



State Budget Conference Chairs

**Bump Issues
Senate Offer**

Conforming and Implementing Language

Wednesday, April 28, 2010, 10:00 a.m.

212 Knott Building

Webster Hall



576-02819A-10

Proposed Committee Substitute by the Policy and Steering
Committee on Ways and Means

A bill to be entitled

An act relating to the tax on communications and utility services; amending s. 202.12, F.S.; decreasing the rate at which the sales price of certain communications services are taxed; amending s. 202.125, F.S., relating to exemptions from the tax; inserting a cross-reference to conform to changes made by the act; amending s. 203.01, F.S.; imposing an additional tax on certain communications services at a specified rate; providing for an exemption to apply to such tax; requiring that the tax on communications services be included on bills dated on or after a specified date; amending s. 215.61, F.S.; requiring that the State Board of Education make specified adjustments to the figures used by the board in determining the amount of bond debt that can be serviced by revenues derived from the gross receipts tax on utility services; requiring that such adjustment be based on a specified assumption; deleting a provision requiring the deduction of amounts used for debt service when determining fiscal sufficiency; providing an effective date.

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

Section 1. Paragraph (a) of subsection (1) of section 202.12, Florida Statutes, is amended to read:



576-02819A-10

28 202.12 Sales of communications services.—The Legislature
29 finds that every person who engages in the business of selling
30 communications services at retail in this state is exercising a
31 taxable privilege. It is the intent of the Legislature that the
32 tax imposed by chapter 203 be administered as provided in this
33 chapter.

34 (1) For the exercise of such privilege, a tax is levied on
35 each taxable transaction, and the tax is due and payable as
36 follows:

37 (a) Except as otherwise provided in this subsection, at a
38 rate of 6.65 ~~6.8~~ percent applied to the sales price of the
39 communications service which:

- 40 1. Originates and terminates in this state, or
41 2. Originates or terminates in this state and is charged to
42 a service address in this state,

43
44 when sold at retail, computed on each taxable sale for the
45 purpose of remitting the tax due. The gross receipts tax imposed
46 by chapter 203 shall be collected on the same taxable
47 transactions and remitted with the tax imposed by this
48 paragraph. If no tax is imposed by this paragraph by reason of
49 s. 202.125(1), the tax imposed by chapter 203 shall nevertheless
50 be collected and remitted in the manner and at the time
51 prescribed for tax collections and remittances under this
52 chapter.

53 Section 2. Subsection (1) of section 202.125, Florida
54 Statutes, is amended to read:

55 202.125 Sales of communications services; specified
56 exemptions.—



576-02819A-10

57 (1) The separately stated sales price of communications
58 services sold to residential households is exempt from the tax
59 imposed by s. 202.12 and s. 203.01(1)(b)3. This exemption shall
60 not apply to any residence that constitutes all or part of a
61 public lodging establishment as defined in chapter 509, any
62 mobile communications service, any cable service, or any direct-
63 to-home satellite service.

64 Section 3. Paragraph (b) of subsection (1) of section
65 203.01, Florida Statutes, is amended to read:

66 203.01 Tax on gross receipts for utility and communications
67 services.-

68 (1)

69 (b)1. The rate applied to utility services shall be 2.5
70 percent.

71 2. The rate applied to communications services shall be
72 2.37 percent.

73 3. There shall be an additional rate of 0.15 percent
74 applied to communication services subject to the tax levied
75 pursuant to s. 202.12(1)(a), (c), and (d). The exemption
76 provided in s. 202.125(1) applies to the any tax levied pursuant
77 to this subparagraph.

78 Section 4. Subsection (3) of section 215.61, Florida
79 Statutes, is amended to read:

80 215.61 State system of public education capital outlay
81 bonds.-

82 (3) No bonds authorized by s. 9(a)(2), Art. XII of the
83 State Constitution shall be issued in an amount exceeding 90
84 percent of the amount which the State Board of Education
85 determines can be serviced by the revenues derived from the



576-02819A-10

86 gross receipts tax levied and collected pursuant to chapter 203.
87 In determining the amount which can be serviced by the gross
88 receipts tax, the State Board of Education shall use ~~utilize~~ the
89 average annual amount of revenue collected for the tax periods
90 during the 24 months immediately preceding the most recent
91 collection date before ~~prior to~~ the date of issuance of any such
92 bonds, adjusted to reflect revenues that would have been
93 collected had legislation enacted into law before the date of
94 determination been in effect during the 24-month period. Such
95 adjustment shall be based on the assumption that the provisions
96 of the enacted legislation had become effective 24 months before
97 the dates contemplated in the legislation. For purpose of the
98 approval required by s. 215.73, official estimates of future
99 collections furnished by the State Board of Education prior to
100 the estimated date of issuance shall be used to determine fiscal
101 sufficiency. ~~However, 100 percent of the amount required to~~
102 ~~provide for the debt service for the current fiscal year of the~~
103 ~~bonds issued prior to July 1, 1975, under the provisions of s.~~
104 ~~9(a)(2), Art. XII of the State Constitution shall be deducted in~~
105 ~~making the determination.~~

106 Section 5. This act shall take effect July 1, 2010, and
107 sections 1 through 3 of this act apply to taxable services
108 included on bills that are dated on or after that date.

SENATE OFFER 1 on SB 2374 (State Group Insurance Program)

| | SB | Description | Offer |
|---|-----|---|--|
| 1 | 1 | Continues the state contributions into the health savings accounts for employees participating in the high deductible health plans | House position – included in the implementing bill |
| 2 | 2 | Directs DMS to establish on site employee health clinic pilot program for Plan Year 2011. | Senate position |
| 3 | 3 | Directs DMS to competitively procure: <ul style="list-style-type: none"> a. Postpayment claims review services for the State Group Insurance Program (using a contingency fee type contract) b. Dependent eligibility verification services | Senate position |
| 4 | 4 | Requires subscribers in the State Group Insurance Program to provide certain documentation to verify dependent eligibility; grants DSGI the authority to establish a 6 month grace period and thereafter seek indemnification from subscribers who have ineligible dependents | Modified Senate language – <ul style="list-style-type: none"> a. specifies that documentation must be provided at the request of the Division b. the grace period is limited to 3 months to remove ineligible dependents c. DSGI and its contracted health plans will seek recovery of payments made on behalf of ineligible dependents d. Grants rulemaking authority to DMS. |
| 5 | New | Limits DMS ability to renew HMO contracts for the 2011 plan year unless the vendors agree that the program can be modified by the Legislature in July 2011. | Senate position |

SENATE OFFER 1 on FLORIDA RETIREMENT SYSTEM FUNDING BILL (HB 5607)

| | Statute | SB | Description | HB | Description | OFFER |
|----|----------|-----|---|----|--|--|
| 1 | 121.091 | New | Sets interest rate on DROP account accumulations at 3% per year for members entering DROP on or after July 1, 2010. | | | New lanaguage necessary to Implement funding decision in GAA |
| 2 | 121.35 | New | Allows DMS, after receiving recommendations from the BOG, to designate up to 7 vendors to provide services to the SUS ORP (rather than the current 5 vendors) | | | SENATE |
| 3 | 121.71 | 19 | Sets July 2010 employer contribution rates at normal cost; reduces employer contribution rates to recognize employee contributions beginning January 2011. Sets a rate to cover the amortized cost of the unfunded actuarial liability beginning July 2011. The UAL rate will be charged against the payroll for the FRS as well as the optional retirement programs (SMSOAP, SUSORP, and CCORP), as required by current law. | 1 | Sets 2010-2011 employer contribution rate at normal cost; sets 2011-2012 employer contribution rate at normal cost plus additional rate to amortize unfunded actuarial liability over 29 year period | Modified language clearly specifying the Normal Cost and the UAL rates |
| 4 | 121.74 | 22 | Reduces, for a four year period, the employer contribution paid to the State Board of Administration, for administrative and educational services. | | | New lanaguage necessary to Implement funding decision in GAA |
| 5 | | | | 2 | Directs the Division of Retirement to contract with the state actuary to conduct a special actuarial study regarding the funding methodology for the DROP. | HOUSE |
| 6 | | 26 | Finding that the act fulfills an important state interest | 3 | Finding that the act fulfills an important state interest | HOUSE |
| 7 | | 27 | Appropriates \$445,000 and 8 FTE to the Division of Retirement to implement the contributory system. | | | HOUSE |
| 8 | 121.011 | 1 | Updating preservation of rights to recognize employee contributions | | | HOUSE |
| 9 | 121.021 | 2 | Definition of termination, benefit and payee | | | HOUSE |
| 10 | 121.051 | 3 | Clarifies that newly participating employers have option to buy past service only at the time of entering the FRS; clarifies the employer-paid contributions are subject to FICA taxes. | | | HOUSE |
| 11 | 121.0515 | 4 | Update the calculation for upgrading prior special risk service to include any employee contributions | | | HOUSE |

| | Statute | SB | Description | HB | Description | OFFER |
|----|----------|----|---|----|-------------|-------|
| 12 | 121.052 | 5 | Specifies that Elected Officer Class will begin contributing January 1, 2011. If member ceases to fill office for 3 consecutive months, eligible for refund of employee contributions. | | | HOUSE |
| 13 | 121.053 | 6 | makes conforming change to recognize employee contributions | | | HOUSE |
| 14 | 121.055 | 7 | Specifies that Senior Management Service participants will begin contributing January 1, 2011; If member terminates employment for 3 consecutive months for any reason other than retirement, eligible for refund of employee contributions. Specifies that participants in the Senior Management Service Optional Retirement Program will begin contributing to retirement on January 1, 2011. No distributions allowed for any reason prior to retirement. | | | HOUSE |
| 15 | 121.071 | 8 | Recognizes employees and employers will contribute to FRS; Refunds of employee contributions will not include any interest earnings and employer contributions are not refundable. | | | HOUSE |
| 16 | 121.081 | 9 | Specifies that purchase of prior service performed after December 31, 2010, for which the member received a refund of employee contributions, the member must contribute the required employee contribution plus interest. | | | HOUSE |
| 17 | 121.091 | 10 | Allows a member to receive a refund of employee contributions once the member has terminated covered employment for 3 calendar months. | | | HOUSE |
| 18 | 121.121 | 11 | Specifies that the cost of any leave of absence purchased after January 1, 2011, will include both employer and employee contributions | | | HOUSE |
| 19 | 121.125 | 12 | Clarifies the employer's obligation to pay and remit employer and employee contributions in a timely manner when an active member returns to work after a worker's compensation absence. | | | HOUSE |
| 20 | 121.35 | 13 | Requires participants in the State University System Optional Retirement Program to make contributions beginning January 1, 2011. No distributions are allowed for any reason prior to retirement. | | | HOUSE |
| 21 | 121.4501 | 14 | Defines "participant contributions" | | | HOUSE |

| | Statute | SB | Description | HB | Description | OFFER |
|----|----------|----|--|----|-------------|-------|
| 22 | 121.4503 | 15 | Provides for the deposit of employee contributions into the FRS Contributions Clearing Trust Fund. Grants DMS rulemaking authority governing receipt and disbursement of employee contributions. | | | HOUSE |
| 23 | 121.571 | 16 | Requires participants as well as employer to submit retirement contributions | | | HOUSE |
| 24 | 121.591 | 17 | Specifies that benefits under the defined contribution plan may not be payable for any reason prior to termination of employment. The selection of a distribution payment is final and irrevocable at the time the distribution is made. | | | HOUSE |
| 25 | 121.70 | 18 | Recognizes the uniform system of funding includes both employer and employee contributions. | | | HOUSE |
| 26 | 121.72 | 20 | Clarifies the payment of both employer and employee contributions into the individual accounts of the defined contribution plan | | | HOUSE |
| 27 | 121.73 | 21 | Clarify the payment of contributions to fund disability benefits under the defined contribution plan | | | HOUSE |
| 28 | 121.76 | 23 | Clarifies that the employer-paid employee contributions are subject to federal FICA taxes. | | | HOUSE |
| 29 | 121.78 | 24 | Requires employers to remit both employer and employee contributions. Late contributions are subject to 1% delinquent fee for each month or portion thereof. | | | HOUSE |
| 30 | 1012.875 | 25 | Specify that members of the Community College Optional Retirement Program will begin paying contributions January 1, 2011. | | | HOUSE |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Child Welfare**

| HB 5305 House Bump Offer 2 | Comments | CS/CS/SB 1466 Senate Bump Offer 2 |
|---------------------------------------|---|--|
| | Senate Concurs with House Position – No Language | Section 2. (s. 39.301, F.S.) Allows <u>Mandates</u> DCF to develop and operate a pilot program related to family needs assistance referrals to be located in circuit where child protection investigation unit and community-based care lead agency agree to participate within existing resources; requires a report to the Legislature by January 31, 2011, which contains the results of the pilot program and recommendations for continuing, expanding or modifying program. |
| | Senate Concurs with House Position – No Language | Section XX. (s. 39.407 and s. 39.4071, F.S.) Add language related to psychotropic medication for children in out-of-home placement. |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Mental Health and Substance Abuse**

| HB 5307 House Bump Offer 2 | Comments | CS/CS/SB 1466 Senate Bump Offer 2 |
|---|---------------------------------------|---|
| Section 1. (s. 394.655, F.S.) Repeals the Substance Abuse and Mental Health Corporation. | Identical - Closed | Section 5. (s. 394.655, F.S.) Repeals the Substance Abuse and Mental Health Corporation. |
| Section 2. (s. 14.20195, F.S.) Revises membership of the Suicide Prevention Coordinating Council from 28 to 27 to remove representative of the Substance Abuse and Mental Health Corporation. | Senate Concurs with House Offer | |
| Section 3. (s. 394.656, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Department and Children and Families for the purpose of establishing the Criminal Justice, Mental Health and Substance Abuse Statewide Grant Review Committee; removes five members of the corporation from the committee. | Senate Concurs with House Offer | |
| Section 4. (s. 394.657, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee for the purpose of receiving the Criminal Justice, Mental Health, and Substance Reinvestment Grant applications. | Senate Concurs with House Offer | |
| Section 5. (s. 394.658, F.S.) Replaces the Substance Abuse and Mental Health Corporation with the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee for the purpose of establishing grant review criteria. | Senate Concurs with House Offer | |
| Section 6. (s. 394.659, F.S.) Removes the Substance Abuse and Mental Health Corporation from annual reporting requirement. | Senate Concurs with House Offer | |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

| HB 5311 House Bump Issues | Comments | Senate Bump Issues |
|--|---|---|
| <p>Contents of CS/HB 7183 with the exception of sections 7, 12 and 13. See language below.</p> | <p>Senate Counteroffers</p> | |
| | <p>Senate Offer See additional language below.</p> | <p>New sections 458.315 and 459.0076, Florida Statutes, are created to provide temporary certificate for practice in areas of critical need. See language below.</p> |
| | <p>Senate Offer See additional language below.</p> | <p>Section XX. The Department of Health Reorganization. See language below. Section 1 -</p> <ul style="list-style-type: none"> • Removes the authority for the DOH division directors to appoint ad hoc advisory committees. • Prohibits the DOH from creating new programs without the express consent of the Legislative Budget Commission or the Legislature. • Requires the DOH to notify the Governor and the Legislature before applying for any continuation or new federal or private grants for an amount of \$50,000 or greater. <p>Section 2 –</p> <ul style="list-style-type: none"> • Clarifies the role of the DOH in an emergency. <p>Sections 3 and 4 –</p> <ul style="list-style-type: none"> • Decreases the DOH’s environmental health food service responsibilities over facilities that are licensed and inspected by other agencies <p>Section 5 –</p> <ul style="list-style-type: none"> • Repeals the Children’s Early Investment Program that has not been operational for many years. (ss. 411.23, |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

| HB 5311 House Bump Issues | Comments | Senate Bump Issues |
|--------------------------------------|--|---|
| | <p>Senate Offer</p> <p>See additional language below.</p> | <p>411.231, and 411.232).</p> <p>Sections 6 and 7 -</p> <ul style="list-style-type: none"> • Corrects cross references to conform to the repeal of the Children’s Early Investment Program. <p>Section 8 -</p> <ul style="list-style-type: none"> • Provides a definition for a “medical convenience kit.” <p>Section 9 –</p> <ul style="list-style-type: none"> • Exempts medical device manufacturers from regulation by the DOH that are registered by the FDA. This avoids duplicative regulation. <p>Section 10 –</p> <ul style="list-style-type: none"> • Exempts the wholesale distribution of medical convenience kits that contain prescription drugs from the pedigree paper requirements in certain circumstances. <p>Section 11 –</p> <ul style="list-style-type: none"> • Provides conforming language to the new food service inspection process created in sections 3 and 4. <p>Section 12 –</p> <ul style="list-style-type: none"> • Requires the DOH to develop a plan to treat contagious TB in private and nonstate public hospitals. The DOH must submit the plan to the Governor and Legislature by November 1, 2010. <p>Section 13 –</p> <ul style="list-style-type: none"> • Directs the OPPAGA to conduct a comprehensive evaluation and justification review of the department and provide a progress report of the review to the Legislature by January 1, 2011. <p>Section 14 –</p> <ul style="list-style-type: none"> • Requires the DOH to submit a report to the Legislature by January 1, 2011, that includes a rationale for each department division, the return on investment for each department division, and federal funding associated with |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

| HB 5311 House Bump Issues | Comments | Senate Bump Issues |
|--------------------------------------|---|---|
| | Senate Offer See additional language below. | each division. Section 15 – <ul style="list-style-type: none"> • Transfers the administration of chapter 499, F.S., relating to the regulation of drugs, devices, cosmetics, and household products, from the DOH to the DBPR on October 1, 2011. Section 16 – <ul style="list-style-type: none"> • Provides that the effective date of the bill is July 1, 2010, unless otherwise expressly provided. See language below. |
| | Senate Offer See additional language below. | Section XX. Beginning in the 2010-2011 fiscal year and thereafter, \$50 million of the revenue deposited into the Health Care Trust Fund shall be reserved for research of tobacco-related or cancer-related illnesses. Reenacts the James and Esther King Biomedical Research Program and the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program. Subject to annual appropriations in the General Appropriations Act, \$20 million shall be appropriated to the James and Esther King Biomedical Research Program, \$20 million shall be appropriated to the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program, and \$10 million shall be appropriated to the H. Lee Moffitt Cancer Center. See language below. |
| | Senate Offer See additional language below. | Section XX. Modifies the section of law that establishes the Department of Health’s (DOH) responsibility for physician workforce development; creates a Physician Workforce Advisory Council and a Physician Workforce Graduate Medical Education (GME) Innovation Pilot Projects program; |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

| HB 5311 House Bump Issues | Comments | Senate Bump Issues |
|--------------------------------------|-----------------|--|
| | | repeals the GME Committee and the GME annual report within the Community Hospital Education Act Program (CHEP); authorizes the Board of Medicine and Board of Osteopathic Medicine, to issue a temporary certificate under certain See language below. |

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

Section XXX. Section 458.315, Florida Statutes, is amended to read:

458.315 **Temporary certificate for practice in areas of critical need.-**

(1) Any physician who:

(a) Is licensed to practice in any jurisdiction in the

United States and other state, whose license is currently valid; or-

(b) Has served as a physician in the United States Armed Forces for at least 10 years and received an honorable discharge from the military; and who pays an application fee of \$300 may be issued a temporary certificate for to practice in areas of communities of Florida where there is a critical need for physicians.

(2) A certificate may be issued to a physician who:

(a) Practices in an area of critical need;

(b) Will be employed by or practice in a county health department, correctional facility, Department of Veterans' Affairs clinic, community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Services Act, or other agency or institution that is approved by the State Surgeon General and provides health care to meet the needs of underserved populations in this state; or

(c) Will practice for a limited time to address critical physician-specialty, demographic, or geographic needs for this state's physician workforce as determined by the State Surgeon General entity that provides health care to indigents and that is approved by the State Health Officer.

(3) The Board of Medicine may issue this temporary certificate with the following restrictions:

(a) ~~(1) The State Surgeon General board shall determine the areas of critical need, and the physician so certified may practice in any of those areas for a time to be determined by the board. Such areas shall include, but are not be limited to, health professional shortage areas designated by the United States Department of Health and Human Services.~~

1. (a) A recipient of a temporary certificate for practice in areas of critical need may use the certificate license to work for any approved entity employer in any area of critical need or as authorized by the State Surgeon General approved by the board.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

2. ~~(b)~~ The recipient of a temporary certificate for practice in areas of critical need shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and of all approved institutions where practice privileges have been denied.

~~(b) (2)~~ The board may administer an abbreviated oral examination to determine the physician's competency, but a no written regular examination is not required necessary. Within 60 days after receipt of an application for a temporary certificate, the board shall review the application and issue the temporary certificate, or notify the applicant of denial, or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification. If the applicant has not actively practiced during the prior 3 years and the board determines that the applicant may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking, the board may:

1. Deny the application--

2. Issue a temporary certificate having reasonable restrictions that may include, but are not limited to, a requirement for the applicant to practice under the supervision of a physician approved by the board; or

3. Issue a temporary certificate upon receipt of documentation confirming that the applicant has met any reasonable conditions of the board which may include, but are not limited to, completing continuing education or undergoing an assessment of skills and training.

~~(c) (3)~~ Any certificate issued under this section is shall be valid only so long as the State Surgeon General determines that the reason area for which it was is issued remains a an area of critical need to the state. The Board of Medicine shall review each temporary certificateholder not the service within said area not less than annually to ascertain that the minimum requirements of the Medical Practice Act and its adopted the rules and regulations ~~promulgated thereunder~~ are being complied with. If it is determined that such minimum requirements are not being met, the board shall ~~forthwith~~ revoke such certificate or shall impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

~~(d) (4)~~ The board ~~may~~ shall not issue a temporary certificate for practice in an area of critical need to any physician who is under investigation in any jurisdiction in the United States another state for an act that which would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of s. 458.331 shall apply.

~~(4) (5)~~ The application fee and all licensure fees, including neurological injury compensation assessments, shall be waived for those persons obtaining a temporary certificate to practice in areas of critical need for the purpose of providing volunteer, uncompensated care for low-income residents Floridians. The applicant must submit an affidavit from the

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

employing agency or institution stating that the physician will not receive any compensation for any service involving the practice of medicine.

Section XXX. Section 459.0076, Florida Statutes, is created to read:

459.0076 Temporary certificate for practice in areas of critical need.-

(1) Any physician who:

(a) Is licensed to practice in any jurisdiction in the United States and whose license is currently valid; or

(b) Has served as a physician in the United States Armed Forces for at least 10 years and received an honorable discharge from the military; and who pays an application fee of \$300 may be issued a temporary certificate for practice in areas of critical need.

(2) A certificate may be issued to a physician who:

(a) Will practice in an area of critical need;

(b) Will be employed by or practice in a county health department, correctional facility, Department of Veterans' Affairs clinic, community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Services Act, or other agency or institution that is approved by the State Surgeon General and provides health care to meet the needs of underserved populations in this state; or

(c) Will practice for a limited time to address critical physician-specialty, demographic, or geographic needs for this state's physician workforce as determined by the State Surgeon General.

(3) The Board of Osteopathic Medicine may issue this temporary certificate with the following restrictions:

(a) The State Surgeon General shall determine the areas of critical need. Such areas include, but are not limited to, health professional shortage areas designated by the United States Department of Health and Human Services.

1. A recipient of a temporary certificate for practice in areas of critical need may use the certificate to work for any approved entity in any area of critical need or as authorized by the State Surgeon General.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

2. The recipient of a temporary certificate for practice in areas of critical need shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and of all approved institutions where practice privileges have been denied.

(b) The board may administer an abbreviated oral examination to determine the physician's competency, but a written regular examination is not required. Within 60 days after receipt of an application for a temporary certificate, the board shall review the application and issue the temporary certificate, notify the applicant of denial, or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification. If the applicant has not actively practiced during the prior 3 years and the board determines that the applicant may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking, the board may:

1. Deny the application;

2. Issue a temporary certificate having reasonable restrictions that may include, but are not limited to, a requirement for the applicant to practice under the supervision of a physician approved by the board; or

3. Issue a temporary certificate upon receipt of documentation confirming that the applicant has met any reasonable conditions of the board which may include, but are not limited to, completing continuing education or undergoing an assessment of skills and training.

(c) Any certificate issued under this section is valid only so long as the State Surgeon General determines that the reason for which it was issued remains a critical need to the state. The Board of Osteopathic Medicine shall review each temporary certificate no later than annually to ascertain that the minimum requirements of the Osteopathic Medical Practice Act and its adopted rules are being complied with. If it is determined that such minimum requirements are not being met, the board shall revoke such certificate or shall impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

(d) The board may not issue a temporary certificate for practice in an area of critical need to any physician who is under investigation in any jurisdiction in the United States for an act that would constitute a violation of this chapter until such time as the investigation is complete, at which time the

provisions of s. 459.015 apply.

(4) The application fee and all licensure fees, including neurological injury compensation assessments, shall be waived for those persons obtaining a temporary certificate to practice in areas of critical need for the purpose of providing volunteer,

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

uncompensated care for low-income residents. The applicant must submit an affidavit from the employing agency or institution stating that the physician will not receive any compensation for any service involving the practice of medicine.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

Senate Proposal - Department of Health Reorganization

Section 1. Subsection (6) of section 20.43, Florida Statutes, is amended, and subsection (10) is added to that section, to read:

20.43 Department of Health.— There is created a Department of Health.

(6) The State Surgeon General is ~~and division directors are~~ authorized to appoint ad hoc advisory committees as necessary. The issue or problem that the ad hoc committee shall address, and the timeframe within which the committee is to complete its work, shall be specified at the time the committee is appointed. Ad hoc advisory committees shall include representatives of groups or entities affected by the issue or problem that the committee is asked to examine. Members of ad hoc advisory committees shall receive no compensation, but may, within existing departmental resources, receive reimbursement for travel expenses as provided in s. 112.061.

(10)(a) Beginning in fiscal year 2010-2011, the department shall initiate or commence new programs only when the Legislative Budget Commission or Legislature expressly authorizes the department to do so.

(b) Beginning in fiscal year 2010-2011, prior to applying for any continuation or new federal or private grants that are for an amount of \$50,000 or greater, the department shall provide written notification to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The notification must include detailed information about the purpose of the grant, the intended use of the funds, and the number of full-time permanent or temporary employees needed to administer the program funded by the grant.

Section 2. Subsection (14) of section 381.0011, Florida Statutes, is renumbered as subsection (15), respectively, and subsection (14) is added to that section, to read:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

381.0011 Duties and powers of the Department of Health.—It is the duty of the Department of Health to:

(14) Manage and coordinate emergency preparedness and disaster response functions to: investigate and control the spread of disease; coordinate the availability and staffing of special needs shelters; support patient evacuation; ensure the safety of food and drugs; provide critical incident stress debriefing; and provide surveillance and control of radiological, chemical, biological, and other environmental hazards.

Section 3. Subsection (16) of section 381.006, Florida Statutes, is amended to read:

381.006 Environmental health.—The department shall conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program shall include, but not be limited to:

(16) A group-care-facilities function. As used in this subsection, the term, where a "group care facility" means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school housing,
~~building or buildings, section of a building, or distinct part of a building or other place, whether operated for profit or not, which undertakes, through its ownership or management, to provide one or more personal services, care, protection, and supervision to persons who require such services and who are not related to the owner or administrator. The department may adopt rules necessary to protect the health and safety of residents, staff, and patrons~~

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

of group care facilities. Rules related to public and private schools shall be developed by,
~~such as child care facilities, family day care homes, assisted living facilities, adult day
care centers, adult family care homes, hospices, residential treatment facilities, crisis
stabilization units, pediatric extended care centers, intermediate care facilities for the
developmentally disabled, group care homes, and, jointly with the Department of Education in
consultation with the department, private and public schools.~~ These Rules adopted under this
subsection may include definitions of terms; provisions relating to operation and
maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space
requirements; lighting; heating, cooling, and ventilation; food service; water supply and
plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel
health, hygiene, and work practices; and other matters the department finds are appropriate
or necessary to protect the safety and health of the residents, staff, students, faculty, or
patrons. The department may not adopt rules that conflict with rules adopted by the
licensing or certifying agency. The department may enter and inspect at reasonable hours to
determine compliance with applicable statutes or rules. In addition to any sanctions that
the department may impose for violations of rules adopted under this section, the department
shall also report such violations to any agency responsible for licensing or certifying the
group care facility. The licensing or certifying agency may also impose any sanction based
solely on the findings of the department.

The department may adopt rules to carry out the provisions of this section.

Section 4. Subsections (1), (2), (3), and (6) of section 381.0072, Florida Statutes,
are amended to read:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

381.0072 Food service protection.—It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

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

(a) "Department" means the Department of Health or its representative county health department.

(b) "Food service establishment" means detention facilities, public or private schools, migrant labor camps, assisted living facilities, adult family-care homes, adult day care centers, short-term residential treatment centers, residential treatment facilities, homes for special services, transitional living facilities, crisis stabilization units, hospices, prescribed pediatric extended care centers, intermediate care facilities for persons with developmental disabilities, boarding schools, civic or fraternal organizations, bars and lounges, vending machines that dispense potentially hazardous foods at facilities expressly named in this paragraph, and facilities used as temporary food events or mobile food units at any facility expressly named ~~any facility, as described in this paragraph, where food is prepared and intended for individual portion service, including and includes the site at which individual portions are provided, . The term includes any such facility regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term includes detention facilities, child care facilities, schools, institutions, civic or fraternal organizations, bars and lounges and facilities used at~~

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

~~temporary food events, mobile food units, and vending machines at any facility regulated under this section. The term does not include any entity not expressly named in this paragraph private homes where food is prepared or served for individual family consumption; nor does the term include churches, synagogues, or other not-for-profit religious organizations as long as these organizations serve only their members and guests and do not advertise food or drink for public consumption, or any facility or establishment permitted or licensed under chapter 500 or chapter 509; nor does the term include any theater, if the primary use is as a theater and if patron service is limited to food items customarily served to the admittees of theaters; nor does the term include a research and development test kitchen limited to the use of employees and which is not open to the general public.~~

(c) "Operator" means the owner, operator, keeper, proprietor, lessee, manager, assistant manager, agent, or employee of a food service establishment.

(2) DUTIES.—

(a) The department may advise and consult with the Agency for Health Care Administration, the Department of Business and Professional Regulation, the Department of Agriculture and Consumer Services, and the Department of Children and Family Services concerning procedures related to the storage, preparation, serving, or display of food at any building, structure, or facility not expressly included in this section that is inspected, licensed, or regulated by those agencies.

(b)~~(a)~~ The department shall adopt rules, including definitions of terms which are consistent with law prescribing minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this section. The sanitation standards must address the

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

construction, operation, and maintenance of the establishment; lighting, ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan review; design, construction, installation, location, maintenance, sanitation, and storage of food equipment and utensils; employee training, health, hygiene, and work practices; food supplies, preparation, storage, transportation, and service, including access to the areas where food is stored or prepared; and sanitary facilities and controls, including water supply and sewage disposal; plumbing and toilet facilities; garbage and refuse collection, storage, and disposal; and vermin control. Public and private schools, if the food service is operated by school employees, ~~hospitals licensed under chapter 395; nursing homes licensed under part II of chapter 400; child care facilities as defined in s. 402.301; residential facilities collocated with a nursing home or hospital, if all food is prepared in a central kitchen that complies with nursing or hospital regulations; and bars and lounges, civic organizations, and any other facility that is not regulated under this section as defined by department rule, are exempt from the rules developed for manager certification. The department shall administer a comprehensive inspection, monitoring, and sampling program to ensure such standards are maintained. With respect to food service establishments permitted or licensed under chapter 500 or chapter 509, the department shall assist the Division of Hotels and Restaurants of the Department of Business and Professional Regulation and the Department of Agriculture and Consumer Services with rulemaking by providing technical information.~~

(c) ~~(b)~~ The department shall carry out all provisions of this chapter and all other applicable laws and rules relating to the inspection or regulation of food service establishments as defined in this section, for the purpose of safeguarding the public's

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

health, safety, and welfare.

(d)~~(e)~~ The department shall inspect each food service establishment as often as necessary to ensure compliance with applicable laws and rules. The department shall have the right of entry and access to these food service establishments at any reasonable time. In inspecting food service establishments as provided under this section, the department shall provide each inspected establishment with the food recovery brochure developed under s. 570.0725.

(e)~~(d)~~ The department or other appropriate regulatory entity may inspect theaters exempted in subsection (1) to ensure compliance with applicable laws and rules pertaining to minimum sanitation standards. A fee for inspection shall be prescribed by rule, but the aggregate amount charged per year per theater establishment shall not exceed \$300, regardless of the entity providing the inspection.

(3) LICENSES REQUIRED.—

(a) *Licenses; annual renewals.*—Each food service establishment regulated under this section shall obtain a license from the department annually. Food service establishment licenses shall expire annually and are not transferable from one place or individual to another. However, those facilities licensed by the department's Office of Licensure and Certification, the Child Care Services Program Office, or the Agency for Persons with Disabilities are exempt from this subsection. It shall be a misdemeanor of the second degree, punishable as provided in s. 381.0061, s. 775.082, or s. 775.083, for such an establishment to operate without this license. The department may refuse a license, or a renewal thereof, to any establishment that is not constructed or maintained in accordance with law and with the rules of the department. Annual application for renewal is not

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

required.

(b) *Application for license.*—Each person who plans to open a food service establishment regulated under this section and not regulated under chapter 500 or chapter 509 shall apply for and receive a license prior to the commencement of operation.

(6) IMMEDIATE DANGERS; STOP-SALE ORDERS.—

(a) In the course of epidemiological investigations or for those establishments regulated by the department under this chapter, the department, to protect the public from food that is unwholesome or otherwise unfit for human consumption, may examine, sample, seize, and stop the sale or use of food to determine its condition. The department may stop the sale and supervise the proper destruction of food when the State Health Officer or his or her designee determines that such food represents a threat to the public health.

(b) The department may determine that a food service establishment regulated under this section is an imminent danger to the public health and require its immediate closure when such establishment fails to comply with applicable sanitary and safety standards and, because of such failure, presents an imminent threat to the public's health, safety, and welfare. The department may accept inspection results from state and local building and firesafety officials and other regulatory agencies as justification for such actions. Any facility so deemed and closed shall remain closed until allowed by the department or by judicial order to reopen.

Section 5. Sections 411.23, 411.231, and 411.232, Florida Statutes, are repealed.

Section 6. Paragraph (d) of subsection (5) of section 411.01, Florida Statutes, is amended to read:

411.01 School readiness programs; early learning coalitions.—

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

(5) CREATION OF EARLY LEARNING COALITIONS.—

(d) *Implementation.*—

1. An early learning coalition may not implement the school readiness program until the coalition is authorized through approval of the coalition's school readiness plan by the Agency for Workforce Innovation.

2. Each early learning coalition shall develop a plan for implementing the school readiness program to meet the requirements of this section and the performance standards and outcome measures adopted by the Agency for Workforce Innovation. The plan must demonstrate how the program will ensure that each 3-year-old and 4-year-old child in a publicly funded school readiness program receives scheduled activities and instruction designed to enhance the age-appropriate progress of the children in attaining the performance standards adopted by the Agency for Workforce Innovation under subparagraph (4)(d)8. Before implementing the school readiness program, the early learning coalition must submit the plan to the Agency for Workforce Innovation for approval. The Agency for Workforce Innovation may approve the plan, reject the plan, or approve the plan with conditions. The Agency for Workforce Innovation shall review school readiness plans at least annually.

3. If the Agency for Workforce Innovation determines during the annual review of school readiness plans, or through monitoring and performance evaluations conducted under paragraph (4)(1), that an early learning coalition has not substantially implemented its plan, has not substantially met the performance standards and outcome measures adopted by the agency, or has not effectively administered the school readiness program or Voluntary Prekindergarten Education Program, the Agency for Workforce Innovation may dissolve the coalition and temporarily contract with a qualified entity to continue school readiness and

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

prekindergarten services in the coalition's county or multicounty region until the coalition is reestablished through resubmission of a school readiness plan and approval by the agency.

4. The Agency for Workforce Innovation shall adopt criteria for the approval of school readiness plans. The criteria must be consistent with the performance standards and outcome measures adopted by the agency and must require each approved plan to include the following minimum standards and provisions:

a. A sliding fee scale establishing a copayment for parents based upon their ability to pay, which is the same for all program providers, to be implemented and reflected in each program's budget.

b. A choice of settings and locations in licensed, registered, religious-exempt, or school-based programs to be provided to parents.

c. Instructional staff who have completed the training course as required in s. 402.305(2)(d)1., as well as staff who have additional training or credentials as required by the Agency for Workforce Innovation. The plan must provide a method for assuring the qualifications of all personnel in all program settings.

d. Specific eligibility priorities for children within the early learning coalition's county or multicounty region in accordance with subsection (6).

e. Performance standards and outcome measures adopted by the Agency for Workforce Innovation.

f. Payment rates adopted by the early learning coalition and approved by the Agency for Workforce Innovation. Payment rates may not have the effect of limiting parental choice or creating standards or levels of services that have not been authorized by the Legislature.

g. Systems support services, including a central agency, child care resource and

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

referral, eligibility determinations, training of providers, and parent support and involvement.

h. Direct enhancement services to families and children. System support and direct enhancement services shall be in addition to payments for the placement of children in school readiness programs.

i. The business organization of the early learning coalition, which must include the coalition's articles of incorporation and bylaws if the coalition is organized as a corporation. If the coalition is not organized as a corporation or other business entity, the plan must include the contract with a fiscal agent. An early learning coalition may contract with other coalitions to achieve efficiency in multicounty services, and these contracts may be part of the coalition's school readiness plan.

j. Strategies to meet the needs of unique populations, such as migrant workers.

As part of the school readiness plan, the early learning coalition may request the Governor to apply for a waiver to allow the coalition to administer the Head Start Program to accomplish the purposes of the school readiness program. If a school readiness plan demonstrates that specific statutory goals can be achieved more effectively by using procedures that require modification of existing rules, policies, or procedures, a request for a waiver to the Agency for Workforce Innovation may be submitted as part of the plan. Upon review, the Agency for Workforce Innovation may grant the proposed modification.

5. Persons with an early childhood teaching certificate may provide support and supervision to other staff in the school readiness program.

6. An early learning coalition may not implement its school readiness plan until it

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

submits the plan to and receives approval from the Agency for Workforce Innovation. Once the plan is approved, the plan and the services provided under the plan shall be controlled by the early learning coalition. The plan shall be reviewed and revised as necessary, but at least biennially. An early learning coalition may not implement the revisions until the coalition submits the revised plan to and receives approval from the Agency for Workforce Innovation. If the Agency for Workforce Innovation rejects a revised plan, the coalition must continue to operate under its prior approved plan.

7. Sections 125.901(2)(a)3. ~~and~~, 411.221, ~~and 411.232~~ do not apply to an early learning coalition with an approved school readiness plan. To facilitate innovative practices and to allow the regional establishment of school readiness programs, an early learning coalition may apply to the Governor and Cabinet for a waiver of, and the Governor and Cabinet may waive, any of the provisions of ss. 411.223, ~~411.232~~, and 1003.54, if the waiver is necessary for implementation of the coalition's school readiness plan.

8. Two or more counties may join for purposes of planning and implementing a school readiness program.

9. An early learning coalition may, subject to approval by the Agency for Workforce Innovation as part of the coalition's school readiness plan, receive subsidized child care funds for all children eligible for any federal subsidized child care program.

10. An early learning coalition may enter into multiparty contracts with multicounty service providers in order to meet the needs of unique populations such as migrant workers.

Section 7. Paragraph (e) of subsection (2) of section 411.224, Florida Statutes, is repealed.

Section 8. Subsections (32) through (54) of section 499.003, Florida Statutes, are

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

renumbered as subsections (33) through (55), respectively, present subsection (42) and paragraph (a) of present subsection (53) are amended, and a new subsection (32) is added to that subsection, to read:

499.003 Definitions of terms used in this part.—As used in this part, the term:

(32) "Medical convenience kit" means packages or units that contain combination products as defined in 21 C.F.R. s. 3.2(e) (2).

(43)~~(42)~~ "Prescription drug" means a prescription, medicinal, or legend drug, including, but not limited to, finished dosage forms or active ingredients subject to, defined by, or described by s. 503(b) of the Federal Food, Drug, and Cosmetic Act or s. 465.003(8), s. 499.007(13), or subsection (11), subsection (46) ~~(45)~~, or subsection (53) ~~(52)~~.

(54)~~(53)~~ "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:

(a) Any of the following activities, which is not a violation of s. 499.005(21) if such activity is conducted in accordance with s. 499.01(2)(g):

1. The purchase or other acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a prescription drug for its own use from the group purchasing organization or from other hospitals or health care entities that are members of that organization.

2. The sale, purchase, or trade of a prescription drug or an offer to sell, purchase, or trade a prescription drug by a charitable organization described in s. 501(c)(3) of the Internal Revenue Code of 1986, as amended and revised, to a nonprofit affiliate of the organization to the extent otherwise permitted by law.

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

3. The sale, purchase, or trade of a prescription drug or an offer to sell, purchase, or trade a prescription drug among hospitals or other health care entities that are under common control. For purposes of this subparagraph, "common control" means the power to direct or cause the direction of the management and policies of a person or an organization, whether by ownership of stock, by voting rights, by contract, or otherwise.

4. The sale, purchase, trade, or other transfer of a prescription drug from or for any federal, state, or local government agency or any entity eligible to purchase prescription drugs at public health services prices pursuant to Pub. L. No. 102-585, s. 602 to a contract provider or its subcontractor for eligible patients of the agency or entity under the following conditions:

a. The agency or entity must obtain written authorization for the sale, purchase, trade, or other transfer of a prescription drug under this subparagraph from the State Surgeon General or his or her designee.

b. The contract provider or subcontractor must be authorized by law to administer or dispense prescription drugs.

c. In the case of a subcontractor, the agency or entity must be a party to and execute the subcontract.

d. A contract provider or subcontractor must maintain separate and apart from other prescription drug inventory any prescription drugs of the agency or entity in its possession.

e. The contract provider and subcontractor must maintain and produce immediately for inspection all records of movement or transfer of all the prescription drugs belonging to the agency or entity, including, but not limited to, the records of receipt and disposition

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

of prescription drugs. Each contractor and subcontractor dispensing or administering these drugs must maintain and produce records documenting the dispensing or administration. Records that are required to be maintained include, but are not limited to, a perpetual inventory itemizing drugs received and drugs dispensed by prescription number or administered by patient identifier, which must be submitted to the agency or entity quarterly.

f. The contract provider or subcontractor may administer or dispense the prescription drugs only to the eligible patients of the agency or entity or must return the prescription drugs for or to the agency or entity. The contract provider or subcontractor must require proof from each person seeking to fill a prescription or obtain treatment that the person is an eligible patient of the agency or entity and must, at a minimum, maintain a copy of this proof as part of the records of the contractor or subcontractor required under sub-subparagraph e.

g. In addition to the departmental inspection authority set forth in s. 499.051, the establishment of the contract provider and subcontractor and all records pertaining to prescription drugs subject to this subparagraph shall be subject to inspection by the agency or entity. All records relating to prescription drugs of a manufacturer under this subparagraph shall be subject to audit by the manufacturer of those drugs, without identifying individual patient information.

Section 9. Paragraph (q) of subsection (2) of section 499.01, Florida Statutes, is amended to read:

499.01 Permits.—

(2) The following permits are established:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

(q) *Device manufacturer permit.*—

1. A device manufacturer permit is required for any person that engages in the manufacture, repackaging, or assembly of medical devices for human use in this state, except that a permit is not required if:

a. The person is engaged only in manufacturing, repackaging, or assembling a medical device pursuant to a practitioner's order for a specific patient; or

b. The person does not manufacture, repackage, or assemble any medical devices or components for such devices, except those devices or components which are exempt from registration pursuant to s. 499.015(8).

~~2.1.~~ A manufacturer or repackager of medical devices in this state must comply with all appropriate state and federal good manufacturing practices and quality system rules.

~~3.2.~~ The department shall adopt rules related to storage, handling, and recordkeeping requirements for manufacturers of medical devices for human use.

Section 10. Paragraph (i) is added to subsection (3) of section 499.01212, Florida Statutes, to read:

499.01212 Pedigree paper.—

(3) EXCEPTIONS.—A pedigree paper is not required for:

(i) The wholesale distribution of prescription drugs within a medical convenience kit
if:

1. The medical convenience kit is assembled in an establishment that is registered with the United States Food and Drug Administration as a medical device manufacturer;

2. The medical convenience kit manufacturer purchased the prescription drug directly from the manufacturer or from a wholesaler that purchased the prescription drug directly

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

from the manufacturer;

3. The medical convenience kit manufacturer complies with federal law for the distribution of the prescription drugs within the kit; and

4. The drugs contained in the medical kit are:

a. Intravenous solutions intended for the replenishment of fluids and electrolytes;

b. Products intended to maintain the equilibrium of water and minerals in the body;

c. Products intended for irrigation or reconstitution;

d. Anesthetics; or

e. Anticoagulants.

This exemption does not apply to a convenience kit containing any controlled substance that appears in a schedule contained in or subject to chapter 893 or the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.

Section 11. Subsections (4) and (5) of section 509.013, Florida Statutes, are amended to read:

509.013 Definitions.—As used in this chapter, the term:

(4)(a) "Public lodging establishment" includes a transient public lodging establishment as defined in subparagraph 1. and a nontransient public lodging establishment as defined in subparagraph 2.

1. "Transient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

place regularly rented to guests.

2. "Nontransient public lodging establishment" means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests for periods of at least 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests for periods of at least 30 days or 1 calendar month.

License classifications of public lodging establishments, and the definitions therefor, are set out in s. 509.242. For the purpose of licensure, the term does not include condominium common elements as defined in s. 718.103.

(b) The following are excluded from the definitions in paragraph (a):

1. Any dormitory or other living or sleeping facility maintained by a public or private school, college, or university for the use of students, faculty, or visitors;

2. Any facility certified or licensed and regulated by the Agency for Health Care Administration or the Department of Children and Family Services ~~hospital, nursing home, sanitarium, assisted living facility,~~ or other similar place regulated under s. 381.0072;

3. Any place renting four rental units or less, unless the rental units are advertised or held out to the public to be places that are regularly rented to transients;

4. Any unit or group of units in a condominium, cooperative, or timeshare plan and any individually or collectively owned one-family, two-family, three-family, or four-family dwelling house or dwelling unit that is rented for periods of at least 30 days or 1 calendar month, whichever is less, and that is not advertised or held out to the public as a place regularly rented for periods of less than 1 calendar month, provided that no more than four

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

rental units within a single complex of buildings are available for rent;

5. Any migrant labor camp or residential migrant housing permitted by the Department of Health; under ss. 381.008-381.00895; and

6. Any establishment inspected by the Department of Health and regulated by chapter 513.

(5) (a) "Public food service establishment" means any building, vehicle, place, or structure, or any room or division in a building, vehicle, place, or structure where food is prepared, served, or sold for immediate consumption on or in the vicinity of the premises; called for or taken out by customers; or prepared prior to being delivered to another location for consumption.

(b) The following are excluded from the definition in paragraph (a):

1. Any place maintained and operated by a public or private school, college, or university:

a. For the use of students and faculty; or

b. Temporarily to serve such events as fairs, carnivals, and athletic contests.

2. Any eating place maintained and operated by a church or a religious, nonprofit fraternal, or nonprofit civic organization:

a. For the use of members and associates; or

b. Temporarily to serve such events as fairs, carnivals, or athletic contests.

3. Any eating place located on an airplane, train, bus, or watercraft which is a common carrier.

4. Any eating place maintained by a facility certified or licensed and regulated by the Agency for Health Care Administration or the Department of Children and Family Services

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

~~hospital, nursing home, sanitarium, assisted living facility, adult day care center, or other similar place that is regulated under s. 381.0072.~~

5. Any place of business issued a permit or inspected by the Department of Agriculture and Consumer Services under s. 500.12.

6. Any place of business where the food available for consumption is limited to ice, beverages with or without garnishment, popcorn, or prepackaged items sold without additions or preparation.

7. Any theater, if the primary use is as a theater and if patron service is limited to food items customarily served to the admittees of theaters.

8. Any vending machine that dispenses any food or beverages other than potentially hazardous foods, as defined by division rule.

9. Any vending machine that dispenses potentially hazardous food and which is located in a facility regulated under s. 381.0072.

10. Any research and development test kitchen limited to the use of employees and which is not open to the general public.

Section 12. The Department of Health shall develop a plan that exclusively uses private and nonstate public hospitals to provide treatment to cure, hospitalization, and isolation for persons with contagious cases of tuberculosis who pose a threat to the public. The department shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2010. The plan shall include the following elements:

(1) Identification of hospitals functionally capable of caring for such patients.

(2) Reimbursement for hospital inpatient services at the Medicaid rate and

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

reimbursement for other medically necessary services that are not hospital inpatient services at the relevant Medicaid rate.

(3) Projected cost estimates.

(4) A transition plan for closing the A. G. Holley State Hospital and transferring patients to private and nonstate public hospitals over a 90-day period of time.

Section 13. (1) The Department of Health shall be subject to a department evaluation and justification review by the Office of Program Policy Analysis and Government Accountability. The Department of Health shall offer its complete cooperation to the Office of Program Policy Analysis and Government Accountability so that such review may be accomplished.

(2) The Department of Health evaluation and justification review shall be conducted on Department of Health divisions established under subsection 20.43, with priority given to divisions designated by legislative leadership. The review shall be comprehensive in its scope but, at a minimum, specifically determine the following, and consider and determine what changes, if any, are needed with respect thereto:

(a) The identifiable cost of each program.

(b) The specific purpose of each program, as well as the specific public benefit derived therefrom.

(c) Alternate courses of action that would result in administration of the department in a more efficient or effective manner. The courses of action to be considered may include, but are not limited to:

1. Whether the Department of Health could be organized in a more efficient and effective manner, whether any division's mission, goals, or objectives should be redefined,

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

or, if a division cannot demonstrate that its efforts have had a positive effect, whether the division should be reduced in size or eliminated.

2. Whether the division could be administered more efficiently or effectively to avoid duplication of activities and ensure that activities are adequately coordinated.

3. Whether the division or a program within that division could be performed more efficiently or more effectively by another unit of government or a private entity, or whether a program performed by a private entity could be performed more efficiently and effectively by a state agency.

4. When compared to costs, whether effectiveness warrants elimination of any divisions or program or, if the division or program serves a limited interest, whether it should be redesigned to require users to finance program costs.

5. Whether the cost to administer the division or program within the division exceeds license and other fee revenues paid by those being regulated.

6. Whether other changes could improve the efficiency and effectiveness of the division or program within the division.

(d) The consequences of discontinuing such division or program. If any discontinuation is recommended, such recommendation must be accompanied by a description of alternatives to implement such recommendation, including an implementation schedule for discontinuation and recommended procedures for assisting state agency employees affected by the discontinuation.

(e) Determination as to public policy, which may include recommendations as to whether it would be sound public policy to continue or discontinue funding the division or a program, either in whole or in part, in the existing manner.

(3) No later than January 1, 2011, the Office of Program Policy Analysis and

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

Government Accountability shall submit a report on the Department of Health evaluation and justification review findings and recommendations to the President of the Senate, the Speaker of the House of Representatives, the chairpersons of the appropriate substantive committees, the chairpersons of the appropriations committees, the Legislative Auditing Committee, the Governor, the State Surgeon General, and the head of any state agency that is substantially affected by the findings and recommendations.

Section 14. By January 1, 2011, the Department of Health shall submit a report to the President of the Senate, the Speaker of the House of Representatives, and the appropriate substantive legislative committees for a new department structure. The report shall include a rationale for each department division, the return on investment of each division, and any federal funding support by division. The report may recommend the reduction and restructuring of department bureaus and divisions.

Section 15. (1) All of the statutory powers, duties, and functions, records, personnel, property, and unexpended balances of appropriations, allocations, or other funds for the administration of chapter 499, Florida Statutes, relating to drugs, devices, cosmetics, and household products shall be transferred by a type two transfer, as defined in s. 20.06(2), Florida Statutes, from the Department of Health to the Department of Business and Professional Regulation.

(2) The transfer of regulatory authority under chapter 499, Florida Statutes, provided by this section shall not affect the validity of any judicial or administrative action pending as of 11:59 p.m. on the day before the effective date of this section to which the Department of Health is at that time a party, and the Department of Business and Professional Regulation shall be substituted as a party in interest in any such action.

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

(3) All lawful orders issued by the Department of Health implementing or enforcing or otherwise in regard to any provision of chapter 499, Florida Statutes, issued prior to the effective date of this section shall remain in effect and be enforceable after the effective date of this section unless thereafter modified in accordance with law.

(4) The rules of the Department of Health relating to the implementation of chapter 499, Florida Statutes, that were in effect at 11:59 p.m. on the day prior to the effective date of this section shall become the rules of the Department of Business and Professional Regulation and shall remain in effect until amended or repealed in the manner provided by law.

(5) Notwithstanding the transfer of regulatory authority under chapter 499, Florida Statutes, provided by this section, persons and entities holding in good standing any permit under chapter 499, Florida Statutes, as of 11:59 p.m. on the day prior to the effective date of this section shall, as of the effective date of this section, be deemed to hold in good standing a permit in the same capacity as that for which the permit was formerly issued.

(6) Notwithstanding the transfer of regulatory authority under chapter 499, Florida Statutes, provided by this section, persons holding in good standing any certification under chapter 499, Florida Statutes, as of 11:59 p.m. on the day prior to the effective date of this section shall, as of the effective date of this section, be deemed to be certified in the same capacity in which they were formerly certified.

(7) This section shall take effect October 1, 2011.

Section 16. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2010

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

.Senate – Biomedical Research

Section 1. Section 215.5602, Florida Statutes, is amended and reenacted to read:

215.5602 James and Esther King Biomedical Research Program.—

(1) There is established within the Department of Health the James and Esther King Biomedical Research Program funded by the proceeds of the Lawton Chiles Endowment Fund pursuant to s. 215.5601. The purpose of the James and Esther King Biomedical Research Program is to provide an annual and perpetual source of funding in order to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease. The long-term goals of the program are to:

(a) Improve the health of Floridians by researching better prevention, diagnoses, treatments, and cures for cancer, cardiovascular disease, stroke, and pulmonary disease.

(b) Expand the foundation of biomedical knowledge relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.

(c) Improve the quality of the state's academic health centers by bringing the advances of biomedical research into the training of physicians and other health care providers.

(d) Increase the state's per capita funding for research by undertaking new initiatives in public health and biomedical research that will attract additional funding from outside the state.

(e) Stimulate economic activity in the state in areas related to biomedical research, such as the research and production of pharmaceuticals, biotechnology, and medical devices.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

(2) Funds appropriated for the James and Esther King Biomedical Research Program shall be used exclusively for the award of grants and fellowships as established in this section; for research relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease; and for expenses incurred in the administration of this section. Priority shall be granted to research designed to prevent or cure disease.

(3) There is created within the Department of Health the Biomedical Research Advisory Council.

(a) The council shall consist of 11 members, including: the chief executive officer of the Florida Division of the American Cancer Society, or a designee; the chief executive officer of the Florida/Puerto Rico Affiliate of the American Heart Association, or a designee; and the chief executive officer of the American Lung Association of Florida, or a designee. The remaining 8 members of the council shall be appointed as follows:

1. The Governor shall appoint four members, two members with expertise in the field of biomedical research, one member from a research university in the state, and one member representing the general population of the state.

2. The President of the Senate shall appoint two members, one member with expertise in the field of behavioral or social research and one representative from a cancer program approved by the American College of Surgeons.

3. The Speaker of the House of Representatives shall appoint two members, one member from a professional medical organization and one representative from a cancer program approved by the American College of Surgeons.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

In making these appointments, the Governor, the President of the Senate, and the Speaker of the House of Representatives shall select primarily, but not exclusively, Floridians with biomedical and lay expertise in the general areas of cancer, cardiovascular disease, stroke, and pulmonary disease. The appointments shall be for a 3-year term and shall reflect the diversity of the state's population. An appointed member may not serve more than two consecutive terms.

(b) The council shall adopt internal organizational procedures as necessary for its efficient organization.

(c) The department shall provide such staff, information, and other assistance as is reasonably necessary to assist the council in carrying out its responsibilities.

(d) Members of the council shall serve without compensation, but may receive reimbursement as provided in s. 112.061 for travel and other necessary expenses incurred in the performance of their official duties.

(4) The council shall advise the State Surgeon General as to the direction and scope of the biomedical research program. The responsibilities of the council may include, but are not limited to:

(a) Providing advice on program priorities and emphases.

(b) Providing advice on the overall program budget.

(c) Participating in periodic program evaluation.

(d) Assisting in the development of guidelines to ensure fairness, neutrality, and adherence to the principles of merit and quality in the conduct of the program.

(e) Assisting in the development of appropriate linkages to nonacademic entities, such as voluntary organizations, health care delivery institutions, industry, government

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

agencies, and public officials.

(f) Developing criteria and standards for the award of research grants.

(g) Developing administrative procedures relating to solicitation, review, and award of research grants and fellowships, to ensure an impartial, high-quality peer review system.

(h) Developing and supervising research peer review panels.

(i) Reviewing reports of peer review panels and making recommendations for research grants and fellowships.

(j) Developing and providing oversight regarding mechanisms for the dissemination of research results.

(5)(a) Applications for biomedical research funding under the program may be submitted from any university or established research institute in the state. All qualified investigators in the state, regardless of institution affiliation, shall have equal access and opportunity to compete for the research funding.

(b) Grants and fellowships shall be awarded by the State Surgeon General, after consultation with the council, on the basis of scientific merit, as determined by an open competitive peer review process that ensures objectivity, consistency, and high quality. The following types of applications shall be considered for funding:

1. Investigator-initiated research grants.
2. Institutional research grants.
3. Predoctoral and postdoctoral research fellowships.

(6) To ensure that all proposals for research funding are appropriate and are evaluated fairly on the basis of scientific merit, the State Surgeon General, in consultation with the council, shall appoint a peer review panel of independent, scientifically qualified

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

individuals to review the scientific content of each proposal and establish its scientific priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.

(7) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflict of interest. A member of the council or panel may not participate in any discussion or decision 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. Meetings of the council and the peer review panels shall be subject to the provisions of chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution.

(8) The department may contract on a competitive-bid basis with an appropriate entity to administer the program. Administrative expenses may not exceed 15 percent of the total funds available to the program in any given year.

(9) The department, after consultation with the council, may adopt rules as necessary to implement this section.

(10) The council shall submit an annual progress report on the state of biomedical research in this state to the Florida Center for Universal Research to Eradicate Disease and to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives by February 1. The report must include:

(a) A list of research projects supported by grants or fellowships awarded under the program.

(b) A list of recipients of program grants or fellowships.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

(c) A list of publications in peer reviewed journals involving research supported by grants or fellowships awarded under the program.

(d) The total amount of biomedical research funding currently flowing into the state.

(e) New grants for biomedical research which were funded based on research supported by grants or fellowships awarded under the program.

(f) Progress in the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, including cancer, cardiovascular disease, stroke, and pulmonary disease.

(11) The council shall award grants for cancer research through the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program created in s. 381.922.

(12) From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

(a) Beginning in the 2010-2011 ~~2009-2010~~ fiscal year and thereafter, \$50 million from 5 percent of the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7) shall be reserved for research of tobacco-related or cancer-related illnesses; ~~however, the sum of the revenue reserved pursuant to ss. 210.011(9) and 210.276(7) may not exceed \$50 million in any fiscal year.~~ Subject to annual appropriations in the General Appropriations Act, \$20 million shall be appropriated to the James and Esther King Biomedical Research Program, \$20 million shall be appropriated to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program in s. 381.922, and \$10 million shall be appropriated to the H. Lee Moffitt Cancer Center in s. 1004.43.

~~(b) In the 2009-2010 fiscal year, 2.5 percent, not to exceed \$25 million, of the revenue deposited into the Health Care Trust Fund pursuant to this subsection shall be~~

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

~~transferred to the Biomedical Research Trust Fund within the Department of Health for the James and Esther King Biomedical Research Program.~~

~~(13) By June 1, 2009, the Division of Statutory Revision of the Office of Legislative Services shall certify to the President of the Senate and the Speaker of the House of Representatives the language and statutory citation of this section, which is scheduled to expire January 1, 2011.~~

~~(14) The Legislature shall review the performance, the outcomes, and the financial management of the James and Esther King Biomedical Research Program during the 2010 Regular Session of the Legislature and shall determine the most appropriate funding source and means of funding the program based on its review.~~

~~(15) This section expires January 1, 2011, unless reviewed and reenacted by the Legislature before that date.~~

Section 2. Section 381.922, Florida Statutes, is amended and reenacted to read:

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

(1) The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, which may be otherwise cited as the "Bankhead-Coley Program," is created within the Department of Health. The purpose of the program shall be to advance progress towards cures for cancer through grants awarded through a peer-reviewed, competitive process.

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

(a) Emphasis shall be given to the following goals ~~enumerated in s. 381.921~~, as those goals support the advancement of such cures:—

1. Efforts to significantly expand cancer research capacity in the state by:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

a. Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;

b. Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;

c. Funding through available resources for those proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;

d. Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines, to facilitate the full spectrum of cancer investigations;

e. Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research; and

f. Aiding in other multidisciplinary research-support activities as they inure to the advancement of cancer research.

2. Efforts to improve both research and treatment through greater participation in clinical trials networks by:

a. Identifying ways to increase adult enrollment in cancer clinical trials;

b. Supporting public and private professional education programs designed to increase the awareness and knowledge about cancer clinical trials;

c. Providing tools to cancer patients and community-based oncologists to aid in the identification of cancer clinical trials available in the state; and

d. Creating opportunities for the state's academic cancer centers to collaborate with community-based oncologists in cancer clinical trials networks.

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

3. Efforts to reduce the impact of cancer on disparate groups by:

a. Identifying those cancers that disproportionately impact certain demographic groups;

and

b. Building collaborations designed to reduce health disparities as they relate to cancer.

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

(3)(a) Applications for funding for cancer research may be submitted by any university or established research institute in the state. All qualified investigators in the state, regardless of institutional affiliation, shall have equal access and opportunity to compete for the research funding. Collaborative proposals, including those that advance the program's goals enumerated in subsection (2), may be given preference. Grants shall be awarded by the State Surgeon General, after consultation with the Biomedical Research Advisory Council, on the basis of scientific merit, as determined by an open, competitive peer review process that ensures objectivity, consistency, and high quality. The following types of applications shall be considered for funding:

1. Investigator-initiated research grants.

2. Institutional research grants.

3. Collaborative research grants, including those that advance the finding of cures through basic or applied research.

(b) In order to ensure that all proposals for research funding are appropriate and are

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

evaluated fairly on the basis of scientific merit, the State Surgeon General, in consultation with the council, shall appoint a peer review panel of independent, scientifically qualified individuals to review the scientific content of each proposal and establish its priority score. The priority scores shall be forwarded to the council and must be considered in determining which proposals shall be recommended for funding.

(c) The council and the peer review panel shall establish and follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest. A member of the council or panel may not participate in any discussion or decision 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. Meetings of the council and the peer review panels are subject to chapter 119, s. 286.011, and s. 24, Art. I of the State Constitution.

(4) By December 15 of each year, the Department of Health shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives a report indicating progress towards the program's mission and making recommendations that further its purpose.

(5) The William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program is funded pursuant to s. 215.5602(12). Funds appropriated for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program shall be distributed pursuant to this section to provide grants to researchers seeking cures for cancer and cancer-related illnesses, with emphasis given to the goals enumerated in this section ~~s. 381.921~~. From the total funds appropriated, an amount of up to 10 percent may be used for administrative expenses. From funds appropriated to accomplish the goals of this section, up to \$250,000 shall be

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

available for the operating costs of the Florida Center for Universal Research to Eradicate Disease.

~~In the 2009-2010 fiscal year, 2.5 percent, not to exceed \$25 million, of the revenue deposited into the Health Care Trust Fund pursuant to s. 215.5602(12)(a) shall be transferred to the Biomedical Research Trust Fund within the Department of Health for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.~~

~~(6) By June 1, 2009, the Division of Statutory Revision of the Office of Legislative Services shall certify to the President of the Senate and the Speaker of the House of Representatives the language and statutory citation of this section, which is scheduled to expire January 1, 2011.~~

~~(7) The Legislature shall review the performance, the outcomes, and the financial management of the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program during the 2010 Regular Session of the Legislature and shall determine the most appropriate funding source and means of funding the program based on its review.~~

~~(8) This section expires January 1, 2011, unless reviewed and reenacted by the Legislature before that date.~~

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

381.4018 *Physician workforce assessment and development*

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

(a) “Consortium” or “consortia” means a combination of statutory teaching hospitals, statutory rural hospitals, other hospitals, accredited medical schools, clinics operated by the Department of Health, clinics operated by the Department of Veterans’ Affairs, area health education centers, community health centers, federally qualified health centers, prison clinics, local community clinics, or other programs. At least one member of the consortium shall be a sponsoring institution accredited or currently seeking accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(b) “Council” means the Physician Workforce Advisory Council.

(c) “Department” means the Department of Health.

(d) “Graduate medical education program” means a program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

(e) “Primary care specialty” means emergency medicine, family practice, internal medicine, pediatrics, psychiatry, geriatrics, general surgery, obstetrics and gynecology, and combined pediatrics and internal medicine and other specialties as determined by the Physician Workforce Advisory Council or the Department of Health.

(2) ~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet this state’s future health care service needs as the general

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

population and elderly population of the state increase. The Legislature finds that items to consider relative to assessing the physician workforce may include physician practice status; specialty mix; geographic distribution; demographic information, including, but not limited to, age, gender, race, and cultural considerations; and needs of current or projected medically underserved areas in the state. Long-term strategic planning is essential as the period from the time a medical student enters medical school to completion of graduate medical education may range from 7 to 10 years or longer. The Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality ~~graduate~~ graduate medical schools and graduate medical education programs in this state, as well as using new or existing state and federal programs providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower.

(3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a coordinating and strategic planning body to actively assess the state's current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected physician workforce needs.

(4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:

(a) Monitor, evaluate, and report on the supply and distribution of physicians licensed under chapter 458 or chapter 459. The department shall maintain a database to serve as a

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

statewide source of data concerning the physician workforce.

(b) Develop a model and quantify, on an ongoing basis, the adequacy of the state's current and future physician workforce as reliable data becomes available. Such model must take into account demographics, physician practice status, place of education and training, generational changes, population growth, economic indicators, and issues concerning the "pipeline" into medical education.

(c) Develop and recommend strategies to determine whether the number of qualified medical school applicants who might become competent, practicing physicians in this state will be sufficient to meet the capacity of the state's medical schools. If appropriate, the department shall, working with representatives of appropriate governmental and nongovernmental entities, develop strategies and recommendations and identify best practice programs that introduce health care as a profession and strengthen skills needed for medical school admission for elementary, middle, and high school students, and improve premedical education at the precollege and college level in order to increase this state's potential pool of medical students.

(d) Develop strategies to ensure that the number of graduates from the state's public and private allopathic and osteopathic medical schools is ~~are~~ adequate to meet physician workforce needs, based on the analysis of the physician workforce data, so as to provide a high-quality medical education to students in a manner that recognizes the uniqueness of each new and existing medical school in this state.

(e) Pursue strategies and policies to create, expand, and maintain graduate medical education positions in the state based on the analysis of the physician workforce data. Such strategies and policies must take into account the effect of federal funding limitations on

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

the expansion and creation of positions in graduate medical education. The department shall develop options to address such federal funding limitations. The department shall consider options to provide direct state funding for graduate medical education positions in a manner that addresses requirements and needs relative to accreditation of graduate medical education programs. The department shall consider funding residency positions as a means of addressing needed physician specialty areas, rural areas having a shortage of physicians, and areas of ongoing critical need, and as a means of addressing the state's physician workforce needs based on an ongoing analysis of physician workforce data.

(f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas. Strategies shall also consider the use of state programs, such as the Florida Health Service Corps established pursuant to s. 381.0302 and the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state.

(g) Coordinate and enhance activities relative to physician workforce needs, undergraduate medical education, ~~and graduate medical education, and reentry of retired military and other physicians into the physician workforce provided by the Division of Medical Quality Assurance, the Community Hospital Education Program and the Graduate Medical Education Committee established pursuant to s. 381.0403,~~ area health education center networks established pursuant to s. 381.0402, and other offices and programs within the

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

department ~~of Health~~ as designated by the State Surgeon General.

(h) Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to address matters relating to the state's physician workforce assessment and development for the purpose of ensuring an adequate supply of well-trained physicians to meet the state's future needs. Such governmental stakeholders shall include, but need not be limited to, the State Surgeon General or his or her designee, the Commissioner of Education or his or her designee, the Secretary of Health Care Administration or his or her designee, and the Chancellor of the State University System or his or her designee ~~from the Board of Governors of the State University System~~, and, at the discretion of the department, other representatives of state and local agencies that are involved in assessing, educating, or training the state's current or future physicians. Other stakeholders shall include, but need not be limited to, organizations representing the state's public and private allopathic and osteopathic medical schools; organizations representing hospitals and other institutions providing health care, particularly those that currently provide or have an interest in providing accredited medical education and graduate medical education to medical students and medical residents; organizations representing allopathic and osteopathic practicing physicians; and, at the discretion of the department, representatives of other organizations or entities involved in assessing, educating, or training the state's current or future physicians.

(i) Serve as a liaison with other states and federal agencies and programs in order to enhance resources available to the state's physician workforce and medical education continuum.

(j) Act as a clearinghouse for collecting and disseminating information concerning the

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

physician workforce and medical education continuum in this state.

(5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created in the department the Physician Workforce Advisory Council, an advisory council as defined in s. 20.03. The council shall comply with the requirements of s. 20.052, except as otherwise provided in this section.

(a) The council shall consist of 19 members. Members appointed by the State Surgeon General shall include:

1. A designee from the department who is a physician licensed under chapter 458 or chapter 459 and recommended by the State Surgeon General.

2. An individual who is affiliated with the Science Students Together Reaching Instructional Diversity and Excellence program and recommended by the area health education center network.

3. Two individuals recommended by the Council of Florida Medical School Deans, one representing a college of allopathic medicine and one representing a college of osteopathic medicine.

4. One individual recommended by the Florida Hospital Association, representing a hospital that is licensed under chapter 395, has an accredited graduate medical education program, and is not a statutory teaching hospital.

5. One individual representing a statutory teaching hospital as defined in s. 408.07 and recommended by the Safety Net Hospital Alliance.

6. One individual representing a family practice teaching hospital as defined in s. 395.805 and recommended by the Council of Family Medicine and Community Teaching Hospitals.

7. Two individuals recommended by the Florida Medical Association, one representing a

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

primary care specialty and one representing a nonprimary care specialty.

8. Two individuals recommended by the Florida Osteopathic Medical Association, one representing a primary care specialty and one representing a nonprimary care specialty.

9. Two individuals who are program directors of accredited graduate medical education programs, one representing a program that is accredited by the Accreditation Council for Graduate Medical Education and one representing a program that is accredited by the American Osteopathic Association.

10. An individual recommended by the Florida Association of Community Health Centers representing a federally qualified health center located in a rural area as defined in s. 381.0406(2)(a).

11. An individual recommended by the Florida Academy of Family Physicians.

12. An individual recommended by the Florida Alliance for Health Professions Diversity.

13. The Chancellor of the State University System or his or her designee.

14. A layperson member as determined by the State Surgeon General.

Appointments to the council shall be made by the State Surgeon General. Each entity authorized to make recommendations under this subsection shall make at least two recommendations to the State Surgeon General for each appointment to the council. The State Surgeon General shall name one appointee for each position from the recommendations made by each authorized entity.

(b) Each council member shall be appointed to a 4-year term. An individual may not serve more than two terms. Any council member may be removed from office for malfeasance; misfeasance; neglect of duty; incompetence; permanent inability to perform official duties;

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

or pleading guilty or nolo contendere to, or being found guilty of, a felony. Any council member who meets the criteria for removal, or who is otherwise unwilling or unable to properly fulfill the duties of the office, shall be succeeded by an individual chosen by the State Surgeon General to serve out the remainder of the council member's term. If the remainder of the replaced council member's term is less than 18 months, notwithstanding the provisions of this paragraph, the succeeding council member may be reappointed twice by the State Surgeon General.

(c) The chair of the council is the State Surgeon General, who shall designate a vice chair from the membership of the council to serve in the absence of the State Surgeon General. A vacancy shall be filled for the remainder of the unexpired term in the same manner as the original appointment.

(d) Council members are not entitled to receive compensation or reimbursement for per diem or travel expenses.

(e) The council shall meet at least twice a year in person or by teleconference.

(f) The council shall:

1. Advise the State Surgeon General and the department on matters concerning current and future physician workforce needs in this state;

2. Review survey materials and the compilation of survey information;

3. Annually review the number, location, cost, and reimbursement of graduate medical education programs and positions;

4. Provide recommendations to the department regarding the survey completed by physicians licensed under chapter 458 or chapter 459;

5. Assist the department in preparing the annual report to the Legislature pursuant to

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

ss. 458.3192 and 459.0082;

6. Assist the department in preparing an initial strategic plan, conduct ongoing strategic planning in accordance with this section, and provide ongoing advice on implementing the recommendations;

7. Monitor and provide recommendations regarding the need for an increased number of primary care or other physician specialties to provide the necessary current and projected health and medical services for the state; and

8. Monitor and make recommendations regarding the status of the needs relating to graduate medical education in this state.

(6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION INNOVATION PILOT PROJECTS.—

(a) The Legislature finds that:

1. In order to ensure a physician workforce that is adequate to meet the needs of this state's residents and its health care system, policymakers must consider the education and training of future generations of well-trained health care providers.

2. Physicians are likely to practice in the state where they complete their graduate medical education.

3. It can directly affect the makeup of the physician workforce by selectively funding graduate medical education programs to provide needed specialists in geographic areas of the state which have a deficient number of such specialists.

4. Developing additional positions in graduate medical education programs is essential to the future of this state's health care system.

5. It was necessary in 2007 to pass legislation that provided for an assessment of the status of this state's current and future physician workforce. The department is collecting

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

and analyzing information on an ongoing basis to assess this state's physician workforce needs, and such assessment may facilitate the determination of graduate medical education needs and strategies for the state.

(b) There is established under the department a program to foster innovative graduate medical education pilot projects that are designed to promote the expansion of graduate medical education programs or positions to prepare physicians to practice in needed specialties and underserved areas or settings and to provide demographic and cultural representation in a manner that addresses current and projected needs for this state's physician workforce. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating hospitals, medical schools, other sponsors of graduate medical education programs, consortia engaged in developing new graduate medical education programs or positions in those programs, or pilot projects providing innovative graduate medical education in community-based clinical settings. Pilot projects shall be selected on a competitive grant basis, subject to available funds.

(c) Pilot projects shall be designed to meet one or more of this state's physician workforce needs, as determined pursuant to this section, including, but not limited to:

1. Increasing the number of residencies or fellowships in primary care or other needed specialties.
2. Enhancing the retention of primary care physicians or other needed specialties in this state.
3. Promoting practice in rural or medically underserved areas of the state.
4. Encouraging racial and ethnic diversity within the state's physician workforce.
5. Encouraging practice in community health care or other ambulatory care settings.

Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health

6. Encouraging practice in clinics operated by the department, including, but not limited to, county health departments, clinics operated by the Department of Veterans' Affairs, prison clinics, or similar settings of need.

7. Encouraging the increased production of geriatricians.

(d) Priority shall be given to a proposal for a pilot project that:

1. Demonstrates a collaboration of federal, state, and local entities that are public or private.

2. Obtains funding from multiple sources.

3. Focuses on enhancing graduate medical education in rural or underserved areas.

4. Focuses on enhancing graduate medical education in ambulatory or community-based settings other than a hospital environment.

5. Includes the use of technology, such as electronic medical records, distance consultation, and telemedicine, to ensure that residents are better prepared to care for patients in this state, regardless of the community in which the residents practice.

6. Is designed to meet multiple policy needs as enumerated in subsection (3).

7. Uses a consortium to provide for graduate medical education experiences.

(e) The department shall adopt by rule appropriate performance measures to use in order to consistently evaluate the effectiveness, safety, and quality of the programs, as well as the impact of each program on meeting this state's physician workforce needs.

(f) Participating pilot projects shall submit to the department an annual report on the project in a manner required by the department.

(g) Funding provided to a pilot project may be used only for the direct costs of providing graduate medical education. Accounting of such costs and expenditures shall be

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

documented in the annual report.

(h) State funds shall be used to supplement funds from any local government, community, or private source. The state may provide up to 50 percent of the funds, and local governmental grants or community or private sources shall provide the remainder of the funds.

(7) RULEMAKING.—The department shall adopt rules as necessary to administer this section.

Section 3. Section 458.3192, Florida Statutes, is amended to read:

458.3192 Analysis of survey results; report.—

(1) Each year, the Department of Health shall analyze the results of the physician survey required by s. 458.3191 and determine by geographic area and specialty the number of physicians who:

(a) Perform deliveries of children in this state Florida.

(b) Read mammograms and perform breast-imaging-guided procedures in this state Florida.

(c) Perform emergency care on an on-call basis for a hospital emergency department.

(d) Plan to reduce or increase emergency on-call hours in a hospital emergency department.

(e) Plan to relocate ~~their allopathic or osteopathic practice~~ outside the state.

(f) Practice medicine in this state.

(g) Plan to reduce or modify the scope of their practice.

(2) The Department of Health must report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 each year. The department shall also include in its report findings, recommendations, and strategic

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

planning activities as provided in s. 381.4018. The department may also include other information requested by the Physician Workforce Advisory Council.

Section 4. Section 459.0082, Florida Statutes, is amended to read:

459.0082 Analysis of survey results; report.—

(1) Each year, the Department of Health shall analyze the results of the physician survey required by s. 459.0081 and determine by geographic area and specialty the number of physicians who:

(a) Perform deliveries of children in this state Florida.

(b) Read mammograms and perform breast-imaging-guided procedures in this state Florida.

(c) Perform emergency care on an on-call basis for a hospital emergency department.

(d) Plan to reduce or increase emergency on-call hours in a hospital emergency department.

(e) Plan to relocate ~~their allopathic or osteopathic practice~~ outside the state.

(f) Practice medicine in this state.

(g) Plan to reduce or modify the scope of their practice.

(2) The Department of Health must report its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1 each year. The department shall also include in its report findings, recommendations, and strategic planning activities as provided in s. 381.4018. The department may also include other information requested by the Physician Workforce Advisory Council.

Section 5. Section 458.315, Florida Statutes, is amended to read:

458.315 Temporary certificate for practice in areas of critical need.—

(1) Any physician who:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

(a) Is licensed to practice in any jurisdiction in the United States and other state,
whose license is currently valid; or

(b) Has served as a physician in the United States Armed Forces for at least 10 years
and received an honorable discharge from the military;

and who pays an application fee of \$300 may be issued a temporary certificate for to
practice in areas of communities of Florida where there is a critical need for physicians.

(2) A certificate may be issued to a physician who:

(a) Practices in an area of critical need;

(b) Will be employed by or practice in a county health department, correctional
facility, Department of Veterans' Affairs clinic, community health center funded by s. 329,
s. 330, or s. 340 of the United States Public Health Services Act, or other agency or
institution that is approved by the State Surgeon General and provides health care to meet
the needs of underserved populations in this state; or

(c) Will practice for a limited time to address critical physician-specialty,
demographic, or geographic needs for this state's physician workforce as determined by the
State Surgeon General entity that provides health care to indigents and that is approved by
the State Health Officer.

(3) The Board of Medicine may issue this temporary certificate with the following
restrictions:

(a) (1) The State Surgeon General board shall determine the areas of critical need, and
the physician so certified may practice in any of those areas for a time to be determined by
the board. Such areas shall include, but are not be limited to, health professional shortage

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

areas designated by the United States Department of Health and Human Services.

~~1.(a)~~ A recipient of a temporary certificate for practice in areas of critical need may use the certificate license to work for any approved entity employer in any area of critical need or as authorized by the State Surgeon General approved by the board.

~~2.(b)~~ The recipient of a temporary certificate for practice in areas of critical need shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and of all approved institutions where practice privileges have been denied.

~~(b)(2)~~ The board may administer an abbreviated oral examination to determine the physician's competency, but a ~~no~~ written regular examination is not required necessary. Within 60 days after receipt of an application for a temporary certificate, the board shall review the application and issue the temporary certificate, ~~or~~ notify the applicant of denial, or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification. If the applicant has not actively practiced during the prior 3 years and the board determines that the applicant may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking, the board may:

1. Deny the application;

2. Issue a temporary certificate having reasonable restrictions that may include, but are not limited to, a requirement for the applicant to practice under the supervision of a physician approved by the board; or

3. Issue a temporary certificate upon receipt of documentation confirming that the applicant has met any reasonable conditions of the board which may include, but are not

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

limited to, completing continuing education or undergoing an assessment of skills and training.

(c)(3) Any certificate issued under this section is shall be valid only so long as the State Surgeon General determines that the reason area for which it was is issued remains a an area of critical need to the state. The Board of Medicine shall review each temporary certificateholder not the service within said area not less than annually to ascertain that the minimum requirements of the Medical Practice Act and its adopted the rules and regulations promulgated thereunder are being complied with. If it is determined that such minimum requirements are not being met, the board shall forthwith revoke such certificate or shall impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

(d)(4) The board may shall not issue a temporary certificate for practice in an area of critical need to any physician who is under investigation in any jurisdiction in the United States another state for an act that which would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of s. 458.331 shall apply.

(4)(5) The application fee and all licensure fees, including neurological injury compensation assessments, shall be waived for those persons obtaining a temporary certificate to practice in areas of critical need for the purpose of providing volunteer, uncompensated care for low-income residents Floridians. The applicant must submit an affidavit from the employing agency or institution stating that the physician will not receive any compensation for any service involving the practice of medicine.

Section 6. Section 459.0076, Florida Statutes, is created to read:

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

459.0076 Temporary certificate for practice in areas of critical need.-

(1) Any physician who:

(a) Is licensed to practice in any jurisdiction in the United States and whose license is currently valid; or

(b) Has served as a physician in the United States Armed Forces for at least 10 years and received an honorable discharge from the military;

and who pays an application fee of \$300 may be issued a temporary certificate for practice in areas of critical need.

(2) A certificate may be issued to a physician who:

(a) Will practice in an area of critical need;

(b) Will be employed by or practice in a county health department, correctional facility, Department of Veterans' Affairs clinic, community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Services Act, or other agency or institution that is approved by the State Surgeon General and provides health care to meet the needs of underserved populations in this state; or

(c) Will practice for a limited time to address critical physician-specialty, demographic, or geographic needs for this state's physician workforce as determined by the State Surgeon General.

(3) The Board of Osteopathic Medicine may issue this temporary certificate with the following restrictions:

(a) The State Surgeon General shall determine the areas of critical need. Such areas include, but are not limited to, health professional shortage areas designated by the United

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

States Department of Health and Human Services.

1. A recipient of a temporary certificate for practice in areas of critical need may use the certificate to work for any approved entity in any area of critical need or as authorized by the State Surgeon General.

2. The recipient of a temporary certificate for practice in areas of critical need shall, within 30 days after accepting employment, notify the board of all approved institutions in which the licensee practices and of all approved institutions where practice privileges have been denied.

(b) The board may administer an abbreviated oral examination to determine the physician's competency, but a written regular examination is not required. Within 60 days after receipt of an application for a temporary certificate, the board shall review the application and issue the temporary certificate, notify the applicant of denial, or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification. If the applicant has not actively practiced during the prior 3 years and the board determines that the applicant may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking, the board may:

1. Deny the application;

2. Issue a temporary certificate having reasonable restrictions that may include, but are not limited to, a requirement for the applicant to practice under the supervision of a physician approved by the board; or

3. Issue a temporary certificate upon receipt of documentation confirming that the applicant has met any reasonable conditions of the board which may include, but are not

**Health Care Appropriations/Health and Human Services Appropriations
Fiscal Year 2010-2011
Department of Health**

limited to, completing continuing education or undergoing an assessment of skills and training.

(c) Any certificate issued under this section is valid only so long as the State Surgeon General determines that the reason for which it was issued remains a critical need to the state. The Board of Osteopathic Medicine shall review each temporary certificateholder not less than annually to ascertain that the minimum requirements of the Osteopathic Medical Practice Act and its adopted rules are being complied with. If it is determined that such minimum requirements are not being met, the board shall revoke such certificate or shall impose restrictions or conditions, or both, as a condition of continued practice under the certificate.

(d) The board may not issue a temporary certificate for practice in an area of critical need to any physician who is under investigation in any jurisdiction in the United States for an act that would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of s. 459.015 apply.

(4) The application fee and all licensure fees, including neurological injury compensation assessments, shall be waived for those persons obtaining a temporary certificate to practice in areas of critical need for the purpose of providing volunteer, uncompensated care for low-income residents. The applicant must submit an affidavit from the employing agency or institution stating that the physician will not receive any compensation for any service involving the practice of medicine.

Section 7. This act shall take effect July 1, 2010.

Health Care Appropriations – Health and Human Services Appropriations Fiscal Year 2010-2011

Senate Offer

CS/CS/Senate Bill 1484, First Engrossed, relating to Health and Human Services Appropriations

Replace all existing language with the following provisions:

- Directs the Agency for Health Care Administration (AHCA) to request an extension of the current Medicaid Reform waiver obtained under section 1115 of the Social Security Act and to preserve the Low Income Pool provisions of the waiver. The AHCA is required to provide the Legislature and the Governor with monthly progress on the waiver extension negotiations.

- Directs the AHCA to develop methodologies to integrate the use of intergovernmental transfers and certified public expenditures into the payment methodology for capitated Medicaid managed care plans. Requires the Secretary of the AHCA to convene a workgroup of stakeholders. The workgroup shall include individuals representing hospitals, counties, medical schools, managed care plans, and Medicaid provider-service-networks.

- Incorporate the provisions of CS/CS Senate Bill 8, First Engrossed, relating to Medicaid and Public Assistance Fraud

1 A bill to be entitled
2
3
4
5
6

7 Be It Enacted by the Legislature of the State of Florida:
8

9 Section 1. No later than July 1, 2010, the Agency for
10 Health Care Administration shall begin the process of requesting
11 an extension of the Section 1115 waiver and ensure the waiver
12 remains active and current. The agency shall report at least
13 monthly to the Legislature on progress in negotiating for the
14 extension of the waiver. Changes to the terms and conditions
15 relating to the low-income pool must be approved by the
16 Legislative Budget Commission.

17 Section 2. (1) The Agency for Health Care Administration
18 shall develop a methodology to ensure the availability of
19 intergovernmental transfers in any expansion of prepaid managed
20 care in the Medicaid program. The purpose of this methodology is
21 to support providers that have historically served Medicaid
22 recipients including, but not limited to, safety net providers,
23 trauma hospitals, children's hospitals, statutory teaching
24 hospitals, and medical and osteopathic physicians employed by or
25 under contract with a medical school in this state. The agency
26 may develop a supplemental capitation rate, risk pool, or
27 incentive payment to plans that contract with these providers.
28 The agency may develop the supplemental capitation rate to
29 consider rates higher than the fee-for-service Medicaid rate

30 when needed to ensure access and supported by funds provided by
31 a locality. The agency shall evaluate the development of the
32 rate cell to accurately reflect the underlying utilization to
33 the maximum extent possible. The methodology may include interim
34 rate adjustments as permitted under federal regulations. Any
35 such methodology shall preserve federal funding to these
36 entities and must be actuarially sound.

37 (2) The Secretary shall appoint members and convene a
38 technical advisory panel to advise the agency in the study and
39 development of intergovernmental transfer distribution methods.
40 The panel shall include representatives from contributing
41 hospitals, medical schools, local governments, and managed care
42 plans. The panel shall advise the agency regarding the best
43 methods for assuring the continued availability of
44 intergovernmental transfers, specific issues to resolve in
45 negotiations with the Centers for Medicare and Medicaid, and
46 appropriate safeguards for appropriate implementation of any
47 developed payment methodologies.

48 (3) By January 1, 2011, the agency shall provide a report
49 to the Speaker of the House of Representatives, the Senate
50 President, and the Governor on the intergovernmental transfer
51 methodologies developed. The agency shall not implement such
52 methodologies developed in subsection (1) of this section
53 without express legislative authority.

54 Section 3. Section 624.35, Florida Statutes, is created to
55 read:

56 624.35 Short title.—Sections 624.35-624.352 may be cited as
57 the "Medicaid and Public Assistance Fraud Strike Force Act."

58 Section 4. Section 624.351, Florida Statutes, is created to

59 read:

60 624.351 Medicaid and Public Assistance Fraud Strike Force.-

61 (1) LEGISLATIVE FINDINGS.-The Legislature finds that there
62 is a need to develop and implement a statewide strategy to
63 coordinate state and local agencies, law enforcement entities,
64 and investigative units in order to increase the effectiveness
65 of programs and initiatives dealing with the prevention,
66 detection, and prosecution of Medicaid and public assistance
67 fraud.

68 (2) ESTABLISHMENT.-The Medicaid and Public Assistance Fraud
69 Strike Force is created within the department to oversee and
70 coordinate state and local efforts to eliminate Medicaid and
71 public assistance fraud and to recover state and federal funds.
72 The strike force shall serve in an advisory capacity and provide
73 recommendations and policy alternatives to the Chief Financial
74 Officer.

75 (3) MEMBERSHIP.-The strike force shall consist of the
76 following 11 members who may not designate anyone to serve in
77 their place:

78 (a) The Chief Financial Officer, who shall serve as chair.

79 (b) The Attorney General, who shall serve as vice chair.

80 (c) The executive director of the Department of Law
81 Enforcement.

82 (d) The Secretary of Health Care Administration.

83 (e) The Secretary of Children and Family Services.

84 (f) The State Surgeon General.

85 (g) Five members appointed by the Chief Financial Officer,
86 consisting of two sheriffs, two chiefs of police, and one state
87 attorney. When making these appointments, the Chief Financial

88 Officer shall consider representation by geography, population,
 89 ethnicity, and other relevant factors in order to ensure that
 90 the membership of the strike force is representative of the
 91 state as a whole.

92 (4) TERMS OF MEMBERSHIP; COMPENSATION; STAFF.-

93 (a) The five members appointed by the Chief Financial
 94 Officer will serve 4-year terms; however, for the purpose of
 95 providing staggered terms, of the initial appointments, two
 96 members will be appointed to a 2-year term, two members will be
 97 appointed to a 3-year term, and one member will be appointed to
 98 a 4-year term. The remaining members are standing members of the
 99 strike force and may not serve beyond the time he or she holds
 100 the position that was the basis for strike force membership. A
 101 vacancy shall be filled in the same manner as the original
 102 appointment but only for the unexpired term.

103 (b) The Legislature finds that the strike force serves a
 104 legitimate state, county, and municipal purpose and that service
 105 on the strike force is consistent with a member's principal
 106 service in a public office or employment. Therefore membership
 107 on the strike force does not disqualify a member from holding
 108 any other public office or from being employed by a public
 109 entity, except that a member of the Legislature may not serve on
 110 the strike force.

111 (c) Members of the strike force shall serve without
 112 compensation, but are entitled to reimbursement for per diem and
 113 travel expenses pursuant to s. 112.061. Reimbursements may be
 114 paid from appropriations provided to the department by the
 115 Legislature for the purposes of this section.

116 (d) The Chief Financial Officer shall appoint a chief of

117 staff for the strike force who must have experience, education,
 118 and expertise in the fields of law, prosecution, or fraud
 119 investigations and shall serve at the pleasure of the Chief
 120 Financial Officer. The department shall provide the strike force
 121 with staff necessary to assist the strike force in the
 122 performance of its duties.

123 (5) MEETINGS.—The strike force shall hold its
 124 organizational session by March 1, 2011. Thereafter, the strike
 125 force shall meet at least four times per year. Additional
 126 meetings may be held if the chair determines that extraordinary
 127 circumstances require an additional meeting. Members may appear
 128 by electronic means. A majority of the members of the strike
 129 force constitutes a quorum.

130 (6) STRIKE FORCE DUTIES.—The strike force shall provide
 131 advice and make recommendations, as necessary, to the Chief
 132 Financial Officer.

133 (a) The strike force may advise the Chief Financial Officer
 134 on initiatives that include, but are not limited to:

135 1. Conducting a census of local, state, and federal efforts
 136 to address Medicaid and public assistance fraud in this state,
 137 including fraud detection, prevention, and prosecution, in order
 138 to discern overlapping missions, maximize existing resources,
 139 and strengthen current programs.

140 2. Developing a strategic plan for coordinating and
 141 targeting state and local resources for preventing and
 142 prosecuting Medicaid and public assistance fraud. The plan must
 143 identify methods to enhance multiagency efforts that contribute
 144 to achieving the state's goal of eliminating Medicaid and public
 145 assistance fraud.

146 3. Identifying methods to implement innovative technology
147 and data sharing in order to detect and analyze Medicaid and
148 public assistance fraud with speed and efficiency.

149 4. Establishing a program to provide grants to state and
150 local agencies that develop and implement effective Medicaid and
151 public assistance fraud prevention, detection, and investigation
152 programs, which are evaluated by the strike force and ranked by
153 their potential to contribute to achieving the state's goal of
154 eliminating Medicaid and public assistance fraud. The grant
155 program may also provide startup funding for new initiatives by
156 local and state law enforcement or administrative agencies to
157 combat Medicaid and public assistance fraud.

158 5. Developing and promoting crime prevention services and
159 educational programs that serve the public, including, but not
160 limited to, a well-publicized rewards program for the
161 apprehension and conviction of criminals who perpetrate Medicaid
162 and public assistance fraud.

163 6. Providing grants, contingent upon appropriation, for
164 multiagency or state and local Medicaid and public assistance
165 fraud efforts, which include, but are not limited to:

166 a. Providing for a Medicaid and public assistance fraud
167 prosecutor in the Office of the Statewide Prosecutor.

168 b. Providing assistance to state attorneys for support
169 services or equipment, or for the hiring of assistant state
170 attorneys, as needed, to prosecute Medicaid and public
171 assistance fraud cases.

172 c. Providing assistance to judges for support services or
173 for the hiring of senior judges, as needed, so that Medicaid and
174 public assistance fraud cases can be heard expeditiously.

175 (b) The strike force shall receive periodic reports from
176 state agencies, law enforcement officers, investigators,
177 prosecutors, and coordinating teams regarding Medicaid and
178 public assistance criminal and civil investigations. Such
179 reports may include discussions regarding significant factors
180 and trends relevant to a statewide Medicaid and public
181 assistance fraud strategy.

182 (7) REPORTS.—The strike force shall annually prepare and
183 submit a report on its activities and recommendations, by
184 October 1, to the President of the Senate, the Speaker of the
185 House of Representatives, the Governor, and the chairs of the
186 House of Representatives and Senate committees that have
187 substantive jurisdiction over Medicaid and public assistance
188 fraud.

189 Section 5. Section 624.352, Florida Statutes, is created to
190 read:

191 624.352 Interagency agreements to detect and deter Medicaid
192 and public assistance fraud.—

193 (1) The Chief Financial Officer shall prepare model
194 interagency agreements for the coordination of prevention,
195 investigation, and prosecution of Medicaid and public assistance
196 fraud to be known as "Strike Force" agreements. Parties to such
197 agreements may include any agency that is headed by a Cabinet
198 officer, the Governor, the Governor and Cabinet, a collegial
199 body, or any federal, state, or local law enforcement agency.

200 (2) The agreements must include, but are not limited to:

201 (a) Establishing the agreement's purpose, mission,
202 authority, organizational structure, procedures, supervision,
203 operations, deputations, funding, expenditures, property and

204 equipment, reports and records, assets and forfeitures, media
205 policy, liability, and duration.

206 (b) Requiring that parties to an agreement have appropriate
207 powers and authority relative to the purpose and mission of the
208 agreement.

209 Section 6. Section 16.59, Florida Statutes, is amended to
210 read:

211 16.59 Medicaid fraud control.—The Medicaid Fraud Control
212 Unit ~~There~~ is created in the Department of Legal Affairs to the
213 ~~Medicaid Fraud Control Unit, which may investigate all~~
214 violations of s. 409.920 and any criminal violations discovered
215 during the course of those investigations. The Medicaid Fraud
216 Control Unit may refer any criminal violation so uncovered to
217 the appropriate prosecuting authority. The offices of the
218 Medicaid Fraud Control Unit, and the offices of the Agency for
219 Health Care Administration Medicaid program integrity program,
220 and the Divisions of Insurance Fraud and Public Assistance Fraud
221 within the Department of Financial Services shall, to the extent
222 possible, be collocated; however, positions dedicated to
223 Medicaid managed care fraud within the Medicaid Fraud Control
224 Unit shall be collocated with the Division of Insurance Fraud.
225 The Agency for Health Care Administration, and the Department of
226 Legal Affairs, and the Divisions of Insurance Fraud and Public
227 Assistance Fraud within the Department of Financial Services
228 shall conduct joint training and other joint activities designed
229 to increase communication and coordination in recovering
230 overpayments.

231 Section 7. Paragraph (o) is added to subsection (2) of
232 section 20.121, Florida Statutes, to read:

233 20.121 Department of Financial Services.—There is created a
234 Department of Financial Services.

235 (2) DIVISIONS.—The Department of Financial Services shall
236 consist of the following divisions:

237 (o) The Division of Public Assistance Fraud.

238 Section 8. Paragraph (b) of subsection (7) of section
239 411.01, Florida Statutes, is amended to read:

240 411.01 School readiness programs; early learning
241 coalitions.—

242 (7) PARENTAL CHOICE.—

243 (b) If it is determined that a provider has provided any
244 cash to the beneficiary in return for receiving the purchase
245 order, the early learning coalition or its fiscal agent shall
246 refer the matter to the Department of Financial Services
247 pursuant to s. 414.411 ~~Division of Public Assistance Fraud~~ for
248 investigation.

249 Section 9. Subsection (2) of section 414.33, Florida
250 Statutes, is amended to read:

251 414.33 Violations of food stamp program.—

252 (2) In addition, the department shall establish procedures
253 for referring ~~to the Department of Law Enforcement~~ any case that
254 involves a suspected violation of federal or state law or rules
255 governing the administration of the food stamp program to the
256 Department of Financial Services pursuant to s. 414.411.

257 Section 10. Subsection (9) of section 414.39, Florida
258 Statutes, is amended to read:

259 414.39 Fraud.—

260 (9) All records relating to investigations of public
261 assistance fraud in the custody of the department and the Agency

262 for Health Care Administration are available for examination by
 263 the Department of Financial Services ~~Law Enforcement~~ pursuant to
 264 s. 414.411 ~~943.401~~ and are admissible into evidence in
 265 proceedings brought under this section as business records
 266 within the meaning of s. 90.803(6).

267 Section 11. Section 943.401, Florida Statutes, is
 268 transferred, renumbered as section 414.411, Florida Statutes,
 269 and amended to read:

270 414.411 ~~943.401~~ Public assistance fraud.—

271 (1)~~(a)~~ The Department of Financial Services ~~Law Enforcement~~
 272 shall investigate all public assistance provided to residents of
 273 the state or provided to others by the state. In the course of
 274 such investigation the department ~~of Law Enforcement~~ shall
 275 examine all records, including electronic benefits transfer
 276 records and make inquiry of all persons who may have knowledge
 277 as to any irregularity incidental to the disbursement of public
 278 moneys, food stamps, or other items or benefits authorizations
 279 to recipients.

280 ~~(b)~~ All public assistance recipients, as a condition
 281 precedent to qualification for public assistance ~~received and as~~
 282 ~~defined under the provisions of~~ chapter 409, chapter 411, or
 283 this chapter ~~414~~, must ~~shall~~ first give in writing, to the
 284 Agency for Health Care Administration, the Department of Health,
 285 the Agency for Workforce Innovation, and the Department of
 286 Children and Family Services, as appropriate, and to the
 287 Department of Financial Services ~~Law Enforcement~~, consent to
 288 make inquiry of past or present employers and records, financial
 289 or otherwise.

290 (2) In the conduct of such investigation the Department of

291 Financial Services ~~Law Enforcement~~ may employ persons having
292 such qualifications as are useful in the performance of this
293 duty.

294 (3) The results of such investigation shall be reported by
295 the Department of Financial Services ~~Law Enforcement~~ to the
296 appropriate legislative committees, the Agency for Health Care
297 Administration, the Department of Health, the Agency for
298 Workforce Innovation, and the Department of Children and Family
299 Services, and to such others as the department ~~of Law~~
300 ~~Enforcement~~ may determine.

301 (4) The Department of Health and the Department of Children
302 and Family Services shall report to the Department of Financial
303 Services ~~Law Enforcement~~ the final disposition of all cases
304 wherein action has been taken pursuant to s. 414.39, based upon
305 information furnished by the Department of Financial Services
306 ~~Law Enforcement~~.

307 (5) All lawful fees and expenses of officers and witnesses,
308 expenses incident to taking testimony and transcripts of
309 testimony and proceedings are a proper charge to the Department
310 of Financial Services ~~Law Enforcement~~.

311 (6) The provisions of this section shall be liberally
312 construed in order to carry out effectively the purposes of this
313 section in the interest of protecting public moneys and other
314 public property.

315 Section 12. Section 409.91212, Florida Statutes, is created
316 to read:

317 409.91212 Medicaid managed care fraud.-

318 (1) Each managed care plan, as defined in s. 409.920(1)(e),
319 shall adopt an anti-fraud plan addressing the detection and

320 prevention of overpayments, abuse, and fraud relating to the
321 provision of and payment for Medicaid services and submit the
322 plan to the Office of Medicaid Program Integrity within the
323 agency for approval. At a minimum, the anti-fraud plan must
324 include:

325 (a) A written description or chart outlining the
326 organizational arrangement of the plan's personnel who are
327 responsible for the investigation and reporting of possible
328 overpayment, abuse, or fraud;

329 (b) A description of the plan's procedures for detecting
330 and investigating possible acts of fraud, abuse, and
331 overpayment;

332 (c) A description of the plan's procedures for the
333 mandatory reporting of possible overpayment, abuse, or fraud to
334 the Office of Medicaid Program Integrity within the agency;

335 (d) A description of the plan's program and procedures for
336 educating and training personnel on how to detect and prevent
337 fraud, abuse, and overpayment;

338 (e) The name, address, telephone number, e-mail address,
339 and fax number of the individual responsible for carrying out
340 the anti-fraud plan; and

341 (f) A summary of the results of the investigations of
342 fraud, abuse, or overpayment which were conducted during the
343 previous year by the managed care organization's fraud
344 investigative unit.

345 (2) A managed care plan that provides Medicaid services
346 shall:

347 (a) Establish and maintain a fraud investigative unit to
348 investigate possible acts of fraud, abuse, and overpayment; or

349 (b) Contract for the investigation of possible fraudulent
350 or abusive acts by Medicaid recipients, persons providing
351 services to Medicaid recipients, or any other persons.

352 (3) If a managed care plan contracts for the investigation
353 of fraudulent claims and other types of program abuse by
354 recipients or service providers, the managed care plan shall
355 file the following with the Office of Medicaid Program Integrity
356 within the agency for approval before the plan executes any
357 contracts for fraud and abuse prevention and detection:

358 (a) A copy of the written contract between the plan and the
359 contracting entity;

360 (b) The names, addresses, telephone numbers, e-mail
361 addresses, and fax numbers of the principals of the entity with
362 which the managed care plan has contracted; and

363 (c) A description of the qualifications of the principals
364 of the entity with which the managed care plan has contracted.

365 (4) On or before September 1 of each year, each managed
366 care plan shall report to the Office of Medicaid Program
367 Integrity within the agency on its experience in implementing an
368 anti-fraud plan, as provided under subsection (1), and, if
369 applicable, conducting or contracting for investigations of
370 possible fraudulent or abusive acts as provided under this
371 section for the prior state fiscal year. The report must
372 include, at a minimum:

373 (a) The dollar amount of losses and recoveries attributable
374 to overpayment, abuse, and fraud.

375 (b) The number of referrals to the Office of Medicaid
376 Program Integrity during the prior year.

377 (5) If a managed care plan fails to timely submit a final

378 acceptable anti-fraud plan, fails to timely submit its annual
379 report, fails to implement its anti-fraud plan or investigative
380 unit, if applicable, or otherwise refuses to comply with this
381 section, the agency shall impose:

382 (a) An administrative fine of \$2,000 per calendar day for
383 failure to submit an acceptable anti-fraud plan or report until
384 the agency deems the managed care plan or report to be in
385 compliance;

386 (b) An administrative fine of not more than \$10,000 for
387 failure by a managed care plan to implement an anti-fraud plan
388 or investigative unit, as applicable; or

389 (c) The administrative fines pursuant to paragraphs (a) and
390 (b).

391 (6) Each managed care plan shall report all suspected or
392 confirmed instances of provider or recipient fraud or abuse
393 within 15 calendar days after detection to the Office of
394 Medicaid Program Integrity within the agency. At a minimum the
395 report must contain the name of the provider or recipient, the
396 Medicaid billing number or tax identification number, and a
397 description of the fraudulent or abusive act. The Office of
398 Medicaid Program Integrity in the agency shall forward the
399 report of suspected overpayment, abuse, or fraud to the
400 appropriate investigative unit, including, but not limited to,
401 the Bureau of Medicaid program integrity, the Medicaid fraud
402 control unit, the Division of Public Assistance Fraud, the
403 Division of Insurance Fraud, or the Department of Law
404 Enforcement.

405 (a) Failure to timely report shall result in an
406 administrative fine of \$1,000 per calendar day after the 15th

407 day of detection.

408 (b) Failure to timely report may result in additional
409 administrative, civil, or criminal penalties.

410 (7) The agency may adopt rules to administer this section.

411 Section 13. Review of the Medicaid fraud and abuse
412 processes.-

413 (1) The Auditor General and the Office of Program Policy
414 Analysis and Government Accountability shall review and evaluate
415 the Agency for Health Care Administration's Medicaid fraud and
416 abuse systems, including the Medicaid program integrity program.
417 The reviewers may access Medicaid-related information and data
418 from the Attorney General's Medicaid Fraud Control Unit, the
419 Department of Health, the Department of Elderly Affairs, the
420 Agency for Persons with Disabilities, and the Department of
421 Children and Family Services, as necessary, to conduct the
422 review. The review must include, but is not limited to:

423 (a) An evaluation of current Medicaid policies and the
424 Medicaid fiscal agent;

425 (b) An analysis of the Medicaid fraud and abuse prevention
426 and detection processes, including agency contracts, Medicaid
427 databases, and internal control risk assessments;

428 (c) A comprehensive evaluation of the effectiveness of the
429 current laws, rules, and contractual requirements that govern
430 Medicaid managed care entities;

431 (d) An evaluation of the agency's Medicaid managed care
432 oversight processes;

433 (e) Recommendations to improve the Medicaid claims
434 adjudication process, to increase the overall efficiency of the
435 Medicaid program, and to reduce Medicaid overpayments; and

436 (f) Operational and legislative recommendations to improve
 437 the prevention and detection of fraud and abuse in the Medicaid
 438 managed care program.

439 (2) The Auditor General's Office and the Office of Program
 440 Policy Analysis and Government Accountability may contract with
 441 technical consultants to assist in the performance of the
 442 review. The Auditor General and the Office of Program Policy
 443 Analysis and Government Accountability shall report to the
 444 President of the Senate, the Speaker of the House of
 445 Representatives, and the Governor by December 1, 2011.

446 Section 14. Medicaid claims adjudication project.—The
 447 Agency for Health Care Administration shall issue a competitive
 448 procurement pursuant to chapter 287, Florida Statutes, with a
 449 third-party vendor, at no cost to the state, to provide a real-
 450 time, front-end database to augment the Medicaid fiscal agent
 451 program edits and claims adjudication process. The vendor shall
 452 provide an interface with the Medicaid fiscal agent to decrease
 453 inaccurate payment to Medicaid providers and improve the overall
 454 efficiency of the Medicaid claims-processing system.

455 Section 15. All powers, duties, functions, records,
 456 offices, personnel, property, pending issues and existing
 457 contracts, administrative authority, administrative rules, and
 458 unexpended balances of appropriations, allocations, and other
 459 funds relating to public assistance fraud in the Department of
 460 Law Enforcement are transferred by a type two transfer, as
 461 defined in s. 20.06(2), Florida Statutes, to the Division of
 462 Public Assistance Fraud in the Department of Financial Services.

463 Section 16. Except for sections 1, 2, 12, 13, and 14 of
 464 this act and this section, which shall take effect upon this act

20108e1

465 becoming a law, this act shall take effect January 1, 2011.

466

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|--|----------------|----------------|---|--------------------------------------|------------------------------|
| 1 | 1 | 1 | INTENT. This section provides legislative intent that the implementing and administering provisions of this act apply to the General Appropriations Act for Fiscal Year 2010-11. | House language (identical to Senate) | Accepts House Offer - Closed |
| 2 | 2 | | FEFP. Incorporates FEFP workpapers by reference for the purpose of displaying the calculations used by the Legislature. | Closed. | Closed. |
| 3 | 3 | 42 | EDUCATION FCO. Authorizes transfer of FCO appropriations for public schools between appropriation categories upon EOG approval. Included in Gov Recs implementing bill (s. 4). | Closed. | Closed. |
| New #1 | | | EDUCATION FCO. Provides that Specific Appropriations 17 through 26 shall constitute authorized fixed capital outlay projects as required by section 9(a)(2), Article XII of the State Constitution and makes clear that PECO projects are subject to budget amendment provisions in Ch 216. | | NEW |
| New #2 | | | EDUCATION FCO- Implements the Florida International University/Miami-Dade County Health Department/Florida Department of Health facility in Section 40 of the General Appropriations Act. This provision allows the facility to be included in the Facilities Pool and provides that they do not have to provide an appropriation for planning and first year debt service in advance of the project. | | NEW |
| Criminal and Civil Justice Appropriations | | | | | |
| 4 | 4 | 13 | DOC/DJJ/IMPACT COSTS PAID TO LOCAL GOVT. Provides that the Department of Corrections and the Department of Juvenile Justice may expend appropriated funds to assist in defraying the costs of impacts that are incurred by a municipality or county and associated with opening or operating a facility under the authority of the respective department which is located within that municipality or county. The amount that is to be paid under this section for any facility may not exceed 1 percent of the facility construction cost, less building impact fees imposed by the municipality or by the county if the facility is located in the unincorporated portion of the county. | Closed | Closed |
| 5 | 5 | 15 | DOC/CJIC EST./NEW POSITIONS & \$. Amends s. 216.262, F.S. Allows the Executive Office of the Governor (EOG) to request additional positions and appropriations from unallocated general revenue during the 2010-2011 fiscal year for the Department of Corrections (DOC) if the actual inmate population of the Department of Corrections exceeds the inmate population projections of the February 19, 2010 Criminal Justice Estimating Conference by 1 percent for 2 consecutive months or 2 percent for any month. The additional positions and appropriations may be used for essential staff, fixed capital improvements, and other resources to provide classification, security, food services, health services, and other variable expenses within the institutions to accommodate the estimated increase in the inmate population, and must be approved by the Legislative Budget Commission. | Closed | Closed |
| 6 | 6 | | DLA/PAY SALARIES WITH EXCESS CASH. Authorizes the Department of Legal Affairs to transfer cash remaining after required disbursements from specified Attorney General cases to the Operating Trust Fund to pay salaries and benefits. | Closed | Closed |
| 7 | | 16 | Department of Legal Affairs Authorizes DLA to expend appropriated funds in those specific appropriations on the same programs that were funded by the department pursuant to specific appropriations made in general appropriations acts in prior years. | Closed | Closed |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|---------------------------|----------------------|----------------------|---|-------------|--------------|
| 8 | 7 | | MUNICIPALITIES/REPAY GEN. FUND. Amends s. 932.7055, F.S. Extends for another year the authorization for a municipality to expend funds in a special law enforcement trust fund to reimburse the general fund of the municipality for moneys advanced from the general fund to the special law enforcement trust fund prior to October 1, 2001. | Closed | Closed |
| 9 | | 12 | Judges: Requires OSCA to report to the legislature by February 15, 2011 the number of assigned new and reopened cases and the number of cases closed by each judge and each division and circuit for the period of January - December 31, 2010. | Closed | Closed |
| 10 | | 14 | Clerks of Court: Provides that counties are exempt from the requirement that expenditures increase by 1.5 percent for court-related functions of the clerk. | Closed | Closed |
| 11 | | 46 | DJJ/Medicare Provides limitation on DJJ reimbursements for health care services to 110 percent of Medicare allowable rates. | Closed | Closed |
| 12 | | | Mediation and Arbitration Trust Fund Authorizes trust fund to be used as specified in GAA. | Closed | Closed |
| Health Care | | | | | |
| 13 | 8 | 17 | DCF/FORENSIC MH. Amends s. 394.908, F.S. Authorizes the Department of Children and Families (DCF) to allocate funds appropriated for forensic mental health treatment services to the areas of the state with the greatest service demand and capacity. Provides that additional funds appropriated for substance abuse and mental health services from funds available through the Community Based Medicaid Administrative Claiming Program shall be allocated as provided in the 2009-10 GAA and in proportion to contributed provider earnings. | Closed | Closed |
| 14 | 11 | | Nitrogen Prohibits a state agency from adopting or implementing a rule or policy that mandates or establishes new nitrogen-reduction limits that apply to existing or new onsite sewage treatment system, any rule or policy that has the effect of requiring the use of performance-based treatment systems; any rule or policy that increases the cost of treatment for nitrogen reduction from onsite systems before the study and report required in proviso following Specific Appropriation 471 is completed. | Closed | Closed |
| 15 | | | DCF Reorganization Extends repeal of chapter 2007-174, Laws of Florida relating to the sunset review of the agency. | Closed | Closed |
| 16 | | | Budget amendments relating to specific appropriation 568A | Closed | Closed |
| General Government | | | | | |
| 17 | 12 | | Florida Catastrophic Storm Risk Management Center Provides for a study of factors affecting costs and potential assessments on consumers, and availability, of personal lines property and casualty insurance in Florida. Additionally provides the study to be conducted by the Florida Catastrophic Storm Risk Management Center at FSU. | Closed | Closed |
| 18&19 | 13& 14 | | AD VALOREM TAX REVENUE REDUCTIONS DETERMINATION. Amends s. 218.12. Provides that in determining the reductions in ad valorem tax revenues occurring as a result of the implementation of the revisions to Art. VII of the State Constitution, the value of assessments reduced shall include only the reduction in taxable value for homesteads established January 1, 2010. Provides that this amendment shall expire July 1, 2011 and the text of s. 218.12 shall revert to that in existence on June 30, 2009. | Closed | Closed |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|--------------------------|----------------------|----------------------|---|-------------|--------------|
| 20&21 | 15&16 | 19&20 | DEPT. OF REVENUE/FIRST DCA/BOND PROCEEDS Reenacts s. 255.518, F.S. Prior to the 2008 change, law required payment of debt service charges and any reserves on obligations during the construction of any facility financed by such obligations to be made from funds other than proceeds of obligations. The 2008 change struck the words "and any reserves" so that such payments could be funded from bond proceeds during the 2008-2009 and 2009-10 fiscal years. Reenacting this provision applies change to the 2010-2011 fiscal year. The practical effect of this provision is that it applies only to the construction of the new buildings for the Dept. of Revenue and the First DCA courthouse at the Capital Circle state office complex in Tallahassee, since those will be the only projects in the state facilities pool authorized during the 2010-2011 fiscal year. Amendment to s. 255.518(1)(b) as carried forward by this act shall expire July 1, 2011 and the text shall revert to that in existence on June 30, 2008. | Closed | Closed |
| NEW #3 | | | Florida Preference in purchases over \$5M. This language promotes, through state contracting, the employment of state residents, to encourage economic development, and maximize use of products made in Florida. | | NEW |
| 22 | 17 | | DMS/FACILITIES POOL DISPOSITIONS. Amends s. 255.503, F.S. Extends for another year (until July 1, 2011) the authorization for the Department of Management Services to sell, lease, or otherwise dispose of facilities within the Florida Facilities pool and to report to the Legislature, the Governor, and the Division of Bond Finance. | Closed | Closed |
| 23 | | 30 | Office Supplies. Requires the Department of Management Services to issue by January 1, 2011, a solicitation for office supplies, and subsequently award a multiple-supplier contract with at least three awarded vendors. | Closed | Closed |
| Natural Resources | | | | | |
| 24 | 18 | 18 | CITRUS ADVERTISING TRUST FUND. Amends s. 253.034. Provides that funds derived from the sale of property by the Department of Citrus located in Lakeland, Florida are authorized to be deposited into the Citrus Advertising Trust Fund. | Closed | Closed |
| 25 | | 22 | LAND ACQUISITION TRUST FUND. Amends s. 375.041, F.S. Provides for allocation from the trust fund to be used for the Clean Water State Revolving Fund, the Drinking Water State Revolving Fund, the Total Maximum Daily Loads programs and the Marine Spacial Planning programs. | Closed | Closed |
| 26 | 20 | 21 | WATER MANAGEMENT LANDS TRUST FUND Amends s. 373.59. Provides for allocation of moneys from the Water Management Lands TF for an amount necessary to pay debt service on bonds issued before 2/1/09, by the South Water Mgt District and the St. Johns Water Mgt District; provides for \$8M to be transferred to GR; and provides the remaining funds be distributed equally between the Suwannee River Water Mgt District and the NFWFMD for the 2010-11 fiscal year. \$50,000 shall be transferred to the Dept of Agriculture & Consumer Svcs for the soil and water conservation districts. | Closed | Closed |
| 27&28 | | 23, 24 | Ecosystem Management and Restoration Trust Fund Reenacts trust fund to fund activities to preserve and repair the state's beaches. Provides that text will revert to that in existence on June 30, 2009 on July 1, 2011. | Closed | Closed |
| 29 | | 25 | Ecosystem Management and Restoration Trust Fund Provides that for this fiscal year, moneys in the Ecosystems Management and Restoration Trust Fund are authorized for transfer to the General Inspection Trust Fund in the Department of Agriculture and Consumer Services for the Farm Share, Food Banks, and Mosquito Control Programs, and the Technological Research and Development Authority. | Closed | Closed |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|--|----------------|----------------|--|-------------|--------------|
| 30 | 22 | 26 | DACS/GITF \$ FOR CH. 570 PROGRAMS. Amends s. 570.20, F.S. Extends for another year the authorization for funds in the General Inspection Trust Fund of the Department of Agriculture and Consumer Services to be appropriated for programs operated by the department which are related to the programs authorized by chapter 570, F.S. | Closed | Closed |
| 31 | 23 | | DEP/WASTE TIRE/LITTER \$. Amends s. 403.7095, F.S. Requires DEP to award \$2,400,000 of grant funds equally to counties having populations of fewer than 100,000 for waste tire, litter prevention, recycling and education, and general solid waste programs. | Closed | Closed |
| 32 | 24 | 28 | DACS/AG PROMOTION CONTRACTS. Provides that, notwithstanding s. 287.057, F.S. (governing procurement of commodities or contractual services), the Department of Agriculture and Consumer Services, at its discretion, is authorized to extend, revise, and renew current contracts or agreements created or entered into, pursuant to chapter 2006-25, Laws of Florida (the 2006-2007 GAA), in order to provide consistency and continuity in agriculture promotion throughout the state. | Closed | Closed |
| Transportation & Economic Development | | | | | |
| 33 | 25 | | DOT/OTTEED ROAD FUND/WORK PROGRAM. Amends s. 339.135, F.S. Provides that the Department of Transportation shall transfer funds to the Office of Tourism, Trade, and Economic Development in an amount equal to \$20,300,000 for the purpose of funding economic development transportation projects. Provides that the transfer shall not reduce, delete, or defer any existing projects funded, as of July 1, 2009, in the Department of Transportation's 5-year work program. | Closed | Closed |
| 34 | 29 | | ECONOMIC DEVELOPMENT TRANSPORTATION PROJECTS. Provides that funds appropriated out of the Economic Development Transportation Trust Fund may be used to fund space and aerospace infrastructure. Is specific to the road fund specific appropriation and the BoB section that reappropriates funds from 2008-09 budget. | Closed | Closed |
| 35 | 30 | | APPROPRIATIONS NONTRANSFERABLE/EXCEPTIONS. Amends s. 216.292. Provides that Governor may recommend the initiation of fixed capital outlay projects funded by grants awarded by the Federal Government through the American Recovery and Reinvestment Act of 2009 or any other federal economic stimulus grant funding. Such actions are subject to review and approval of the LBC. | Closed | Closed |
| 36 | | 3 | ARRA TRACKING. Authorizes Governor to transfer funds appropriated for the American Recovery and Reinvestment Act of 2009 (ARRA) in traditional appropriations categories to appropriation categories established for the specific purpose of tracking funds appropriated for the ARRA. | Closed | Closed |
| 37 | 34 | | DOT/STTF/ADMIN COSTS. Amends s. 339.08, F.S. Authorizes funds in the Department of Transportation's State Transportation Trust Fund to be used to pay administrative expenses incurred in accordance with applicable laws for a multicounty transportation or expressway authority created under chapter 343 or chapter 348, where jurisdiction for the authority includes a portion of the State Highway System and the administrative expenses are in furtherance of the duties and responsibilities of the authority in the development of improvements to the State Highway System. | Closed | Closed |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|-----------------------|----------------------|----------------------|--|-------------|--------------|
| 38 | 35 | | State Transportation Trust Fund Provides that funds may be transferred to General Revenue. | Closed | Closed |
| 39 | | 33 | STATE TRANSPORTATION TRUST FUND. Provides that funds may be transferred from the State Transportation Trust Fund to pay for county and school district transportation infrastructure improvements as specified in the General Appropriations Act. Provides that the total transferred shall be reduced from total state revenues deposited into the State Transportation Trust Fund for the calculation requirements on ss. 206.46(3) and 206.606(2). | Closed | Closed |
| 40 | 36 | | AWI/ONE-STOP DELIVERY SYSTEM. Amends s. 445.009 to provide that a participant in an adult or youth work experience activity administered pursuant to chapter 445 shall be deemed an employee of the state for purposes of workers' compensation coverage. Provides that in determining the average weekly wage, all remuneration received from the employer shall be considered a gratuity, and the participant shall not be entitled to any benefits otherwise payable under s. 440.15, regardless of whether the participant may be receiving wages and remuneration from other employment with another employer and regardless of his or her future wage-earning capacity. | Closed | Closed |
| 41&42 | | 35 & 36 | Century Commission for a Sustainable Florida Removes authorization for members of the commission to receive per diem and travel expenses while in performance of duties. | Closed | Closed |
| 43&44 | | 37 & 38 | Century Commission - Distribution of Taxes Amends s. 201.15 to remove distribution of certain taxes to Century Commission. | Closed | Closed |
| 45 | | 39 | Hurricane Loss Mitigation Program Amends s. 215.559, F.S. to provide that \$3 million appropriation for hurricane loss mitigation may be used for hurricane shelters. | Closed | Closed |
| 46&47 | | 40 & 41 | Aviation and Airport Programs Reenacts s. 332.007, F.S. relating to administration and funding of aviation and airport programs and projects. | Closed | Closed |
| 48 | | | Florida Major Performing Arts Center Task Force Creates task force. | Closed | Closed |
| 49 | | | Regional Workforce Boards Prohibits state and federal funds provided to the regional workforce boards to be used for certain purposes. Prohibits regional workforce boards from entering into certain contracts. | Closed | Closed |
| 50 | | new | State Transportation Trust Fund This section provides the Department of Transportation with flexibility necessary to balance the work program to reduced revenues from the transfer of trust funds to the General Revenue Fund. | Closed | Closed |
| 51 | new | | State Transportation Trust Fund This section provides Legislative intent to minimize the impacts of reduced revenues and requires the department to provide certain documentation to the Legislative Budget Commission upon request for budget/work program amendment approval. Requires certain funds to be returned to the department. | Closed | Closed |
| 52 | | | Lease purchase agreements | Closed | Closed |
| Council Issues | | | | | |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|--------|----------------|----------------|---|--------------------------------------|------------------------------|
| 53 | 37 | 5 | Risk Management Transfers. Authorizes the Executive Office of the Governor to transfer funds appropriated in the appropriation category "Special Categories-Risk Management Insurance" of the 2010-2011 General Appropriations Act between departments in order to align the budget authority granted with the premiums paid by each department for risk management insurance. | House position (identical to Senate) | Accepts House Offer - Closed |
| 54 | 38 | 6 | Human Resource Services Transfer. Authorizes the Executive Office of the Governor to transfer funds appropriated in the appropriation category "Special Categories-Transfer to Department of Management Services-Human Resources Services Purchased Per Statewide Contract" of the 2010-2011 General Appropriations Act between departments in order to align the budget authority granted with the assessments that must be paid by each agency to the Department of Management Services for human resources management services. | House position (identical to Senate) | Accepts House Offer - Closed |
| 55 | 41 | | Health Savings Account Contribution. Amends s. 110.123, F.S. Extends for another year the provision that, for health savings accounts for full-time and part-time state employees in association with a health insurance plan option authorized by the Legislature, the state's monthly contribution for employees having individual coverage shall be \$41.66 and the monthly contribution for employees having family coverage shall be \$83.33. (This maintains the same contribution amounts as were established for the 2009-2010 fiscal year.) | House position. | Accepts House Offer - Closed |
| NEW #4 | | | Pharmacy Copayments. This language implements Section 8 language relating to pharmacy Copayments by amending s. 110.12315, F.S., to modify copayments consistent with decisions that have been made in the GAA. | | NEW |
| 56 | | 4 | State Group Insurance Program Provides that notwithstanding the provisions of paragraph 110.123(3)(f) requiring uniform contributions, and for the 2010-2011 fiscal year only, the state contribution toward the cost of any plan in the state group insurance plan shall be the difference between the overall premium and the employee contribution. | Senate position. | Accepts House Offer - Closed |
| 57 | 42 | 8 | Employee Assignment. Amends s. 112.24, F.S. Provides that the assignment of an employee of a state agency may be made if recommended by the Governor or Chief Justice, as appropriate, and approved by the chairs of the Senate and House budget committees. Such actions shall be deemed approved if neither chair provides written notice of objection within 14 days after the chair's receiving notice of the action pursuant to s. 216.177, F.S. | House language (identical to Senate) | Accepts House Offer - Closed |
| 58 | 43 | 7 | Legislators' salaries Senate bill provides that for the 2010-2011 fiscal year, the authorized salaries of members of the legislature in effect on June 30, 2010 shall be reduced by 7 percent. Has effect of keeping legislators salary same as 2009-2010 fiscal year. | Senate position. | Accepts House Offer - Closed |
| 59 | 44 | 9 | TF SWEEPS TO GR. Reenacts paragraph (b) of subsection (2) of s. 215.32, F.S., in order to implement the transfer of moneys to the General Revenue Fund from trust funds in the 2009-2010 General Appropriations Act. | House position (identical to Senate) | Accepts House Offer - Closed |
| 60 | | 10 | Lawton Child Endowment Fund: Reenacts s. 215.601 relating to investment objectives of endowment | Senate position. | Accepts House Offer - Closed |

2010 Implementing Bill

| Sec. # | HB 5003 sect # | SB 2702 sect # | Description | House offer | Senate Offer |
|--------|----------------------|----------------------|---|---|------------------------------|
| 61 | 45 | 11 | STATE DEBT/BEST INTEREST OF STATE. States that, in order to implement the issuance of new debt authorized in the 2010-2011 General Appropriations Act, and pursuant to the requirements of s. 215.98, F.S., the Legislature determines that the authorization and issuance of debt for the 2010-2011 fiscal year should be implemented and is in the best interest of the state and necessary to address a critical state emergency. | House position (identical to Senate) | Accepts House Offer - Closed |
| 62 | 46 | | STATE EMPLOYEE TRAVEL. Provides that funds appropriated for travel by state employees shall be limited to travel for activities that are critical to each state agency's mission. Prohibits funds from being used to travel to foreign countries, other states, conferences, staff-training or other administrative functions unless agency head approves in writing. Requires agency head to consider use of teleconferencing and electronic communication to meet needs of activity before approving travel. | House position. | Accepts House Offer - Closed |
| 63 | | 43 | Data Centers: Provides that the Governor is authorized to transfer funds appropriated in any appropriation category used to pay for data processing in the GAA between agencies in order to align the budget authority granted with the utilization rate of each department. | Senate position. | Accepts House Offer - Closed |
| 64 | | 44 | Data Processing: Provides that an agency may transfer funds from the data processing appropriation categories to another appropriation category for the purpose of supporting and managing its computer resources until such time as the agency's data processing function is transferred to the Southwood Shared Resource Center, the Northwood Shared Resource Center, or the Northwest Regional Data Center. | Senate position. | Accepts House Offer - Closed |
| 65 | | | IT Consolidation Requires agencies to start planning for data consolidation which may be accelerated to be completed in FY 2010-11 with LBC approval - see following language: Section X: State agencies required by the 2010-2011 General Appropriations Act to begin planning for a data center consolidation scheduled for a subsequent fiscal year may accelerate the consolidation into Fiscal Year 2010-11 contingent on the approval by the Legislative Budget Commission of budget adjustments to the agency and the primary data center's budget required to accomplish the consolidation. The primary data center may add positions contingent on an equal or greater number of positions being placed in reserve from the agency data center being consolidated. | Senate position (Issue previously closed in committee- language included for clarification) | Accepts House Offer - Closed |
| 66 | | 45 | Suncom: Provides that the Governor is authorized to transfer funds appropriated in the appropriations category "expenses" between agencies in order to allocate a reduction relating to SUNCOM Services. | Senate position. | Accepts House Offer - Closed |
| 67 | 47 | 47 | VETOED ITEMS. Specifies that no section shall take effect if the appropriations and proviso to which it relates are vetoed. | House position (identical to Senate) | Accepts House Offer - Closed |
| 68 | 48 | 48 | PRECEDENCE OF SUBSTANTIVE LAW. Provides for a permanent change made by another law to any of the same statutes amended by this bill to take precedence over the provision in this bill. | House position (identical to Senate) | Accepts House Offer - Closed |
| 69 | 49 | 49 | Provides a severability clause | House position (identical to Senate) | Accepts House Offer - Closed |
| 70 | 50 | 50 | EFFECTIVE DATES. Provides that, except as otherwise expressly provided in this act, this act shall take effect July 1, 2010; or, if this act fails to become a law until after that date, it shall take effect upon becoming a law and shall operate retroactively to July 1, 2010. | House position (identical to Senate) | Accepts House Offer - Closed |

Section XX. In order to implement Section 8 of the General Appropriations Act for the 2010-2011 fiscal year, effective January 1, 2011, paragraph (a) of subsection (7) of section 110.12315, Florida Statutes, is amended to read:

110.12315 Prescription drug program.--The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions:

(7) Under the state employees' prescription drug program copayments must be made as follows:

(a) Effective January 1, 2011 ~~2006~~, for the State Group Health Insurance Standard Plan:

1. For generic drug with card..... \$7 ~~\$10~~.
2. For preferred brand name drug with card..... \$30 ~~\$25~~.
3. For nonpreferred brand name drug with card..... \$50 ~~\$40~~.
4. For generic mail order drug..... \$14 ~~\$20~~.
5. For preferred brand name mail order drug..... \$60 ~~\$50~~.
6. For nonpreferred brand name mail order drug.... \$100 ~~\$80~~.

Implementing Bill Provision - FIU/MDCHD/FDOH Facility

1 Section XX. In order to implement section 40 of the 2010-
2 2011 General Appropriations Act:

3 (1) Notwithstanding section 255.518(1)(b), Florida
4 Statutes, the payment of debt service on bonds during the
5 construction of the Florida International University/Miami-Dade
6 County Health Department/Florida Department of Health facility
7 may be made from bond proceeds. Florida International University
8 and the Miami-Dade County Health Department/Florida Department
9 of Health are authorized to make rental payments prior to the
10 completion of the project to the extent necessary to pay debt
11 service on the bonds.

12 (2) Notwithstanding section 255.518(1)(a), Florida
13 Statutes, costs relating to the initial planning, preliminary
14 design and programming for the project may be paid from bond
15 proceeds.

16 (3) Notwithstanding section 255.506, Florida Statutes,
17 neither Florida International University nor the Miami-Dade
18 County Health Department/Florida Department of Health shall be
19 required to submit other facilities into the Facilities Pool to
20 obtain financing for the project approved herein.

21 Section 2. This act shall take effect July 1, 2010.



State Budget Conference Chairs

**Bump Issues
Senate Offer**

Conforming Language

SB 2386 – State Financial Matters

Wednesday, April 28, 2010, 10:00 a.m.

212 Knott Building

Webster Hall

FY 2010-11 CONFERENCE

HB 7151 & SB 2386

| Line Item | New Bill Section | Issue | Senate Offer #1 |
|------------------|-------------------------|---|----------------------------------|
| 1 | Section 1- 3 | Declares that each agency is responsible for exercising due diligence to secure full payment of all accounts receivable and other claims due to the state. Requires each agency to submit an annual report to the President of the Senate, the Speaker of the House of Representatives. | House Position |
| 2 | Section 3-6 | Electronic Payment - Allows agencies to use electronic funds transfers, provides rulemaking to agencies related to electronic payments, provides rulemaking to the Chief Financial Officer to adopt rules related to uniform security safeguards for cardholder data. State and Federal Financial Assistance - Requires the Chief Financial Officer to adopt uniform procedures and disseminate to agencies. | Senate Position |
| 3 | Section 7-8 | Payment for Services - Requires agencies to maintain documentation regarding costs for entities receiving funding through the GAA or through a noncompetitive basis. | Senate Position |
| 4 | Section 10,11, 12 | Procurement - Repeals section related to products and materials with recycled content. Defines artist. | House Position |
| 5 | Section 26 | Removes the exemption to the MFMP for real estate leases. Repeals outdated statutory language. | House Position |
| 6 | Section 13-16 | Procurement - Clarifies and updates definitions. Increases purchasing category thresholds. Requires agencies to include scope of work and deliverables in contract. | House Position |
| 7 | Section 18 | Procurement - Sets out new processes for competitive solicitation. Procurement - Makes several changes to exemptions. | Modified House Position |
| 8 | Section 18 | Allows for DCF contracts to be extend up to 5 years if the Department determines that it is in the State's best interest. | Senate Position (delete section) |
| 9 | Section 18 | Defines that an unfair advantage does not exist if a vendor does assists in the development of contract. | Senate Position (delete section) |
| 10 | Section 19-22. | Procurement - Requires agency business case for projects that exceed \$10 million in a single fiscal year. Repeals the Council on Efficient Government. | House Position |
| 11 | Section 23 | Coordination of Contracted Services between Department of Children and Families, the Agency for Persons with Disabilities, the Department of Health, the Department of Elderly Affairs, and the Department of Veterans Affairs. | Modified House Position |

FY 2010-11 CONFERENCE

HB 7151 & SB 2386

| Line Item | New Bill Section | Issue | Senate Offer #1 |
|------------------|-------------------------|---|------------------------|
| 12 | Section 24 | Procurement - Specifies that scope of work, deliverables, consequences and intellectual property be addressed in contract. | Senate Position |
| 13 | Section 26-42 | Cross reference | Senate Position |
| 14 | Section 43 | Procurement - Exempts certain contracts from user and transaction fees. | Senate Position |
| 15 | Section 44 | Reporting - Requires agencies to submit report to Chief Financial Officer on contracted activities for certain contracts. | Senate Position |
| 16 | Section 45 | Contracts - Requires each state agency to review existing contracts for cost savings of 3%. | Senate Position |
| 18 | Section 46 | Preferred-Pricing Clause - Requires that all agencies review contracts to ensure compliance with preferred-pricing clause. | Senate Position |
| 20 | Section 47 | Florida Preference Provision. | Senate Position |
| 19 | Section 48 | Appropriates 5 FTE and \$311,915 from General Revenue to the Department of Financial Services. | Senate Position |
| 21 | Section 49 | Effective Date July 1, 2010 | Senate Position |
| | | | |