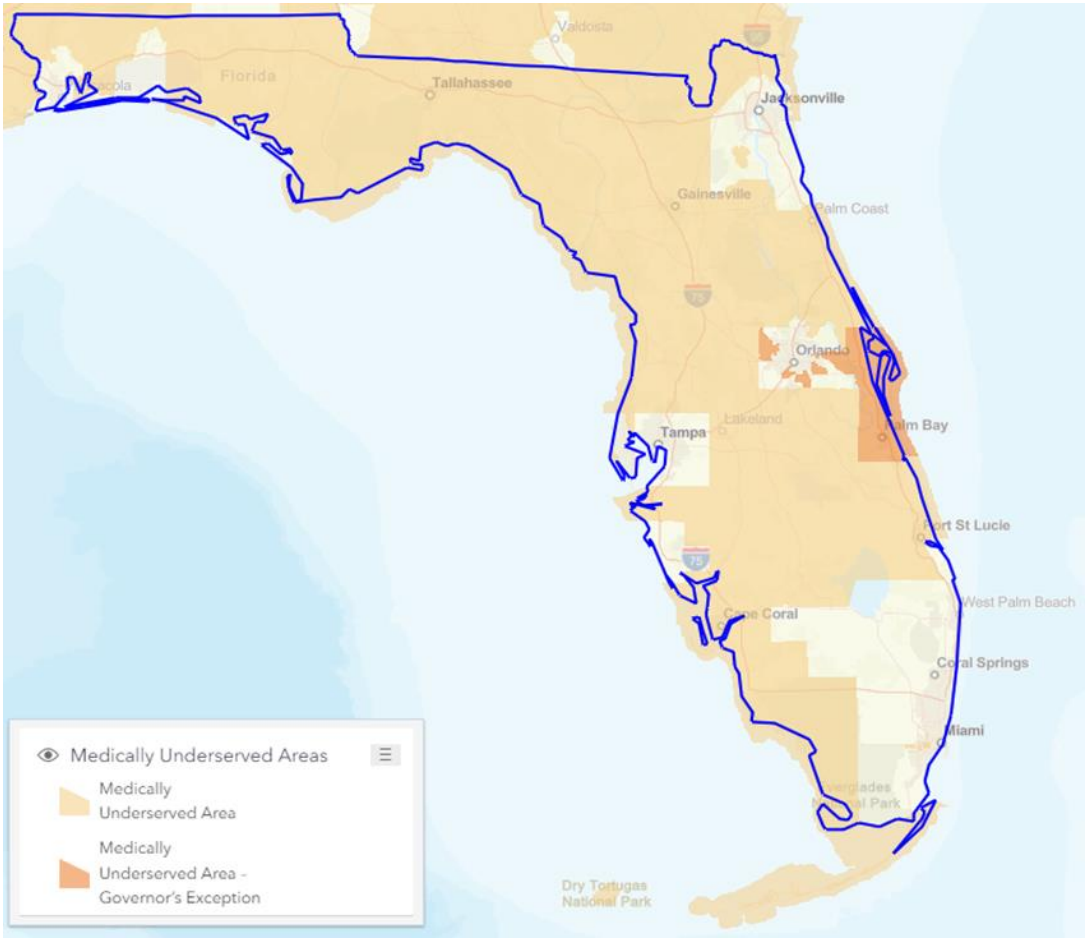
[6] *What is a Shortage Designation?*, HRSA, *available at* https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas, (last visited Jan 14, 2024).
[7] Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), *available at* https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs (last visited Jan 14, 2024). To generate the report, select "Designated HPSA Quarterly Summary."
[8] HRSA, *Scoring Shortage Designations*, *available at* https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring, (last visited Jan 14, 2024).

Medically Underserved Areas

MUAs identify an area with a lack of primary care access. MUAs have a shortage of primary care health services within geographic areas such as:

- A whole county
- A group of neighboring counties
- A group of urban census tracts
- A group of county or civil divisions.[9]

Below is a map of the MUAs in Florida.



DSLR Program

Section 381.4019, F.S., establishes the Dental Student Loan Repayment Program (DSLR Program) to support the state Medicaid program and promote access to dental care by supporting dentists and dental hygienists who treat medical underserved populations in dental health professional shortage areas or medically underserved areas. The program authorizes student loan

[9] National Health Service Corps, *Health Professional Shortage Areas (HPSAs) and Your Site, available at* https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf, (last visited Jan 14, 2024).

repayment awards for up to $50,000 for dentists, and $7,500 for dental hygienists, but caps the loan at 20 percent of the principal loan amount at the time of application. A dentist or dental hygienist may receive up to a maximum of 5 awards, one award for each year he or she maintains eligibility for the program for the entire year.[10]

DSLR loan awardees must maintain active employment in a public health program or private practice that serves Medicaid recipients and other low-income patients and is in a dental health professional shortage area or medically underserved area.[11]

Florida Cancer Research Programs

The Legislature funds cancer research in Florida through four main programs: William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program), the Casey DeSantis Cancer Research Program (Casey DeSantis Program), the Live Like Bella Initiative – Pediatric Cancer Research Program (Live Like Bella Initiative), and the Cancer Innovation Fund. Currently, $200.5 million is appropriated annually for these research programs as follows:[12]

- Bankhead-Coley Program – $10 million Biomedical Trust Fund
- Casey DeSantis Cancer Research Program – $127.5 million ($111.1 General Revenue; $16.4 Biomedical Trust Fund)
- Live Like Bella Initiative – $3 million Biomedical Trust Fund
- Florida Cancer Innovation Fund – $60 million Biomedical Research Trust Fund

William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program

In 2006, the Legislature created the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program to advance progress toward cures for cancer through grants awarded through a peer-reviewed, competitive process.[13]

The program provides grants for cancer research to further the search for cures for cancer, by pursuing the following goals:[14]

- Significantly expand cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric and adult participation in clinical trials networks.
- Reduce the impact of cancer on disproportionately impacted individuals.

Currently, the Bankhead-Coley Program is funded at $10 million annually.[15]

[10] Section 381.4019(3), F.S.
[11] Section 381.4019(2), F.S.
[12] Chapter 2024-231, Laws of Fla. See specific appropriations 456C, 457A, 457C, and 457B, respectively.
[13] Section 381.922(1), F.S.
[14] Section 381.922(2), F.S.
[15] Chapter 2024-231, Laws of Fla. See specific appropriation 456C.

The Casey DeSantis Cancer Research Program

In 2014, the Legislature created the Florida Consortium of National Cancer Institute (NCI) Centers Program, which was renamed as the Casey DeSantis Cancer Research Program (Casey DeSantis Program) in 2022. The Casey DeSantis Program was established to:[16]

- Enhance the quality and competitiveness of cancer care in Florida;
- Further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens; and
- Capitalize on potential educational opportunities available to students.

The Florida Department of Health (DOH) is required to make payments to cancer centers recognized by the NCI as NCI-designated comprehensive cancer centers, cancer centers, and cancer centers working toward achieving NCI designation.[17]

The NCI designates institutions as:[18]

- Comprehensive Cancer Centers – focused on substantial transdisciplinary research that bridges all cancer-related research areas;
- Cancer Centers – focused on one research area such as clinical, prevention, cancer control or population science research; or
- Basic Laboratory Cancer Centers – focused on laboratory research and work collaboratively with other institutions.

A participating cancer center's annual allocation of funds is determined by a statutory tier-weighted formula that factors in a cancer center's reportable cancer cases; peer-review costs; and biomedical education and training.[19] The tier designations are weighted based on the participating cancer center's NCI-designation status. The program's three-tier designations are:[20]

- Tier 1: NCI-designated comprehensive cancer centers;
- Tier 2: NCI-designated cancer centers; and
- Tier 3: Cancer centers seeking NCI designation and meeting additional criteria related to their research and biomedical education.

Currently, there are two NCI-designed comprehensive cancer centers and two NCI-designated cancer centers in Florida:[21]

- H. Lee Moffitt Cancer Center – Comprehensive Cancer Center
- Mayo Clinic Cancer Center – Comprehensive Cancer Center
- The University of Florida (UF) Health Shands Cancer Hospital – Cancer Center
- University of Miami (UM) Sylvester Cancer Center – Cancer Center

[16] Section 381.915(2), F.S.
[17] *Id.*
[18] National Cancer Institute, NCI-Designated Cancer Centers, *available at*: https://www.cancer.gov/research/infrastructure/cancer-centers (last visited Mar. 21, 2025).
[19] Section 381.915(3), F.S.
[20] Section 381.915(4), F.S.
[21] National Cancer Institute, NCI-Designated Cancer Centers, "Find a Cancer Centers" directory, *available at*: https://www.cancer.gov/research/infrastructure/cancer-centers/find (last visited Mar. 21, 2025).

See chart below for the NCI-designed cancer center funding history of the Casey DeSantis Program:

	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
H. Lee Moffitt Cancer Center & Research	$ 24,911,553	$ 23,313,325	$ 39,368,392	$ 38,060,795	$ 39,620,622
Mayo Clinic	N/A	N/A	N/A	$ 23,314,286	$ 23,314,286
UF Health Shands Cancer Hospital	$ 20,722,858	$ 22,321,087	$ 30,721,560	$ 37,135,352	$ 35,219,873
UM Sylvester Cancer Center	$ 16,594,331	$ 16,595,331	$ 29,910,047	$ 28,989,567	$ 29,345,219
Total	**$ 62,228,742**	**$ 62,229,743**	**$ 99,999,999**	**$ 127,500,000**	**$ 127,500,000**

Starting July 1, 2025, the DOH, in conjunction with participating cancer centers, must provide an annual report to the Cancer Control and Research Advisory Council (CCRAB) by July 1. The report must include the following:[22]

- An analysis of trending age-adjusted cancer mortality rates in the state by age group, geographic region, and type of cancer.
- Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.
- A list and narrative description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalog of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

Live Like Bella Initiative – Pediatric Cancer Research

The Live Like Bella Pediatric Cancer Research Initiative was established to advance progress toward curing pediatric cancer through grants awarded through a peer-reviewed, competitive process.[23] The Initiative will provide grants for research to further the search for cures for pediatric cancer, by pursuing the following goals to:[24]

- Significantly expand pediatric cancer research capacity in Florida.
- Improve both research and treatment through greater pediatric enrollment in clinical trial networks.
- Reduce the impact of pediatric cancer on disproportionately impacted individuals.

Currently, the Live Like Bella Initiative is funded with $3 million annually.[25]

[22] Section 381.915(10), F.S. Prior to 2025, the report was required once every three years.
[23] Section 381.922(2), F.S.
[24] Department of Health, Biomedical Research Program Funding Announcement, Fiscal Year 2023-2024, *available at*: https://www.floridahealth.gov/provider-and-partner-resources/research/funding-opportunity-announcements/BRACFOAApprovedFINAL.pdf (last visited Mar. 21, 2025).
[25] Chapter 2024-231, Laws of Fla. See specific appropriations 457C.

Florida Cancer Innovation Fund

The Florida Cancer Innovation Fund was established in Fiscal Year 2023-2024 to fund projects focused on innovative research in cancer care and treatment. The funding aims to provide opportunities to break down longstanding silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment through innovative approaches to data infrastructure and best practices.[26] Funding is limited to Florida-based institutions.

The projects funded through Cancer Innovation Fund grant awards are required to focus on at least one of three goal areas below:[27]

- Data – to identify the reasons data is slow to move or hard to access and ways to dismantle those barriers.
- Best Practices – to streamline, encourage, and incentivize the sharing of treatment best practices among public and private entities.
- Innovation – to make advancements in cutting-edge technology and clinical treatments.

Currently, the Cancer Innovation Fund is appropriated $60 million annually.[28]

Florida Cancer Control and Research Advisory Council (CCRAB)

The Florida Cancer Control and Research Advisory Council (CCRAB) was established by the Legislature as an advisory body appointed to function on a continuing basis for the study of cancer and to make recommendations on solutions and policy alternatives to the Board of Governors and the State Surgeon General.[29] The CCRAB closely monitors Florida's cancer burden and recommends changes in policies, systems, and environments that lead to improved prevention, early detection, high-quality treatment, and increased cancer serval rates.[30]

- The Council consists of 16 members:[31]
- The State Surgeon General or his or her designee within the DOH;
- A representative of the H. Lee Moffitt Cancer Center and Research Institute, Inc.;
- A representative of the Sylvester Comprehensive Cancer Center of the University of Miami;
- A representative of the University of Florida Shands Cancer Center;
- A representative of the Mayo Clinic in Jacksonville;
- A representative of the American Cancer Society;
- A representative of the Association of Community Cancer Centers;
- A member of the Florida Hospital Association who specializes in the field of oncology;

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[26] Department of Health, Funding Opportunity Announcement, The Florida Cancer Innovation Fund, *available at* https://www.floridahealth.gov/provider-and-partner-resources/research/florida-cancer-innovation-fund/index.html (last visited Mar. 21, 2025).
[27] *Id.*
[28] Chapter 2024-231, Laws of Fla. See specific appropriation 457B.
[29] Section 1004.435, F.S.
[30] Florida Cancer Control and Research Advisory Council, CCRAB Annual Report 2024, The State of Cancer in Florida, *available at*: https://www.ccrab.org/_cache/files/c/3/c388cd5a-94e1-4342-b946-d21f872724cc/72B5F6981BBF2571E5C3B73AF0DC1169.2024ccrab-annualreport-final.pdf (last visited Mar. 21, 2025).
[31] Section 1004.435(4), F.S.

- A member of the Florida Medical Association who specializes in the field of oncology;
- A representative of the Florida Nurses Association who specializes in the field of oncology;
- A representative of the Florida Osteopathic Medical Association who specializes in the field of oncology;
- A specialist in pediatric oncology research or clinical care appointed by the Governor;
- A specialist in oncology clinical care or research appointed by the President of the Senate;
- A current or former cancer patient or a current or former caregiver to a cancer patient appointed by the Speaker of the House of Representatives;
- A member of the House of Representatives appointed by the Speaker of the House of Representatives; and
- A member of the Senate appointed by the President of the Senate.

CCRAB members serve four-year terms.[32]

Florida Cancer Connect Collaborative

Established in 2023, the Florida Cancer Connect Collaborative[33] (Collaborative) is an initiative begun by First Lady Casey DeSantis in partnership with the DOH and the Agency for Health Care Administration (AHCA). It was created by executive action of the Governor. The Collaborative originated as a team composed of medical professionals and government officials to analyze Florida's approach to combatting cancer. The original goal of the Collaborative was to break down long-standing silos between researchers, cancer facilities, and medical providers to improve cancer research and treatment. When first created, according to the Governor and First Lady, the Collaborative had five main objectives:[34]

- Data – The Collaborative will seek to identify the reasons data is slow to move or hard to access and dismantle those barriers.
- Best practices – The Collaborative will seek to streamline, encourage and incentivize the sharing of treatment best practices among public and private entities so that everyone is treated with the most effective treatment possible.
- Innovation – The Collaborative will identify the reasons that technology gets held up — whether it be special interests, over-litigiousness or bureaucratic red tape — and recommend ways to eliminate these barriers.
- Funding – The Collaborative will provide recommendations for the implementation of the Governor's proposed $170 million in funding to improve the pace of cancer research and novel technologies.
- Honesty – The Collaborative will be tasked with identifying the ways to ensure cancer causes, treatment, prevention, and diagnosis information is available and easy to access.

[32] Section 1004.435(4), F.S.
[33] The Cancer Connect Collaborative is an expansion of Cancer Connect, an initiative launched by First Lady Casey DeSantis in August 2022 to provide cancer information and survivor stories.
[34] Florida Governor Ron DeSantis, First Lady Casey DeSantis Announces the Cancer Connect Collaborative to Explore Innovative Strategies for Cancer Treatment and Care, *available at*: https://www.flgov.com/2023/02/23/first-lady-casey-DeSantis-announces-the-cancer-connect-collaborative-to-explore-innovative-strategies-for-cancer-treatment-and-care/ (last visited Mar. 21, 2025).

In 2024, the Legislature codified the Collaborative in Florida law, revising the mission of the Casey DeSantis Program to include a goal of promoting "the provision of high-quality, innovative health care for persons undergoing cancer treatment in this state" and to "make cancer innovation grant funding available through the Cancer Innovation Fund to health care providers and facilities that demonstrate excellence in patient-centered cancer treatment or research."[35]

The Collaborative is now a council[36] as defined in s. 20.03, F.S., created within the DOH to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The Collaborative is authorized to make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

The Collaborative is chaired by the State Surgeon General who serves as an ex officio, non-voting member. The remaining membership of the Collaborative is composed as follows, all of whom are voting members:

- Two members appointed by the Governor, one member appointed by the President of the Senate, and one member appointed by the Speaker of the House of Representatives, prioritizing their appointments on members who have the following experience or expertise:
- The practice of a health care profession specializing in oncology clinical care or research;
- The development of preventive and therapeutic treatments to control cancer;
- The development of innovative research into the causes of cancer, the development of effective treatments for persons with cancer, or cures for cancer; or
- Management-level experience with a cancer center licensed under ch. 395, F.S.
- A Florida resident who can represent the interests of cancer patients in this state, appointed by the Governor.

Members of the Collaborative have staggered terms, and vacancies are to be filled in the same manner as first appointed. Members serve without compensation but are entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061, F.S.

The Collaborative meets as necessary, but at least quarterly, at the call of the chair. A majority of the members of the Collaborative constitute a quorum, and a meeting may not be held with less than a quorum present. To establish a quorum, the Collaborative may conduct its meetings through teleconference or other electronic means. The DOH is required to provide reasonable and necessary support staff and materials to assist the Collaborative in the performance of its duties.

The Collaborative was required in 2024 to develop a long-range comprehensive plan for the Casey DeSantis Program and solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers. The long-range plan was required to be submitted to the President of the Senate, the Speaker of the House of Representatives, and the

[35] *See* ch. 2024-247, Laws of Florida.
[36] Section 20.03, F.S., defines a "council" or an "advisory council" as an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

Executive Office of the Governor no later than December 1, 2024,[37] to include, but not be limited to, the following components:

- Expansion of grant funding opportunities to include a broader pool of Florida-based cancer centers, research institutions, biomedical education institutions, hospitals, and medical providers to receive funding through the Cancer Innovation Fund.
- An evaluation to determine metrics that focus on patient outcomes, quality of care, and efficacy of treatment.
- A compilation of best practices relating to cancer research or treatment.

The Collaborative must advise the DOH on the awarding of grants issued through the Cancer Innovation Fund. During any fiscal year for which funds are appropriated, the Collaborative must recommend to the DOH the awarding of grants to support innovative cancer research and treatment models, including emerging research and treatment trends and promising treatments that may serve as catalysts for further research and treatments. The Collaborative is directed to give priority to applications seeking to expand the reach of innovative cancer treatment models into underserved areas of the state. The Collaborative must review all grant applications and make grant funding recommendations to the DOH, and the DOH is directed under the bill to make final grant allocation awards.

Florida Comprehensive Drug Abuse Prevention and Control Act, Ch. 893, F.S.

Chapter 893, F.S., known as the "Florida Comprehensive Drug Abuse Prevention and Control Act (Act)," is intended to comprehensively address drug abuse prevention and control in Florida. The Act generally provides laws relating to the scheduling of controlled substances, the penalties for the use, possession, sale and trafficking of such substances, and exceptions from such penalties such as for prescriptions from a pharmacist or healthcare practitioner.[38]

Department of Health's Office of Medical Marijuana Use

The Office of Medical Marijuana Use is charged with writing and implementing DOH's rules for medical marijuana, overseeing the statewide Medical Marijuana Use Registry, licensing Florida businesses to cultivate, process, and dispense medical marijuana to qualified patients, and certifying marijuana testing laboratories to ensure the health and safety of the public as it relates to marijuana.

Departmental Authority to Revoke the Registration of Qualified Patient or Caregiver

Currently, the DOH may suspend or revoke the registration of a qualified patient or caregiver if the qualified patient or caregiver:[39]

- Provides misleading, incorrect, false, or fraudulent information to the department;
- Obtains a supply of marijuana in an amount greater than the amount authorized by the physician certification;
- Falsifies, alters, or otherwise modifies an identification card;

[37] The long-range plan was completed and submitted as required by statute. It is *available at*: https://www.floridahealth.gov/provider-and-partner-resources/research/index1.html (last visited Mar. 21, 2025).
[38] *See* chapter 893, F.S.
[39] Section 381.986(5)(c), F.S.

- Fails to timely notify the DOH of any changes to his or her qualified patient status; or
- Violates the requirements of s. 381.986, F.S., or any rule adopted by the DOH pursuant to s. 381.986, F.S.

Current law also requires the DOH to immediately suspend the registration of a qualified patient or caregiver charged with a violation of chapter 893 until final disposition of any alleged offense. Thereafter, the DOH *may* extend the suspension, revoke the registration, or reinstate the registration of a qualified patient.[40]

The DOH may revoke the registration of a qualified patient or caregiver who cultivates marijuana or who acquires, possesses, or delivers marijuana from any person or entity other than a medical marijuana treatment center.[41] The department must revoke the registration of a qualified patient, and the patient's associated caregiver, upon notification that the patient no longer meets the criteria of a qualified patient.[42]

Grief Support Services for Children

There are children who are suffering because of the loss of a loved one. One in six children in Florida will experience the death of a parent or sibling by age 25.[43]

Valeries House opened in 2016. Since then, it has reached more than 5,000 grieving children and expanded to new locations in Naples, Charlotte County, and Pensacola and has opened the Lee County Family is Forever Home in Fort Myers.[44]

Individuals Served by Valerie's House (2016-2023)						
Year	**Caregivers**	**Children**	**Young Adults**	**Off-Site**	**Infant & Pregnancy**	**Total**
2016	12	21				33
2017	15	24				39
2018	35	58				93
2019	197	242		13		452
2020	350	524	17	49		940
2021	390	638	18	145	21	1,212
2022	446	715	21	236	15	1,433
2023	532	905	21	240	5	1,703
Total	**1,977**	**3,127**	**77**	**683**	**41**	**5,905**

[40] Section 381.986(5)(d) and (e), F.S.
[41] Section 381.986(5)(f). F.S.
[42] Section 381.986(5)(g), F.S.
[43] Valerie's House, Inc., 2023-2024 Report to the Community *Grief Unites Us*, *available at* *Valerie's House Annual Reports: Transparency in Supporting Grieving Families — Valerie's House* (last visited Mar. 23, 2025).
[44] *Id.*

In 2023, Valerie's House provided over 785 hours of clinical counseling at no cost to a bereaved child or caregiver. The organization used the services of more than 238 volunteers and mentors.[45]

In 2024, Valerie's House opened the Family is Forever Home in Fort Myers, providing a dedicated space for hundreds of grieving families. The home includes peer support and art rooms, a backyard with a playground and basketball court, and the Volcano Room (a room with punching bags) for emotional expression. That same year, the organization reached nearly one million people on social media, surpassed 5,000 total downloads of its Grieve Love Heal podcast, and reached approximately 47,000 visitors through its website.[46]

Today, Valerie's House is serving families in the Florida panhandle and Sarasota, Glades, Charlotte, Lee, Hendry, and Collier counties. Valerie's House programs give children ages 5 to 18 and their caregivers a safe place to heal after the loss of a loved one. The organization offers peer grief support groups for families. All services provided by Valerie's House are free for families in need of support.[47]

Nursing Homes

Nursing homes in Florida are licensed under Part II of ch. 400, F.S., and provide 24-hour-a-day nursing care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational, and speech therapy, social activities and respite care for those who are ill or physically infirm.[48] Currently, there are 696 nursing homes licensed in Florida.[49] Of the 696 licensed nursing homes, 668 are certified to accept Medicare or Medicaid and consequently must follow federal Centers for Medicare & Medicaid Services (CMS) requirements for nursing homes.[50]

Nursing Home Medical Directors

Florida administrative code requires that each nursing home have only one physician, who is licensed under ch. 458 or ch. 459, F.S., that is designated as its medical director.[51] If the medical director does not have hospital privileges, he or she is required to be certified or credentialed through a recognized certifying or credentialing body, such as The Joint Commission, the American Medical Directors Association, the Healthcare Facilities Accreditation Program of the American Osteopathic Association, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the Florida Medical Directors Association or a health maintenance organization licensed in Florida.[52] One physician may be the medical director of up to 10 nursing

[45] Valerie's House, Inc., 2023-2024 Report to the Community *Grief Unites Us*, *available at* *Valerie's House Annual Reports: Transparency in Supporting Grieving Families — Valerie's House* (last visited Mar. 23, 2025).
[46] *Id.*
[47] *Id.*
[48] Agency for Health Care Administration webpage, nursing homes, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Nursing_Homes.shtml (last visited Feb. 28, 2025).
[49] Florida Health Finder Report, available at https://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx (last visited Feb. 28, 2025).
[50] *Id.* Search for nursing homes that accept Medicaid or Medicare as payment.
[51] Fla. Admin. Code R. 59A-4.1075 (2015).
[52] *Id.*

homes at any one time and must have his or her principal office within 60 miles of all facilities for which he or she serves as medical director.[53]

The medical director is required to visit each facility at least once a month, meet quarterly with the risk management and quality assurance committee of each facility, and must review for each facility:

- All new policies and procedures;
- All new incident and accident reports to identify clinic risk and safety hazards;
- The most recent grievance logs for any complaints or concerns related to clinical issues.[54]

Additionally, the medical director must participate in the development of the comprehensive care plan for any resident for whom he or she is the attending physician.[55]

Nursing Home Financial Reports

Nursing homes are required to submit financial data to the AHCA pursuant to s. 408.061 (5)-(6), F.S. These provisions were added in 2021 by SB 2518 (ch. 2021-41, L.O.F.) and mirror provisions in current law that require other health care facilities to submit such data.[56] Prior to July 1, 2021, nursing homes were exempt from this reporting requirement.

A nursing home must report, within 120 days after the end of its fiscal year, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. This actual experience must be audited and must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the AHCA in addition to the information filed in the Florida Nursing Home Uniform Reporting System (FNHURS).

The final rule for implementation of the FNHURS became effective November 1, 2023, and required nursing homes to begin submitting data to the FNHURS 30 days after that date in accordance with the end of each nursing home's fiscal year.[57] As of March 17, 2025, at least 536 of the 696 nursing homes had submitted to the AHCA.[58]

Medicaid Quality Incentive Program

The Medicaid Quality Incentive Program (QIP) was established to ensure continued quality of care in nursing home facilities.[59] Nursing homes providers submit quality data directly to the

[53] Fla. Admin. Code R. 59A-4.1075 (2015). Note: if the facility is a rural nursing home, the AHCA may approve a request to waive the distance requirement.
[54] Fla. Admin. Code R. 59A-4.1075 (2015).
[55] *Id.*
[56] *See* s. 408.061(4), F.S.
[57] Fla. Admin. Code R. 59E-4.102 (2023).
[58] Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Mar. 18, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).
[59] ch. 2017-129, s. 8, Laws of Fla.

federal Centers for Medicare and Medicaid Services, and the AHCA uses this information to rank all providers by 16 quality measures.[60] The quality metrics used include[61]:

- **Process Measures**, which include flu vaccine, antipsychotic medication, and restraint quality metrics.
  - Providers whose fourth quarter measure score is at or above the 90th percentile for a particular measure will be awarded 3 points, those scoring from the 75th up to 90th percentiles will be awarded 2 points, and those scoring from the 50th up to 75th percentiles will receive 1 point.
  - Providers who score below the 50th percentile and achieve a 20 percent improvement from the previous year will receive 0.5 points.
- **Outcome Measures**, which include urinary tract infections, pressure ulcers, falls, incontinence, and decline in activities of daily living quality metrics.
  - Outcome Measures are scored and percentiles are calculated using the same methodology as Process Measures.
- **Structure Measures**, which include direct care staffing from the Medicaid cost report received by the rate setting cutoff date and social work and activity staff.
  - Structure Measures are scored and percentiles are calculated using the same methodology as Process Measures and Outcome Measures.
- **Credentialing Measures** which include CMS Overall 5-Star, Florida Gold Seal, Joint Commission Accreditation, and American Health Care Association National Quality Award.
  - Facilities assigned a rating of 3, 4, or 5 stars in the CMS 5- Star program will receive 1, 3, or 5 points, respectively.
  - Facilities that have either a Florida Gold Seal, Joint Commission Accreditation, or the silver or gold American Health Care Association National Quality Award on May 31 of the current year will be awarded 5 points.

By statute, nursing homes must meet the minimum threshold of the 20 percentile of included facilities to receive a quality incentive add-on payment, which is set at 10 percent of the 2016 non-property related payments of included facilities.[62] In the 2023-2024 federal fiscal year, the incentive pool totaled $316 million with 534 of the 655 active providers receiving a quality incentive add-on to their rate.[63]

Patient Safety Culture Surveys

Patient safety culture refers to the values, beliefs, and norms that are shared by health care practitioners and other staff throughout the organization that influence their actions and behaviors to support and promote patient safety. Patient safety culture can be measured by determining the values, beliefs, norms, and behaviors related to patient safety that are rewarded,

[60] Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).
[61] Fla. Admin. Code R. 59G-6.010(2)(y)(2021).
[62] Sections 409.908(2)(b)1.e. and f.
[63] Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration, to Cynthia Barr, Chief Legislative Analyst, Senate Appropriations Committee on Health and Human Services (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

supported, expected, and accepted in an organization. Culture exists at multiple levels, from the unit level to the department, organization, and system levels.[64]

The federal Agency for Health Care Research and Quality (AHRQ) has developed a "Survey on Patient Safety Culture" (SOPS) program which develops and supports surveys of providers and staff that assess the extent to which their organizational culture supports patient safety and safe practices. All the SOPS surveys include a standard set of core items with comparable survey content across facilities and have been developed for the following settings of care:

- Hospitals.
- Medical Offices.
- Nursing Homes.
- Community Pharmacies.
- Ambulatory Surgery Centers.

The SOPS Program also offers optional supplemental item sets that can be added to the core surveys to assess additional content areas focusing on health information technology, patient safety, workplace safety, value and efficiency, and diagnostic safety.

SOPS surveys and supplemental item sets undergo a rigorous development and testing process. Because the surveys ask questions that have been developed and pilot tested using a consistent methodology across a large sample of respondents, they are standardized and validated measures of patient safety culture.[65] The areas that are assessed by the SOPS include:

- Communication About Error.
- Communication Openness.
- Organizational Learning—Continuous Improvement.
- Overall Rating on Patient Safety.
- Response to Error.
- Staffing.
- Supervisor and Management Support for Patient Safety.
- Teamwork.
- Work Pressure and Pace.[66]

Research has shown that significant relationships exist between SOPS patient safety culture scores and important health care delivery measures and outcomes. Some key findings based on studies that administered SOPS surveys include the following:

- Hospital units with more positive SOPS scores had:
  - *Fewer* hospital-acquired pressure ulcers and patient falls.
  - *Lower* surgical site infection rates.
- Hospitals with more positive SOPS scores had:
  - *Lower* rates of in-hospital complications or adverse events as measured by AHRQ's patient safety indicators (PSIs).

[64] What is Patient Safety Culture?, ARHQ, June 2024, available at https://www.ahrq.gov/sops/about/patient-safety-culture.html, (last visited Feb. 28, 2025).
[65] *Id.*
[66] What is Patient Safety Culture?, ARHQ, June 2024, available at https://www.ahrq.gov/sops/about/patient-safety-culture.html, (last visited Feb. 28, 2025).

- Patients who reported *more positive* experiences with care.

- Nursing homes with more positive SOPS scores had:
  - *Higher* Centers for Medicare & Medicaid Services (CMS) Nursing Home Five-Star Quality ratings.
  - *Lower* risks of resident falls, long-stay urinary tract infections, and short stay ulcers.[67]

Florida law requires hospitals and ambulatory surgical centers (ASC) to conduct, at least biennially, a patient safety culture survey using the SOPS.[68] In order to implement the requirement, the AHCA has customized the AHRQ's patient safety survey instruments, and developed a database application to facilitate the required submission of patient safety culture survey data from Florida hospitals and ASCs to the agency as statutorily mandated.[69]

Florida's Health Information Exchange Program

Founded in 2011, the Florida Health Information Exchange (FHIE) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The AHCA governs the FHIE by establishing policy, convening stakeholders, providing oversight, engaging federal partners, and promoting the benefits of health information technology.

The FHIE electronically makes patient health information available to doctors, nurses, hospitals, and health care organizations when needed for patient care. The exchange of patient information is protected through strict medical privacy and confidential procedures. The FHIE is designed to improve the speed, quality, safety, and cost of patient care.

As part of the FHIE Services, Florida has developed an Encounter Notification Service (ENS) that delivers real-time notifications based off of Admit, Discharge, and Transfer (ADT) data from participating health care facilities. This data is provided to authorize health care entities to improve patient care coordination.[70]

Training, Education, and Clinicals in Health Funding Program

Section 409.91256, F.S., establishes the Training, Education, and Clinicals in Health (TEACH) Funding Program provide a high-quality educational experience while supporting participating federally qualified health centers, community mental health centers, rural health clinics, and certified community behavioral health clinics by offsetting administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners. The program is intended to support the state Medicaid program and underserved populations by expanding the available health care workforce.[71]

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[67] What is Patient Safety Culture?, ARHQ, June 2024, available at https://www.ahrq.gov/sops/about/patient-safety-culture.html, (last visited Feb. 28, 2025).
[68] Section 395.1012(4), F.S.
[69] Patient Safety Survey System User Guide, 2024, available at https://ahca.myflorida.com/content/download/25680/file/PSCS%20System%20Guide_2022%2824%29EP.pdf, (last visited Feb. 28, 2025).
[70] Agency for Health Care Administration, *Senate Bill 7016 (2024) Analysis*. (on file with the Senate Committee on Health Policy).
[71] 409.91256(1)

Qualified facilities may be reimbursed to offset the administrative costs or lost revenue associated with training students and residents who are enrolled in an accredited educational or residency program in Florida. Subject to appropriation, the AHCA may reimburse a qualified facility based on the number of clinical training hours reported at the following rates:

- A medical or dental resident at a rate of $50 per hour.
- A first-year medical student at a rate of $27 per hour.
- A second-year medical student at a rate of $27 per hour.
- A third-year medical student at a rate of $29 per hour.
- A fourth-year medical student at a rate of $29 per hour.
- A dental student at a rate of $22 per hour.
- An APRN student at a rate of $22 per hour.
- A PA student at a rate of $22 per hour.
- A dental hygiene student at a rate of $15 per hour.
- A behavioral health student at a rate of $15 per hour.[72]

A qualified facility may not be reimbursed more than $75,000 per fiscal year or $100,000 if the facility operates a residency program.[73]

III. Effect of Proposed Changes:

Section 1 amends s. 381.4019, F.S., to allow dental students and dental hygiene students who have been offered employment at certain public health programs or private practices to apply for the Dental Student Loan Repayment Program before obtaining active employment; however, funds may not be awarded until the following program requirements are met:

- Demonstrate active employment in a public health program or private practice that serves Medicaid recipients and other low-income patients and is located in a dental health professional shortage area or a medically underserved area.
- Volunteer 25 hours per year, verified by the Department of Health (DOH), providing dental services in a free clinic that is in a dental health professional shortage area or a medically underserved area, through another volunteer program operated by the state pursuant to part IV of chapter 110, or through a pro bono program approved by the Board of Dentistry.

Section 2 amends s. 381.915, F.S., to make several revisions to the Casey DeSantis Cancer Research Program (Casey DeSantis Program).

Definitions

The bill revises the definition of "Florida-based" to specify that in order for health care providers and facilities to meet the definition, such an entity must be physically located in Florida and provide services in Florida.

[72] 409.91256(5)(a)
[73] 409.91256(5)(b)

The Collaborative

The bill provides that the President of the Senate and the Speaker of the House of Representatives each have three appointments to the membership of the Florida Cancer Connect Collaborative (Collaborative), instead of one apiece as under current law. This results in the Governor and the Legislature's presiding officers each having three appointments.

The bill deletes the obsolete requirement for the Collaborative to develop and submit a long-range comprehensive plan for the Casey DeSantis Program by December 1, 2024.

Cancer Innovation Fund

The bill creates parameters for the awarding of grants through the Cancer Innovation Fund, including:

- A new criterion for applications that will get priority during the Collaborative's review of proposals for grant funding. The new priority criterion will be applications having the goal to expand the reach of cancer screening efforts into underserved areas.
- A list of criteria that grant applicants must meet in order to be eligible. Under the bill, an eligible applicant must:
  - Operate as a licensed hospital that has a minimum of 30 percent of current cancer patients that reside in rural or underserved areas;
  - Operate as a licensed health care clinic or facility that employs or contracts with at least one Florida-licensed allopathic or osteopathic physician who is board-certified in oncology and that delivers chemotherapy treatments for cancer;
  - Operate as a licensed facility that employs or contracts with at least one Florida-licensed allopathic or osteopathic physician who is board-certified in oncology and that delivers radiation therapy treatments for cancer;
  - Operate as a licensed health care clinic or facility that provides cancer screening services at no cost or a minimal cost to patients;
  - Operate as a rural hospital as defined in s. 395.602(2)(b), F.S.;
  - Operate as a critical access hospital as defined in s. 408.07(14), F.S.;
  - Operate as a specialty hospital as defined in s. 395.002(28)(a), F.S., that provides cancer treatment for patients from birth to 18 years old;
  - Engage in biomedical research intended to develop therapies, medical pharmaceuticals, treatment protocols, or medical procedures intended to cure cancer or improve the quality of life of cancer patients; or
  - Educate or train students, post-doctoral fellows, or licensed or certified health care practitioners in the screening, diagnosis, or treatment of cancer.
- A requirement that, for ensuring all proposals are appropriate and are evaluated fairly on the basis of scientific merit, the DOH must appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish a priority score. The priority scores must be forwarded to the Collaborative and must be considered in determining which proposals the Collaborative recommends for grant funding. The bill requires members of the Collaborative and the panels to establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy regarding conflicts of interest.
- A requirement for the Collaborative to prepare a report for the Governor, President of the Senate, and Speaker of the House of Representatives by December 1 each year, starting

in 2025, that identifies and evaluates performance and the effects of grants issued through the Cancer Innovation Fund on cancer treatment, research, screening, diagnosis, prevention, practitioner and workforce education, and survivorship. The report must include the following:

- Amounts of grant funds awarded to each awardee.
- Descriptions of each awardee's research or project that includes, but need not be limited to: goals or projected outcomes, population to be served, and research methods or project implementation plan.
- An assessment of awardees of grant funds that evaluates performance toward achieving objectives specified in their grant funds applications.
- Recommendations for best practices that may be implemented by health care providers in this state that diagnose, treat, and screen for cancer, based on the outcomes of projects funded through the Cancer Innovation Fund.

Annual Report to the CCRAB

The bill requires the report that the DOH, in conjunction with participating NCI-designated cancer centers, must provide to the Florida Cancer Control and Research Advisory Council (CCRAB) by July 1 each year, to include a description of the numbers and types of cancer cases seen annually at each participating cancer center.

The Cancer Connect Collaborative Research Incubator

The bill provides Legislative findings and creates the Cancer Connect Collaborative Research Incubator (Incubator) within the DOH, to be overseen by the Collaborative, to provide funding for a targeted area of cancer research for a five-year period. For the five-year period beginning July 1, 2025, the bill provides that the Incubator's targeted area of cancer research will be pediatric cancer.

Contingent on the appropriation of funds, grants issued through the Incubator will be awarded through a peer-reviewed, competitive process. Emphasis will be given to applicants that focus on improving both research and treatment through greater participation in clinical trials that pertain to the targeted area of cancer research, including:

- Identifying ways to increase enrollment in cancer clinical trials;
- Supporting public and private professional education programs designed to increase the awareness and knowledge about cancer clinical trials;
- Providing tools to cancer patients and community-based oncologists to aid in the identification of cancer clinical trials available in the state; and
- Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trials networks.

Preference for Incubator funding may be given to grant proposals that foster collaborations among institutions, researchers, and community practitioners, to support the advancement of cures through basic or applied research, including clinical trials involving cancer patients and related networks.

The bill provides that applications for Incubator funding may be submitted by any Florida-based specialty hospital as defined in s. 395.002(28)(a), F.S., that provides cancer treatment for patients

from birth to 18 years old. All qualified applicants are to have equal access and opportunity to compete for the research funding. Incubator grants will be recommended by the Collaborative and awarded by the DOH on the basis of scientific merit, as determined by a competitively open and peer-reviewed process to ensure objectivity, consistency, and high quality.

To ensure that all proposals for research funding through the Incubator are appropriate and are evaluated fairly on the basis of scientific merit, the DOH is directed by the bill to appoint peer review panels of independent, scientifically qualified individuals to review the scientific merit of each proposal and establish its priority score. The priority scores will be forwarded to the Collaborative and must be considered in determining which proposals the Collaborative recommends for funding.

The Collaborative and the panels are directed by the bill to establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest regarding the assessment of Incubator grant applications. A member of the Collaborative or a panel may not participate in any discussion or decision of the Collaborative or a panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

Each recipient of Incubator grant funds must enter into an allocation agreement with the DOH, and each allocation agreement must include all of the following:

- A line-item budget narrative documenting the annual allocation of funds to a recipient.
- A cap on the annual award of 15 percent for administrative expenses.
- A requirement for the recipient to submit quarterly reports of all expenditures made by the recipient with funds received through the Incubator.
- A provision to allow the department and other state auditing bodies to audit all financial records, supporting documents, statistical records, and any other documents pertinent to the allocation agreement.
- A provision requiring the annual reporting of outcome data and protocols used in achieving those outcomes.

The bill requires that, beginning December 1, 2026, and annually through December 1, 2030, the Collaborative must submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives that evaluates research conducted through the Incubator and provides details on outcomes and findings available through the end of the fiscal year immediately preceding each report.

The bill provides that if the Collaborative decides to recommend that the Incubator be extended beyond its five-year lifespan, the Collaborative is directed to make such recommendation in the report due December 1, 2029, and to include a recommendation for the next targeted area of cancer research. The report due on December 1, 2030, must include:

- Details of all results of the research conducted with Incubator funding that has been completed or the status of research in progress; and
- An evaluation of all research conducted with Incubator funding during the five fiscal years preceding the report.

Section 3 amends s. 381.922, F.S., to create a new cancer research initiative within the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley program). The bill establishes the Bascom Palmer Eye Institute VisionGen Initiative and provides that the purpose of the initiative is to advance genetic and epigenetic research on inherited eye diseases and ocular oncology by awarding grants through the peer-reviewed, competitive process statutorily-required under the Bankhead-Coley program. The initiative is subject to the annual appropriation of funds by the Legislature.

Section 4 amends s. 381.986, F.S., to require the DOH to revoke the registration of a qualified patient or caregiver when the qualified patient or caregiver is adjudicated guilty, or pleads guilty or no contest, to a violation of ch. 893, F.S.

Section 5 amends s. 394.495, F.S., to authorize the Department of Children and Families to contract with Valerie's House, Inc., a mental health support program that provides free child grief support services to bereaved children and their caregivers. The contract is subject to the annual appropriation of funds by the Legislature.

Section 6 reenacts and amends s. 400.0225, F.S., to require the Agency for Health Care Administration (AHCA) to develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. The surveys must be based on a core set of consumer satisfaction questions to allow for consistent measurement and must be administered annually to a random sample of long-stay and short-stay residents of each facility and their family members. The survey tool must be based on an agency-validated survey instrument whose measures have received an endorsement by the National Quality Forum. The AHCA is required under the bill to:

- Specify the protocols for conducting the consumer satisfaction surveys, ensuring survey validity, reporting survey results, and protecting the identity of individual respondents; and
- Make aggregated survey data available to consumers on the AHCA's website in a manner that allows for comparison between nursing home facilities.

The bill allows family members, guardians, or other resident designees to assist a resident in completing the survey and also prohibits employees and volunteers of the nursing home, or of a corporation or business entity with and ownership interest in the nursing home, from attempting to influence a resident's responses to the survey.

Section 7 amends s. 400.141, F.S., to require the medical director of each nursing home facility to obtain designation as a certified medical director by the American Medical Directors Association, hold a similar credential bestowed by an organization recognized by the AHCA, or be in the process of seeking such designation or credentialing, according to parameters adopted by agency rule, by January 1, 2026. The bill also requires the AHCA to include the name of each nursing home's medical director on the facility's provider profile published on the AHCA's website.

The bill also requires each nursing home to conduct, at least biennially, a patient safety culture survey using the applicable survey on patient culture developed by the federal Agency for Health Care Research and Quality. The bill requires each facility to conduct the survey anonymously

and allows facilities to contract with a third party to administer the survey. The survey data, including participation rates, must be submitted to the AHCA biennially and each facility must develop an internal action plan between surveys to improve survey results and submit the plan to the AHCA.

Section 8 amends s. 400.191, F.S., to require the AHCA to include the results of the consumer satisfaction surveys in its Nursing Home Guide.

Section 9 amends s. 408.051, F.S., to require each nursing home that maintains certified electronic health records technology to make available all admit, transfer, and discharge data to the Florida Health Information Exchange. The bill allows the AHCA to adopt rules to implement this subsection.

Section 10 amends s. 408.061, F.S., to specify that, beginning January 1, 2026, the AHCA is required to impose an administrative fine of $10,000 per violation[74] against a nursing home or the home office of a nursing home that fails to comply with the requirement to submit specified audited financial data to the Florida Nursing Home Uniform Reporting System (FNHURS). Additionally, the bill specifies that failing to file the report during any subsequent 10-day period occurring after the due date constitutes a separate violation until the report has been submitted.

The bill requires the AHCA to adopt rules to implement the fine and requires the rules to include provisions for a home office to present factors in mitigation of the imposition of the fine's full dollar amount. The AHCA may determine not to impose the fine's full dollar amount upon a demonstration that the full fine is inappropriate under the circumstances.

The bill also exempts state-owned nursing homes from the FNHURS reporting requirement under current law in s. 408.061(5) and (6), F.S.

Section 11 clarifies that a facility that is fined under s. 408.061, F.S., for an FNHURS violation, as described above, may not also be fined for such violation under s. 408.08, F.S.

Section 12 amends s. 409.908, F.S., and directs the AHCA to include the result of customer satisfaction surveys as a quality measure when sufficient data has been collected to be statistically valid.

The bill also requires the AHCA to, by October 1, 2025, and each year thereafter, submit a report to the Governor and the Legislature on each Medicaid Quality Incentive Program (QIP) payment made. The report must, at a minimum, include:

- The name of each facility that received a QIP payment and the dollar amount of such payment each facility received.
- The total number of quality incentive metric points awarded by the AHCA to each facility and the number of points awarded by the agency for each individual quality metric measured.
- An examination of any trends in the improvement of the quality of care provided to nursing home residents which may be attributable to incentive payments received under the QIP. The

[74] The bill, for purposes of this fine, defines "violation" to mean failing to file the financial report required on or before the report's due date.

AHCA is required to include an examination of trends both for the program as a whole as well as for each individual quality metric used by the AHCA to award program payments.

Section 13 amends s. 409.91256, F.S., to expand the definition of qualified facilities eligible for the Training, Education, and Clinicals in Health (TEACH) Funding Program to include publicly funded nonprofits serving Medicaid recipients or other low-income patients in areas designated as health professional shortage areas and approved by the AHCA.

The bill also amends s. 409.91256(5)(a), F.S., to include within the reimbursement rates for the TEACH Program, a rate of $22 per hour for nursing students.

Section 14 requires the AHCA to contract with a third-party vendor to complete a comprehensive study of nursing home quality incentive programs in other states. The study must include a detailed analysis of quality incentive programs, identify components of programs that have improved quality outcomes, and make recommendations to modify or enhance Florida's existing Medicaid Quality Incentive Program. The study must also include a review of technologies applicable to nursing home care and payment structures related to ventilator care, bariatric services, and behavioral health services. The final report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2025.

Section 15 provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Nursing Homes

The bill may have an indeterminate negative fiscal impact on a nursing home or the home office of a nursing home that fails to comply with the requirement to submit specified audited financial data to the Florida Nursing Home Uniform Reporting System (FNHURS) and is subject to an administrative fine of $10,000 per violation.

C. Government Sector Impact:

Cancer Connect Collaborative Research Incubator (Incubator)

Creation of a new biomedical research grant program, the Cancer Connect Collaborative Research Incubator (Incubator), may have a significant negative fiscal impact on the Department of Health (DOH). The Incubator does not authorize an administrative allowance.

Two similar biomedical research grant programs were recently established that also do not include administrative allowances: the Cancer Innovation Fund (2023) and the Andrew John Anderson Pediatric Rare Disease Research Grant Program (2024). In Fiscal Year 2023-2024 the DOH received 147 Cancer Innovation Fund applications and granted 30 awards. For Fiscal Year 2024-2025, the DOH projects up to 90 awards. According to the DOH's Fiscal Year 2025-2026 Legislative Budget Request, current staff cannot absorb the workload associated with these grant programs.[75]

The Fiscal Year 2025-2026 Senate General Appropriations Act (SB 2500) appropriates $30,000,000 in recurring general revenue funds for the Incubator and six positions to support biomedical research grant workload.

Bascom Palmer Eye Institute VisionGen Initiative

The bill creates a new cancer research effort by establishing the Bascom Palmer Eye Institute VisionGen Initiative. Funding is subject to an annual appropriation of funds by the Legislature.

[75] Florida Department of Health, *Agency Legislative Budget Request FY 2025-26,* available at: http://floridafiscalportal.state.fl.us/Document.aspx?ID=29150&DocType=PDF (last visited March 27, 2025).

Office of Medical Marijuana Use

The bill has no fiscal impact on state expenditures, however, it may have a negative impact on state revenues to the extent the bill decreases the number of qualified patients in the medical marijuana use registry.

Valerie's House, Inc.

The bill authorizes the Department of Children and Families to contract with Valerie's House, Inc., to provide no cost grief support services to bereaved children who have experienced the death of a parent or sibling, and their caregiver. Funding is subject to an annual appropriation of funds by the Legislature.

Quality of Care in Nursing Homes

The bill conforms to SB 2500, which provides $497,000 from the General Revenue Fund, of which $356,500 is nonrecurring, for the Agency for Health Care Administration (AHCA) to implement and maintain the Nursing Home Patient Satisfaction Survey and the Nursing Home Patient Safety Culture Survey.

In addition, SB 2500 provides $750,000 in nonrecurring general revenue funds and $750,000 in nonrecurring funds from the Medical Care Trust Fund for the AHCA to contract with a third-party vendor to complete a comprehensive study of nursing home quality incentive programs in other states and submit a final report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2025.

The bill may have an indeterminate positive fiscal impact on state revenues to the extent a nursing home or the home office of a nursing home fails to comply with the requirement to submit specified audited financial data to the FNHURS and is subject to an administrative fine of $10,000 per violation.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.4019, 381.915, 381.922, 381.986, 394.495, 400.0225, 400.141, 400.191, 408.051, 408.061, 408.08, 409.908, and 409.91256.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.