

By the Committee on Appropriations

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1                                   A bill to be entitled  
2       An act relating to health and human services; amending  
3       s. 381.4019, F.S.; authorizing certain dental and  
4       dental hygiene students to apply for the Dental  
5       Student Loan Repayment Program before obtaining active  
6       employment; amending s. 381.915, F.S.; revising the  
7       definitions of the terms "cancer center" and "Florida-  
8       based"; defining the term "Cancer Connect  
9       Collaborative" or "collaborative"; making clarifying  
10      changes; deleting an obsolete date; revising the  
11      composition of the collaborative; deleting obsolete  
12      provisions; requiring the collaborative to review all  
13      submitted Cancer Innovation Fund grant applications  
14      using certain parameters; requiring the collaborative  
15      to give priority to certain applications; requiring  
16      licensed or certified health care providers,  
17      facilities, or entities to meet certain criteria to be  
18      eligible for specified grant funding; specifying such  
19      criteria; requiring the Department of Health to  
20      appoint peer review panels for a specified purpose;  
21      requiring that priority scores be forwarded to the  
22      collaborative and be considered in determining which  
23      proposals the collaborative recommends for certain  
24      grant funding; requiring the collaborative and peer  
25      review panels to establish and follow certain  
26      guidelines and adhere to a certain policy; prohibiting  
27      a member of the collaborative or a panel from  
28      participating in certain discussions or decisions  
29      under certain circumstances; requiring, beginning on a

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30 specified date and annually thereafter, the  
31 collaborative to prepare and submit a specified report  
32 to the Governor and the Legislature; requiring that  
33 the report include certain information; revising the  
34 requirements for a specified report by the department;  
35 requiring, beginning on a specified date, that certain  
36 allocation agreements include certain information;  
37 providing legislative findings; creating the Cancer  
38 Connect Collaborative Research Incubator within the  
39 department, and overseen by the collaborative, to  
40 provide funding for a specified purpose over a  
41 specified timeframe; specifying the incubator's  
42 targeted area of cancer research for the first  
43 specified timeframe; providing that grants issued  
44 through the incubator are contingent upon the  
45 appropriation of funds and must be awarded through a  
46 specified process; requiring that priority be given to  
47 certain applicants; authorizing the prioritization of  
48 certain grant proposals; providing that applications  
49 for incubator funding may be submitted by specified  
50 hospitals; requiring that all qualified applicants  
51 have equal access and opportunity to compete for  
52 research funding; requiring that incubator grants be  
53 recommended by the collaborative and awarded by the  
54 department in a certain manner; requiring the  
55 department to appoint peer review panels for a  
56 specified purpose; requiring that priority scores be  
57 forwarded to the collaborative and be considered in  
58 determining which proposals the collaborative

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59 recommends for funding; requiring the collaborative  
60 and peer review panels to establish and follow certain  
61 guidelines and adhere to a certain policy; prohibiting  
62 a member of the collaborative or a panel from  
63 participating in certain discussions or decisions;  
64 requiring recipients of incubator grant funds to enter  
65 into an allocation agreement with the department;  
66 specifying requirements for such allocation  
67 agreements; requiring, beginning on a specified date  
68 and annually until a specified date, the collaborative  
69 to prepare and submit a specified report to the  
70 Governor and the Legislature; requiring the  
71 collaborative to make a certain recommendation under  
72 certain circumstances; requiring that a specified  
73 report include certain information; amending s.  
74 381.922, F.S.; establishing the Bascom Palmer Eye  
75 Institute VisionGen Initiative within the William G.  
76 "Bill" Bankhead, Jr., and David Coley Cancer Research  
77 Program; providing the purpose of the initiative;  
78 providing that funding for the initiative is subject  
79 to annual appropriation; amending s. 381.986, F.S.;  
80 requiring the Department of Health to revoke the  
81 medical marijuana use registry registration of  
82 qualified patients and caregivers who enter certain  
83 pleas or are found guilty of certain offenses;  
84 amending s. 394.495, F.S.; authorizing the Department  
85 of Children and Families to contract with a specified  
86 nonprofit organization to provide certain grief  
87 support services to help certain children and youth;

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88 authorizing the provision of certain training and  
89 outreach under the contract; reviving, reenacting, and  
90 amending s. 400.0225, F.S., relating to consumer  
91 satisfaction surveys; requiring the Agency for Health  
92 Care Administration to develop user-friendly consumer  
93 satisfaction surveys for nursing home facilities;  
94 specifying requirements for the surveys; authorizing  
95 family members, guardians, and other resident  
96 designees to assist the resident in completing the  
97 survey; prohibiting employees and volunteers of the  
98 facility or of a corporation or business entity with  
99 an ownership interest in the facility from attempting  
100 to influence a resident's responses to the survey;  
101 requiring the agency to specify certain protocols for  
102 administration of the survey; requiring the agency to  
103 publish on its website aggregated survey data in a  
104 manner that allows for comparison between nursing home  
105 facilities; amending s. 400.141, F.S.; requiring  
106 medical directors of nursing home facilities to  
107 obtain, or to be in the process of obtaining, certain  
108 qualifications by a specified date; requiring the  
109 agency to include such medical director's name on each  
110 nursing home facility's online provider profile;  
111 requiring nursing home facilities to conduct biennial  
112 patient safety culture surveys; specifying  
113 requirements for administration of such surveys;  
114 requiring nursing home facilities to submit the  
115 results of such surveys biennially to the agency in a  
116 format specified by agency rule; authorizing nursing

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117 home facilities to develop an internal action plan  
118 between surveys to identify measures for improvement  
119 of the survey and submit such plan to the agency;  
120 amending s. 400.191, F.S.; requiring the agency to  
121 include the results from specified consumer  
122 satisfaction surveys as part of the Nursing Home Guide  
123 on its website; amending s. 408.051, F.S.; requiring  
124 nursing home facilities that maintain certain  
125 electronic health records to make available certain  
126 data to the agency's Florida Health Information  
127 Exchange program for a specified purpose; authorizing  
128 the agency to adopt rules; amending s. 408.061, F.S.;  
129 exempting nursing homes operated by state agencies  
130 from certain financial reporting requirements;  
131 requiring the agency to impose administrative fines  
132 against nursing homes and home offices of nursing  
133 homes for failing to comply with certain reporting  
134 requirements; defining the term "violation"; providing  
135 construction; requiring the agency to adopt rules;  
136 providing requirements for such rules; amending s.  
137 408.08, F.S.; prohibiting nursing homes subject to  
138 certain administrative fines from being fined under a  
139 specified provision for the same violation; amending  
140 s. 409.908, F.S.; requiring the agency to revise its  
141 methodology for calculating Quality Incentive Program  
142 payments; providing requirements for such revision;  
143 requiring the agency to submit an annual report to the  
144 Governor and the Legislature on payments made under  
145 the Quality Incentive Program; specifying requirements

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146 for the report; amending s. 409.91256, F.S.; revising  
147 the purpose of the Training, Education, and Clinicals  
148 in Health Funding Program; revising the definition of  
149 the term "qualified facility"; specifying an allowed  
150 reimbursement rate to qualified facilities under the  
151 program for nursing students; requiring the agency to  
152 contract with a third-party vendor to conduct a  
153 comprehensive study of nursing home quality incentive  
154 programs in other states; providing minimum  
155 requirements for the report; requiring the agency to  
156 submit a final report on the study to the Governor and  
157 the Legislature by a specified date; providing an  
158 effective date.

159  
160 Be It Enacted by the Legislature of the State of Florida:

161  
162 Section 1. Present subsections (5) through (10) of section  
163 381.4019, Florida Statutes, are redesignated as subsections (6)  
164 through (11), respectively, and a new subsection (5) is added to  
165 that section, to read:

166 381.4019 Dental Student Loan Repayment Program.—The Dental  
167 Student Loan Repayment Program is established to support the  
168 state Medicaid program and promote access to dental care by  
169 supporting qualified dentists and dental hygienists who treat  
170 medically underserved populations in dental health professional  
171 shortage areas or medically underserved areas.

172 (5) A dental student or dental hygiene student who  
173 demonstrates an offer of employment in a public health program  
174 or private practice as specified in paragraph (2) (a) may apply

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175 for the loan program before obtaining active employment but may  
176 not be awarded funds from the loan program until he or she meets  
177 the requirements of subsection (2).

178 Section 2. Present paragraphs (c), (d), and (e) of  
179 subsection (3) and present subsections (12) and (13) of section  
180 381.915, Florida Statutes, are redesignated as paragraphs (d),  
181 (e), and (f) of subsection (3) and subsections (13) and (14),  
182 respectively, a new paragraph (c) is added to subsection (3),  
183 paragraph (d) is added to subsection (10), a new subsection (12)  
184 is added to that section, and paragraph (b) and present  
185 paragraph (c) of subsection (3), paragraphs (a), (b), (e), (f),  
186 and (h) of subsection (8), and subsections (9) and (11) of that  
187 section are amended, to read:

188 381.915 Casey DeSantis Cancer Research Program.—

189 (3) On or before September 15 of each year, the department  
190 shall calculate an allocation fraction to be used for  
191 distributing funds to participating cancer centers. On or before  
192 the final business day of each quarter of the state fiscal year,  
193 the department shall distribute to each participating cancer  
194 center one-fourth of that cancer center's annual allocation  
195 calculated under subsection (6). The allocation fraction for  
196 each participating cancer center is based on the cancer center's  
197 tier-designated weight under subsection (4) multiplied by each  
198 of the following allocation factors based on activities in this  
199 state: number of reportable cases, peer-review costs, and  
200 biomedical education and training. As used in this section, the  
201 term:

202 (b) "Cancer center" means a comprehensive center with at  
203 least one geographic site in the state, a freestanding center

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204 located in the state, a center situated within an academic  
205 institution, or a Florida-based formal research-based consortium  
206 under centralized leadership that has achieved NCI designation  
207 ~~or is prepared to achieve NCI designation by June 30, 2024.~~

208 (c) "Cancer Connect Collaborative" or "collaborative" means  
209 the council created under subsection (8).

210 (d) ~~(e)~~ "Florida-based" means that a cancer center's actual  
211 or sought designated status is or would be recognized by the NCI  
212 as primarily located in Florida and not in another state, ~~or~~  
213 that a health care provider or facility is physically located in  
214 Florida and provides services in Florida.

215 (8) The Cancer Connect Collaborative, a council as defined  
216 in s. 20.03, is created within the department to advise the  
217 department and the Legislature on developing a holistic approach  
218 to the state's efforts to fund cancer research, cancer  
219 facilities, and treatments for cancer patients. The  
220 collaborative may make recommendations on proposed legislation,  
221 proposed rules, best practices, data collection and reporting,  
222 issuance of grant funds, and other proposals for state policy  
223 relating to cancer research or treatment.

224 (a) The Surgeon General shall serve as an ex officio,  
225 nonvoting member of the collaborative and shall serve as the  
226 chair.

227 (b) The collaborative shall be composed of the following  
228 voting members, ~~to be appointed by September 1, 2024:~~

229 1. Two members appointed by the Governor, three members ~~one~~  
230 ~~member~~ appointed by the President of the Senate, and three  
231 members ~~one member~~ appointed by the Speaker of the House of  
232 Representatives, based on the criteria of this subparagraph. The



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233 appointing officers shall make their appointments prioritizing  
234 members who have the following experience or expertise:

235 a. The practice of a health care profession specializing in  
236 oncology clinical care or research;

237 b. The development of preventive and therapeutic treatments  
238 to control cancer;

239 c. The development of innovative research into the causes  
240 of cancer, the development of effective treatments for persons  
241 with cancer, or cures for cancer; or

242 d. Management-level experience with a cancer center  
243 licensed under chapter 395.

244 2. One member who is a resident of this state who can  
245 represent the interests of cancer patients in this state,  
246 appointed by the Governor.

247 (e) Members of the collaborative whose terms have expired  
248 may continue to serve until replaced or reappointed, but for no  
249 more than 6 months after the expiration of their terms.

250 (f) Members of the collaborative shall serve without  
251 compensation but are entitled to reimbursement for per diem and  
252 travel expenses pursuant to s. 112.061.

253 ~~(h) The collaborative shall develop a long-range~~  
254 ~~comprehensive plan for the Casey DeSantis Cancer Research~~  
255 ~~Program. In the development of the plan, the collaborative must~~  
256 ~~solicit input from cancer centers, research institutions,~~  
257 ~~biomedical education institutions, hospitals, and medical~~  
258 ~~providers. The collaborative shall submit the plan to the~~  
259 ~~Governor, the President of the Senate, and the Speaker of the~~  
260 ~~House of Representatives no later than December 1, 2024. The~~  
261 ~~plan must include, but need not be limited to, all of the~~

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262 ~~following components:~~

263 ~~1. Expansion of grant fund opportunities to include a~~  
264 ~~broader pool of Florida-based cancer centers, research~~  
265 ~~institutions, biomedical education institutions, hospitals, and~~  
266 ~~medical providers to receive funding through the Cancer~~  
267 ~~Innovation Fund.~~

268 ~~2. An evaluation to determine metrics that focus on patient~~  
269 ~~outcomes, quality of care, and efficacy of treatment.~~

270 ~~3. A compilation of best practices relating to cancer~~  
271 ~~research or treatment.~~

272 (9) (a) The collaborative shall advise the department on the  
273 awarding of grants issued through the Cancer Innovation Fund.  
274 During any fiscal year for which funds are appropriated to the  
275 fund, the collaborative shall review all submitted grant  
276 applications using the parameters provided in paragraph (c) and  
277 make recommendations to the department for awarding grants to  
278 support innovative cancer research and treatment models,  
279 including emerging research and treatment trends and promising  
280 treatments that may serve as catalysts for further research and  
281 treatments. The department shall make the final grant allocation  
282 awards. The collaborative shall give priority to applications  
283 seeking to expand the reach of cancer screening efforts and  
284 innovative cancer treatment models into underserved areas of  
285 this state.

286 (b) To be eligible for grant funding under this subsection,  
287 a licensed or certified health care provider, facility, or  
288 entity must meet at least one of the following criteria:

289 1. Operates as a licensed hospital that has a minimum of 30  
290 percent of its current cancer patients residing in rural or

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291 underserved areas.

292 2. Operates as a licensed health care clinic or facility  
293 that employs or contracts with at least one physician licensed  
294 under chapter 458 or chapter 459 who is board certified in  
295 oncology and that administers chemotherapy treatments for  
296 cancer.

297 3. Operates as a licensed facility that employs or  
298 contracts with at least one physician licensed under chapter 458  
299 or chapter 459 who is board certified in oncology and that  
300 administers radiation therapy treatments for cancer.

301 4. Operates as a licensed health care clinic or facility  
302 that provides cancer screening services at no cost or a minimal  
303 cost to patients.

304 5. Operates as a rural hospital as defined in s.  
305 395.602(2)(b).

306 6. Operates as a critical access hospital as defined in s.  
307 408.07(14).

308 7. Operates as a specialty hospital as defined in s.  
309 395.002(28)(a) which provides cancer treatment for patients from  
310 birth to 18 years of age.

311 8. Engages in biomedical research intended to develop  
312 therapies, medical pharmaceuticals, treatment protocols, or  
313 medical procedures intended to cure cancer or improve the  
314 quality of life of cancer patients.

315 9. Educates or trains students, postdoctoral fellows, or  
316 licensed or certified health care practitioners in the  
317 screening, diagnosis, or treatment of cancer.

318 (c) To ensure that all proposals for grant funding issued  
319 through the Cancer Innovation Fund are appropriate and are

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320 evaluated fairly on the basis of scientific merit, the  
321 department shall appoint peer review panels of independent,  
322 scientifically qualified individuals to review the scientific  
323 merit of each proposal and establish its priority score. The  
324 priority scores must be forwarded to the collaborative and must  
325 be considered in determining which proposals the collaborative  
326 recommends for grant funding through the Cancer Innovation Fund.

327 (d) The collaborative and the peer review panels shall  
328 establish and follow rigorous guidelines for ethical conduct and  
329 adhere to a strict policy with regard to conflicts of interest  
330 regarding the assessment of Cancer Innovation Fund grant  
331 applications. A member of the collaborative or a panel may not  
332 participate in any discussion or decision of the collaborative  
333 or a panel with respect to a research proposal by any firm,  
334 entity, or agency with which the member is associated as a  
335 member of the governing body or as an employee or with which the  
336 member has entered into a contractual arrangement.

337 (e) Beginning December 1, 2025, and annually thereafter,  
338 the collaborative shall prepare and submit a report to the  
339 Governor, the President of the Senate, and the Speaker of the  
340 House of Representatives which identifies and evaluates the  
341 performance and the impact of grants issued through the Cancer  
342 Innovation Fund on cancer treatment, research, screening,  
343 diagnosis, prevention, practitioner training, workforce  
344 education, and cancer patient survivorship. The report must  
345 include all of the following:

- 346 1. Amounts of grant funds awarded to each recipient.
- 347 2. Descriptions of each recipient's research or project  
348 which include, but need not be limited to, the following:

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349 a. Goals or projected outcomes.

350 b. Population to be served.

351 c. Research methods or project implementation plan.

352 3. An assessment of grant recipients which evaluates their  
353 progress toward achieving objectives specified in each  
354 recipient's grant application.

355 4. Recommendations for best practices that may be  
356 implemented by health care providers in this state who diagnose,  
357 treat, and screen for cancer, based on the outcomes of projects  
358 funded through the Cancer Innovation Fund.

359 (10) Beginning July 1, 2025, and each year thereafter, the  
360 department, in conjunction with participating cancer centers,  
361 shall submit a report to the Cancer Control and Research  
362 Advisory Council and the collaborative on specific metrics  
363 relating to cancer mortality and external funding for cancer-  
364 related research in this state. If a cancer center does not  
365 endorse this report or produce an equivalent independent report,  
366 the cancer center is ineligible to receive program funding for 1  
367 year. The department must submit this annual report, and any  
368 equivalent independent reports, to the Governor, the President  
369 of the Senate, and the Speaker of the House of Representatives  
370 no later than September 15 of each year the report or reports  
371 are submitted by the department. The report must include:

372 (d) A description of the numbers and types of cancer cases  
373 treated annually at each participating cancer center, including  
374 reportable and nonreportable cases.

375 (11) Beginning July 1, 2025 ~~2024~~, each allocation agreement  
376 issued by the department relating to cancer center payments  
377 under paragraph (2) (a) ~~subsection (2)~~ must include all of the

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378 following:

379 (a) A line-item budget narrative documenting the annual  
380 allocation of funds to a cancer center.

381 (b) A cap on the annual award of 15 percent for  
382 administrative expenses.

383 (c) A requirement for the cancer center to submit quarterly  
384 reports of all expenditures made by the cancer center with funds  
385 received through the Casey DeSantis Cancer Research Program.

386 (d) A provision to allow the department and other state  
387 auditing bodies to audit all financial records, supporting  
388 documents, statistical records, and any other documents  
389 pertinent to the allocation agreement.

390 (e) A provision requiring the annual reporting of outcome  
391 data and protocols used in achieving those outcomes.

392 (12) (a) The Legislature finds that targeted areas of cancer  
393 research require increased resources and that Florida should  
394 become a leader in promoting research opportunities for these  
395 targeted areas. Floridians should not have to leave the state to  
396 receive the most advanced cancer care and treatment. To meet  
397 this need, the Cancer Connect Collaborative Research Incubator,  
398 or "incubator" as used in this subsection, is created within the  
399 department, to be overseen by the collaborative, to provide  
400 funding for a targeted area of cancer research over a 5-year  
401 period. For the 5-year period beginning July 1, 2025, the  
402 incubator's targeted area of cancer research is pediatric  
403 cancer.

404 (b) Contingent upon the appropriation of funds by the  
405 Legislature, grants issued through the incubator must be awarded  
406 through a peer-reviewed, competitive process. Priority must be

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407 given to applicants that focus on enhancing both research and  
408 treatment by increasing participation in clinical trials related  
409 to the targeted area of cancer research, including all of the  
410 following:

411 1. Identifying strategies to increase enrollment in cancer  
412 clinical trials.

413 2. Supporting public and private professional education  
414 programs to raise awareness and knowledge about cancer clinical  
415 trials.

416 3. Providing tools for cancer patients and community-based  
417 oncologists to help identify available cancer clinical trials in  
418 this state.

419 4. Creating opportunities for the state's academic cancer  
420 centers to collaborate with community-based oncologists in  
421 cancer clinical trial networks.

422 (c) Priority may be given to grant proposals that foster  
423 collaborations among institutions, researchers, and community  
424 practitioners to support the advancement of cures through basic  
425 or applied research, including clinical trials involving cancer  
426 patients and related networks.

427 (d) Applications for incubator funding may be submitted by  
428 any Florida-based specialty hospital as defined in s.  
429 395.002(28)(a) which provides cancer treatment for patients from  
430 birth to 18 years of age. All qualified applicants must have  
431 equal access and opportunity to compete for research funding.  
432 Incubator grants must be recommended by the collaborative and  
433 awarded by the department on the basis of scientific merit, as  
434 determined by a competitively open and peer-reviewed process to  
435 ensure objectivity, consistency, and high quality.

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436 (e) To ensure that all proposals for research funding are  
437 appropriate and are evaluated fairly on the basis of scientific  
438 merit, the department shall appoint peer review panels of  
439 independent, scientifically qualified individuals to review the  
440 scientific merit of each proposal and establish its priority  
441 score. The priority scores must be forwarded to the  
442 collaborative and must be considered in determining which  
443 proposals the collaborative recommends for funding.

444 (f) The collaborative and the peer review panels shall  
445 establish and follow rigorous guidelines for ethical conduct and  
446 adhere to a strict policy with regard to conflicts of interest  
447 regarding the assessment of incubator grant applications. A  
448 member of the collaborative or a panel may not participate in  
449 any discussion or decision of the collaborative or a panel  
450 regarding a research proposal from any firm, entity, or agency  
451 with which the member is associated as a governing body member,  
452 as an employee, or through a contractual arrangement.

453 (g) Each recipient of incubator grant funds must enter into  
454 an allocation agreement with the department. Each such  
455 allocation agreement must include all of the following:

456 1. A line-item budget narrative documenting the annual  
457 allocation of funds to a recipient.

458 2. A cap on the annual award of 15 percent for  
459 administrative expenses.

460 3. A requirement for the recipient to submit quarterly  
461 reports of all expenditures made by the recipient with funds  
462 received through the incubator.

463 4. A provision to allow the department and other state  
464 auditing bodies to audit all financial records, supporting



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465 documents, statistical records, and any other documents  
466 pertinent to the allocation agreement.

467 5. A provision requiring the annual reporting of outcome  
468 data and protocols used in achieving those outcomes.

469 (h) Beginning December 1, 2026, and annually through  
470 December 1, 2030, the collaborative shall prepare and submit a  
471 report to the Governor, the President of the Senate, and the  
472 Speaker of the House of Representatives which evaluates research  
473 conducted through the incubator and provides details on outcomes  
474 and findings available through the end of the fiscal year  
475 immediately preceding each report. If the collaborative  
476 recommends that the incubator be extended beyond its 5-year  
477 lifespan, the collaborative shall make such recommendation in  
478 the report due December 1, 2029, and shall include a  
479 recommendation for the next targeted area of cancer research.  
480 The report due on December 1, 2030, must include all of the  
481 following:

482 1. Details of all results of the research conducted with  
483 incubator funding which has been completed or the status of  
484 research in progress.

485 2. An evaluation of all research conducted with incubator  
486 funding during the 5 fiscal years preceding the report.

487 Section 3. Paragraph (d) is added to subsection (2) of  
488 section 381.922, Florida Statutes, to read:

489 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
490 Cancer Research Program.—

491 (2) The program shall provide grants for cancer research to  
492 further the search for cures for cancer.

493 (d) There is established within the program the Bascom

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494 Palmer Eye Institute VisionGen Initiative. The purpose of the  
495 initiative is to advance genetic and epigenetic research on  
496 inherited eye diseases and ocular oncology by awarding grants  
497 through the peer-reviewed, competitive process established under  
498 subsection (3). Funding for the initiative is subject to the  
499 annual appropriation of funds by the Legislature.

500 Section 4. Paragraphs (d) and (e) of subsection (5) of  
501 section 381.986, Florida Statutes, are amended to read:

502 381.986 Medical use of marijuana.—

503 (5) MEDICAL MARIJUANA USE REGISTRY.—

504 (d) The department shall immediately suspend the  
505 registration of a qualified patient charged with a violation of  
506 chapter 893 until final disposition of the any alleged offense.  
507 Based upon such final disposition ~~Thereafter~~, the department may  
508 extend the suspension, revoke the registration, or reinstate the  
509 registration. However, the department must revoke the  
510 registration of the qualified patient upon such final  
511 disposition if the qualified patient entered a plea of guilty or  
512 nolo contendere or was found guilty of the offense.

513 (e) The department shall immediately suspend the  
514 registration of a any caregiver charged with a violation of  
515 chapter 893 until final disposition of the any alleged offense.  
516 The department must revoke the registration of the caregiver  
517 upon such final disposition if the caregiver entered a plea of  
518 guilty or nolo contendere or was found guilty of the offense.  
519 Additionally, the department must ~~shall~~ revoke a caregiver  
520 registration if the caregiver does not meet the requirements of  
521 subparagraph (6) (b) 6.

522 Section 5. Subsection (8) is added to section 394.495,

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523 Florida Statutes, to read:

524 394.495 Child and adolescent mental health system of care;  
525 programs and services.-

526 (8) As authorized by and consistent with funding  
527 appropriated in the General Appropriations Act, the department  
528 may contract with Valerie's House, Inc., a nonprofit  
529 organization exempt from taxation pursuant to s. 501(c)(3) of  
530 the Internal Revenue Code, to provide grief support services to  
531 help children and youth ages 4 to 19 who have experienced the  
532 death of a parent or sibling. The services provided must be at  
533 no cost to the bereaved child or his or her caregiver and may  
534 include, but are not limited to, grief support groups,  
535 mentoring, individual grief counseling, financial crisis  
536 support, and in-school support services. Valerie's House, Inc.,  
537 may also provide grief awareness training and outreach to local  
538 schools and medical facilities under the contract.

539 Section 6. Notwithstanding the repeal of section 400.0225,  
540 Florida Statutes, in section 14 of chapter 2001-377, Laws of  
541 Florida, that section is revived, reenacted, and amended to  
542 read:

543 400.0225 Consumer satisfaction surveys.-

544 (1) The agency shall develop user-friendly consumer  
545 satisfaction surveys to capture resident and family member  
546 satisfaction with care provided by nursing home facilities. The  
547 consumer satisfaction surveys must be based on a core set of  
548 consumer satisfaction questions to allow for consistent  
549 measurement and must be administered annually to a random sample  
550 of long-stay and short-stay residents of each facility and their  
551 family members. The survey tool must be based on an agency-

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552 validated survey instrument whose measures have received an  
553 endorsement by the National Quality Forum.

554 (2) Family members, guardians, or other resident designees  
555 may assist a resident in completing the consumer satisfaction  
556 survey.

557 (3) Employees and volunteers of the nursing home facility  
558 or of a corporation or business entity with an ownership  
559 interest in the nursing home facility are prohibited from  
560 attempting to influence a resident's responses to the consumer  
561 satisfaction survey.

562 (4) The agency shall specify the protocols for conducting  
563 the consumer satisfaction surveys, ensuring survey validity,  
564 reporting survey results, and protecting the identity of  
565 individual respondents. The agency shall make aggregated survey  
566 data available to consumers on the agency's website pursuant to  
567 s. 400.191(2)(a)15. in a manner that allows for comparison  
568 between nursing home facilities, or its contractor, in  
569 consultation with the nursing home industry and consumer  
570 representatives, shall develop an easy-to-use consumer  
571 satisfaction survey, shall ensure that every nursing facility  
572 licensed pursuant to this part participates in assessing  
573 consumer satisfaction, and shall establish procedures to ensure  
574 that, at least annually, a representative sample of residents of  
575 each facility is selected to participate in the survey. The  
576 sample shall be of sufficient size to allow comparisons between  
577 and among facilities. Family members, guardians, or other  
578 resident designees may assist the resident in completing the  
579 survey. Employees and volunteers of the nursing facility or of a  
580 corporation or business entity with an ownership interest in the

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581 ~~facility are prohibited from assisting a resident with or~~  
582 ~~attempting to influence a resident's responses to the consumer~~  
583 ~~satisfaction survey. The agency, or its contractor, shall survey~~  
584 ~~family members, guardians, or other resident designees. The~~  
585 ~~agency, or its contractor, shall specify the protocol for~~  
586 ~~conducting and reporting the consumer satisfaction surveys.~~  
587 ~~Reports of consumer satisfaction surveys shall protect the~~  
588 ~~identity of individual respondents. The agency shall contract~~  
589 ~~for consumer satisfaction surveys and report the results of~~  
590 ~~those surveys in the consumer information materials prepared and~~  
591 ~~distributed by the agency.~~

592 (5) The agency may adopt rules ~~as necessary~~ to implement  
593 ~~administer~~ this section.

594 Section 7. Paragraph (b) of subsection (1) of section  
595 400.141, Florida Statutes, is amended, and paragraph (x) is  
596 added to that subsection, to read:

597 400.141 Administration and management of nursing home  
598 facilities.—

599 (1) Every licensed facility shall comply with all  
600 applicable standards and rules of the agency and shall:

601 (b) Appoint a medical director licensed pursuant to chapter  
602 458 or chapter 459. By January 1, 2026, the medical director of  
603 each nursing home facility must obtain designation as a  
604 certified medical director by the American Medical Directors  
605 Association, hold a similar credential bestowed by an  
606 organization recognized by the agency, or be in the process of  
607 seeking such designation or credentialing, according to  
608 parameters adopted by agency rule. The agency shall include the  
609 name of each nursing home facility's medical director on the

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610 facility's provider profile published by the agency on its  
611 website. The agency may establish by rule more specific criteria  
612 for the appointment of a medical director.

613 (x) Conduct, at least biennially, a patient safety culture  
614 survey using the applicable Survey on Patient Safety Culture  
615 developed by the federal Agency for Healthcare Research and  
616 Quality. Each facility shall conduct the survey anonymously to  
617 encourage completion of the survey by staff working in or  
618 employed by the facility. A facility may contract with a third  
619 party to administer the survey. Each facility shall biennially  
620 submit the survey data to the agency in a format specified by  
621 agency rule, which must include the survey participation rate.  
622 Each facility may develop an internal action plan between  
623 conducting surveys to identify measures to improve the survey  
624 and submit such plan to the agency.

625 Section 8. Paragraph (a) of subsection (2) of section  
626 400.191, Florida Statutes, is amended to read:

627 400.191 Availability, distribution, and posting of reports  
628 and records.—

629 (2) The agency shall publish the Nursing Home Guide  
630 quarterly in electronic form to assist consumers and their  
631 families in comparing and evaluating nursing home facilities.

632 (a) The agency shall provide an Internet site which must  
633 ~~shall~~ include at least the following information either directly  
634 or indirectly through a link to another established site or  
635 sites of the agency's choosing:

636 1. A section entitled "Have you considered programs that  
637 provide alternatives to nursing home care?" which must ~~shall~~ be  
638 the first section of the Nursing Home Guide and must ~~which shall~~

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639 prominently display information about available alternatives to  
640 nursing homes and how to obtain additional information regarding  
641 these alternatives. The Nursing Home Guide must ~~shall~~ explain  
642 that this state offers alternative programs that allow ~~permit~~  
643 qualified elderly persons to stay in their homes instead of  
644 being placed in nursing homes and must ~~shall~~ encourage  
645 interested persons to call the Comprehensive Assessment Review  
646 and Evaluation for Long-Term Care Services (CARES) Program to  
647 inquire as to whether ~~if~~ they qualify. The Nursing Home Guide  
648 must ~~shall~~ list available home and community-based programs and  
649 must ~~which shall~~ clearly state the services that are provided,  
650 including and indicate whether nursing home services are covered  
651 under those programs when necessary ~~included if needed~~.

652 2. A list by name and address of all nursing home  
653 facilities in this state, including any prior name by which a  
654 facility was known during the previous 24-month period.

655 3. Whether such nursing home facilities are proprietary or  
656 nonproprietary.

657 4. The current owner of the facility's license and the year  
658 that that entity became the owner of the license.

659 5. The name of the owner or owners of each facility and  
660 whether the facility is affiliated with a company or other  
661 organization owning or managing more than one nursing facility  
662 in this state.

663 6. The total number of beds in each facility and the most  
664 recently available occupancy levels.

665 7. The number of private and semiprivate rooms in each  
666 facility.

667 8. The religious affiliation, if any, of each facility.

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668 9. The languages spoken by the administrator and staff of  
669 each facility.

670 10. Whether or not each facility accepts Medicare or  
671 Medicaid recipients or insurance, health maintenance  
672 organization, United States Department of Veterans Affairs,  
673 CHAMPUS program, or workers' compensation coverage.

674 11. Recreational and other programs available at each  
675 facility.

676 12. Special care units or programs offered at each  
677 facility.

678 13. Whether the facility is a part of a retirement  
679 community that offers other services pursuant to part III of  
680 this chapter or part I or part III of chapter 429.

681 14. Survey and deficiency information, including all  
682 federal and state recertification, licensure, revisit, and  
683 complaint survey information, for each facility. For  
684 noncertified nursing homes, state survey and deficiency  
685 information, including licensure, revisit, and complaint survey  
686 information, shall be provided.

687 15. The results of consumer satisfaction surveys conducted  
688 pursuant to s. 400.0225.

689 Section 9. Present subsections (6) and (7) of section  
690 408.051, Florida Statutes, are redesignated as subsections (7)  
691 and (8), respectively, and a new subsection (6) is added to that  
692 section, to read:

693 408.051 Florida Electronic Health Records Exchange Act.—

694 (6) NURSING HOME DATA.—A nursing home facility as defined  
695 in s. 400.021 which maintains certified electronic health record  
696 technology shall make available all admission, transfer, and



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697 discharge data to the agency's Florida Health Information  
698 Exchange program for the purpose of supporting public health  
699 data registries and patient care coordination. The agency may  
700 adopt rules to implement this subsection.

701 Section 10. Present subsections (7) through (15) of section  
702 408.061, Florida Statutes, are redesignated as subsections (8)  
703 through (16), respectively, a new subsection (7) is added to  
704 that section, and subsections (5) and (6) of that section are  
705 amended, to read:

706 408.061 Data collection; uniform systems of financial  
707 reporting; information relating to physician charges;  
708 confidential information; immunity.—

709 (5) Within 120 days after the end of its fiscal year, each  
710 nursing home as defined in s. 408.07, excluding nursing homes  
711 operated by state agencies, shall file with the agency, on forms  
712 adopted by the agency and based on the uniform system of  
713 financial reporting, its actual financial experience for that  
714 fiscal year, including expenditures, revenues, and statistical  
715 measures. Such data may be based on internal financial reports  
716 that are certified to be complete and accurate by the chief  
717 financial officer of the nursing home. However, a nursing home's  
718 actual financial experience shall be its audited actual  
719 experience. This audited actual experience must include the  
720 fiscal year-end balance sheet, income statement, statement of  
721 cash flow, and statement of retained earnings and must be  
722 submitted to the agency in addition to the information filed in  
723 the uniform system of financial reporting. The financial  
724 statements must tie to the information submitted in the uniform  
725 system of financial reporting, and a crosswalk must be submitted

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726 along with the financial statements.

727 (6) Within 120 days after the end of its fiscal year, the  
728 home office of each nursing home as defined in s. 408.07,  
729 excluding nursing homes operated by state agencies, shall file  
730 with the agency, on forms adopted by the agency and based on the  
731 uniform system of financial reporting, its actual financial  
732 experience for that fiscal year, including expenditures,  
733 revenues, and statistical measures. Such data may be based on  
734 internal financial reports that are certified to be complete and  
735 accurate by the chief financial officer of the nursing home.  
736 However, the home office's actual financial experience shall be  
737 its audited actual experience. This audited actual experience  
738 must include the fiscal year-end balance sheet, income  
739 statement, statement of cash flow, and statement of retained  
740 earnings and must be submitted to the agency in addition to the  
741 information filed in the uniform system of financial reporting.  
742 The financial statements must tie to the information submitted  
743 in the uniform system of financial reporting, and a crosswalk  
744 must be submitted along with the audited financial statements.

745 (7) (a) Beginning January 1, 2026, the agency shall impose  
746 an administrative fine of \$10,000 per violation against a  
747 nursing home or home office that fails to comply with subsection  
748 (5) or subsection (6), as applicable. For purposes of this  
749 paragraph, the term "violation" means failing to file the  
750 financial report required by subsection (5) or subsection (6),  
751 as applicable, on or before the report's due date. Failing to  
752 file the report during any subsequent 10-day period occurring  
753 after the due date constitutes a separate violation until the  
754 report has been submitted.

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755       (b) The agency shall adopt rules to implement this  
756 subsection. The rules must include provisions for a nursing home  
757 or home office to present factors in mitigation of the  
758 imposition of the fine's full dollar amount. The agency may  
759 determine not to impose the fine's full dollar amount upon a  
760 showing that the full fine is inappropriate under the  
761 circumstances.

762       Section 11. Subsection (2) of section 408.08, Florida  
763 Statutes, is amended to read:

764       408.08 Inspections and audits; violations; penalties;  
765 fines; enforcement.—

766       (2) Any health care facility that refuses to file a report,  
767 fails to timely file a report, files a false report, or files an  
768 incomplete report and upon notification fails to timely file a  
769 complete report required under s. 408.061; that violates this  
770 section, s. 408.061, or s. 408.20, or rule adopted thereunder;  
771 or that fails to provide documents or records requested by the  
772 agency under this chapter shall be punished by a fine not  
773 exceeding \$1,000 per day for each day in violation, to be  
774 imposed and collected by the agency. Pursuant to rules adopted  
775 by the agency, the agency may, upon a showing of good cause,  
776 grant a one-time extension of any deadline for a health care  
777 facility to timely file a report as required by this section, s.  
778 408.061, or s. 408.20. A facility fined under s. 408.061(7) may  
779 not be additionally fined under this subsection for the same  
780 violation.

781       Section 12. Paragraph (b) of subsection (2) of section  
782 409.908, Florida Statutes, is amended to read:

783       409.908 Reimbursement of Medicaid providers.—Subject to

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784 specific appropriations, the agency shall reimburse Medicaid  
785 providers, in accordance with state and federal law, according  
786 to methodologies set forth in the rules of the agency and in  
787 policy manuals and handbooks incorporated by reference therein.  
788 These methodologies may include fee schedules, reimbursement  
789 methods based on cost reporting, negotiated fees, competitive  
790 bidding pursuant to s. 287.057, and other mechanisms the agency  
791 considers efficient and effective for purchasing services or  
792 goods on behalf of recipients. If a provider is reimbursed based  
793 on cost reporting and submits a cost report late and that cost  
794 report would have been used to set a lower reimbursement rate  
795 for a rate semester, then the provider's rate for that semester  
796 shall be retroactively calculated using the new cost report, and  
797 full payment at the recalculated rate shall be effected  
798 retroactively. Medicare-granted extensions for filing cost  
799 reports, if applicable, shall also apply to Medicaid cost  
800 reports. Payment for Medicaid compensable services made on  
801 behalf of Medicaid-eligible persons is subject to the  
802 availability of moneys and any limitations or directions  
803 provided for in the General Appropriations Act or chapter 216.  
804 Further, nothing in this section shall be construed to prevent  
805 or limit the agency from adjusting fees, reimbursement rates,  
806 lengths of stay, number of visits, or number of services, or  
807 making any other adjustments necessary to comply with the  
808 availability of moneys and any limitations or directions  
809 provided for in the General Appropriations Act, provided the  
810 adjustment is consistent with legislative intent.

811 (2)

812 (b) Subject to any limitations or directions in the General

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813 Appropriations Act, the agency shall establish and implement a  
814 state Title XIX Long-Term Care Reimbursement Plan for nursing  
815 home care in order to provide care and services in conformance  
816 with the applicable state and federal laws, rules, regulations,  
817 and quality and safety standards and to ensure that individuals  
818 eligible for medical assistance have reasonable geographic  
819 access to such care.

820       1. The agency shall amend the long-term care reimbursement  
821 plan and cost reporting system to create direct care and  
822 indirect care subcomponents of the patient care component of the  
823 per diem rate. These two subcomponents together shall equal the  
824 patient care component of the per diem rate. Separate prices  
825 shall be calculated for each patient care subcomponent,  
826 initially based on the September 2016 rate setting cost reports  
827 and subsequently based on the most recently audited cost report  
828 used during a rebasing year. The direct care subcomponent of the  
829 per diem rate for any providers still being reimbursed on a cost  
830 basis shall be limited by the cost-based class ceiling, and the  
831 indirect care subcomponent may be limited by the lower of the  
832 cost-based class ceiling, the target rate class ceiling, or the  
833 individual provider target. The ceilings and targets apply only  
834 to providers being reimbursed on a cost-based system. Effective  
835 October 1, 2018, a prospective payment methodology shall be  
836 implemented for rate setting purposes with the following  
837 parameters:

838       a. Peer Groups, including:

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

841           (II) South-SMMC Regions 10-11, plus Palm Beach and

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842 Okeechobee Counties.

843       b. Percentage of Median Costs based on the cost reports

844 used for September 2016 rate setting:

845       (I) Direct Care Costs .....100 percent.

846       (II) Indirect Care Costs .....92 percent.

847       (III) Operating Costs .....86 percent.

848       c. Floors:

849       (I) Direct Care Component .....95 percent.

850       (II) Indirect Care Component .....92.5 percent.

851       (III) Operating Component .....None.

852       d. Pass-through Payments .....Real Estate and

853 .....Personal Property

854 .....Taxes and Property Insurance.

855       e. Quality Incentive Program Payment

856 Pool.....10 percent of September

857 .....2016 non-property related

858 .....payments of included facilities.

859       f. Quality Score Threshold to Qualify ~~Quality~~ for Quality

860 Incentive Payment.....20th

861 .....percentile of included facilities.

862       g. Fair Rental Value System Payment Parameters:

863       (I) Building Value per Square Foot based on 2018 RS Means.

864       (II) Land Valuation .....10 percent of Gross Building value.

865       (III) Facility Square Footage .....Actual Square Footage.

866       (IV) Movable Equipment Allowance .....\$8,000 per bed.

867       (V) Obsolescence Factor .....1.5 percent.

868       (VI) Fair Rental Rate of Return .....8 percent.

869       (VII) Minimum Occupancy .....90 percent.

870       (VIII) Maximum Facility Age .....40 years.

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871 (IX) Minimum Square Footage per Bed.....350.

872 (X) Maximum Square Footage for Bed.....500.

873 (XI) Minimum Cost of a renovation/replacements \$500 per bed.

874 h. Ventilator Supplemental payment of \$200 per Medicaid day  
875 of 40,000 ventilator Medicaid days per fiscal year.

876 2. The agency shall revise its methodology for calculating  
877 Quality Incentive Program payments to include the results of  
878 consumer satisfaction surveys conducted pursuant to s. 400.0225  
879 as a measure of nursing home quality. The agency shall so revise  
880 the methodology after the surveys have been in effect for an  
881 amount of time the agency deems sufficient for statistical and  
882 scientific validity as a meaningful quality measure that may be  
883 incorporated into the methodology.

884 3. The direct care subcomponent shall include salaries and  
885 benefits of direct care staff providing nursing services  
886 including registered nurses, licensed practical nurses, and  
887 certified nursing assistants who deliver care directly to  
888 residents in the nursing home facility, allowable therapy costs,  
889 and dietary costs. This excludes nursing administration, staff  
890 development, the staffing coordinator, and the administrative  
891 portion of the minimum data set and care plan coordinators. The  
892 direct care subcomponent also includes medically necessary  
893 dental care, vision care, hearing care, and podiatric care.

894 ~~4.3.~~ All other patient care costs shall be included in the  
895 indirect care cost subcomponent of the patient care per diem  
896 rate, including complex medical equipment, medical supplies, and  
897 other allowable ancillary costs. Costs may not be allocated  
898 directly or indirectly to the direct care subcomponent from a  
899 home office or management company.

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900       ~~5.4.~~ On July 1 of each year, the agency shall report to the  
901 Legislature direct and indirect care costs, including average  
902 direct and indirect care costs per resident per facility and  
903 direct care and indirect care salaries and benefits per category  
904 of staff member per facility.

905       ~~6.5.~~ Every fourth year, the agency shall rebase nursing  
906 home prospective payment rates to reflect changes in cost based  
907 on the most recently audited cost report for each participating  
908 provider.

909       ~~7.6.~~ A direct care supplemental payment may be made to  
910 providers whose direct care hours per patient day are above the  
911 80th percentile and who provide Medicaid services to a larger  
912 percentage of Medicaid patients than the state average.

913       ~~8.7.~~ Pediatric, Florida Department of Veterans Affairs, and  
914 government-owned facilities are exempt from the pricing model  
915 established in this subsection and shall remain on a cost-based  
916 prospective payment system. Effective October 1, 2018, the  
917 agency shall set rates for all facilities remaining on a cost-  
918 based prospective payment system using each facility's most  
919 recently audited cost report, eliminating retroactive  
920 settlements.

921       9. By October 1, 2025, and each year thereafter, the agency  
922 shall submit to the Governor, the President of the Senate, and  
923 the Speaker of the House of Representatives a report on each  
924 Quality Incentive Program payment made pursuant to sub-  
925 subparagraph 1.e. The report must, at a minimum, include all of  
926 the following information:

927       a. The name of each facility that received a Quality  
928 Incentive Program payment and the dollar amount of such payment



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929 each facility received.

930 b. The total number of quality incentive metric points  
931 awarded by the agency to each facility and the number of points  
932 awarded by the agency for each individual quality metric  
933 measured.

934 c. An examination of any trends in the improvement of the  
935 quality of care provided to nursing home residents which may be  
936 attributable to incentive payments received under the Quality  
937 Incentive Program. The agency shall include examination of  
938 trends both for the program as a whole as well as for each  
939 individual quality metric used by the agency to award program  
940 payments.

941  
942 It is the intent of the Legislature that the reimbursement plan  
943 achieve the goal of providing access to health care for nursing  
944 home residents who require large amounts of care while  
945 encouraging diversion services as an alternative to nursing home  
946 care for residents who can be served within the community. The  
947 agency shall base the establishment of any maximum rate of  
948 payment, whether overall or component, on the available moneys  
949 as provided for in the General Appropriations Act. The agency  
950 may base the maximum rate of payment on the results of  
951 scientifically valid analysis and conclusions derived from  
952 objective statistical data pertinent to the particular maximum  
953 rate of payment. The agency shall base the rates of payments in  
954 accordance with the minimum wage requirements as provided in the  
955 General Appropriations Act.

956 Section 13. Subsection (1), paragraph (d) of subsection  
957 (2), and paragraph (a) of subsection (5) of section 409.91256,

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958 Florida Statutes, are amended to read:

959 409.91256 Training, Education, and Clinicals in Health  
960 (TEACH) Funding Program.—

961 (1) PURPOSE AND INTENT.—The Training, Education, and  
962 Clinicals in Health (TEACH) Funding Program is created to  
963 provide a high-quality educational experience while supporting  
964 participating federally qualified health centers, community  
965 mental health centers, rural health clinics, ~~and~~ certified  
966 community behavioral health clinics, and publicly funded  
967 nonprofit organizations serving Medicaid recipients or other  
968 low-income patients in areas designated as health professional  
969 shortage areas and approved by the agency by offsetting  
970 administrative costs and loss of revenue associated with  
971 training residents and students to become licensed health care  
972 practitioners. Further, it is the intent of the Legislature to  
973 use the program to support the state Medicaid program and  
974 underserved populations by expanding the available health care  
975 workforce.

976 (2) DEFINITIONS.—As used in this section, the term:

977 (d) "Qualified facility" means a federally qualified health  
978 center, a community mental health center, a rural health clinic,  
979 ~~or~~ a certified community behavioral health clinic, or a publicly  
980 funded nonprofit organization serving Medicaid recipients or  
981 other low-income patients in an area designated as a health  
982 professional shortage area and approved by the agency.

983 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed  
984 under this section only to offset the administrative costs or  
985 lost revenue associated with training students, allopathic  
986 residents, osteopathic residents, or dental residents who are

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987 enrolled in an accredited educational or residency program based  
988 in this state.

989 (a) Subject to an appropriation, the agency may reimburse a  
990 qualified facility based on the number of clinical training  
991 hours reported under subparagraph (3)(e)1. The allowed  
992 reimbursement per student is as follows:

993 1. A medical or dental resident at a rate of \$50 per hour.

994 2. A first-year medical student at a rate of \$27 per hour.

995 3. A second-year medical student at a rate of \$27 per hour.

996 4. A third-year medical student at a rate of \$29 per hour.

997 5. A fourth-year medical student at a rate of \$29 per hour.

998 6. A dental student at a rate of \$22 per hour.

999 7. An advanced practice registered nursing student at a  
1000 rate of \$22 per hour.

1001 8. A physician assistant student at a rate of \$22 per hour.

1002 9. A nursing student at a rate of \$22 per hour.

1003 10. A behavioral health student at a rate of \$15 per hour.

1004 11.10. A dental hygiene student at a rate of \$15 per hour.

1005 Section 14. (1) To support and enhance quality outcomes in  
1006 Florida's nursing homes, the Agency for Health Care  
1007 Administration shall contract with a third-party vendor to  
1008 conduct a comprehensive study of nursing home quality incentive  
1009 programs in other states.

1010 (a) At a minimum, the study must include a detailed  
1011 analysis of quality incentive programs implemented in each of  
1012 the states examined, identify components of such programs which  
1013 have demonstrably improved nursing home quality outcomes, and  
1014 provide recommendations to modify or enhance this state's  
1015 existing Medicaid Quality Incentive Program based on its

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1016 historical performance and trends since it was first  
1017 implemented.

1018 (b) The study must also include:

1019 1. An in-depth review of emerging and existing technologies  
1020 applicable to nursing home care and an analysis of how their  
1021 adoption in this state could improve quality of care and  
1022 operational efficiency; and

1023 2. An examination of other states' Medicaid add-on payment  
1024 structures related to the provision of ventilator care,  
1025 bariatric services, and behavioral health services.

1026 (2) The agency shall submit a final report on the study,  
1027 including findings and actionable recommendations, to the  
1028 Governor, the President of the Senate, and the Speaker of the  
1029 House of Representatives by December 1, 2025.

1030 Section 15. This act shall take effect July 1, 2025.