

SB 1036 by **CF (CO-INTRODUCERS) Detert**; (Similar to CS/CS/H 1315) Independent Living

SB 1162 by **Bradley**; (Identical to H 0757) Mandatory Reports of Child Abuse

CS/SB 1690 by **HP, Bean**; (Similar to CS/H 1093) Volunteer Health Services

305862	A	S	WD	AHS, Bean	btw L.96 - 97:	04/11 12:31 PM
301808	A	S	WD	AHS, Bean	btw L.96 - 97:	04/11 12:31 PM

CS/SB 732 by **HP, Grimsley**; (Similar to CS/CS/H 0365) Pharmacy

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES
Senator Grimsley, Chair
Senator Flores, Vice Chair

MEETING DATE: Thursday, April 11, 2013
TIME: 10:30 a.m.—12:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Grimsley, Chair; Senator Flores, Vice Chair; Senators Bean, Benacquisto, Galvano, Garcia, Gibson, Lee, Montford, Richter, Smith, Sobel, and Thrasher

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 1036 Children, Families, and Elder Affairs (Similar CS/CS/H 1315)	Independent Living; Providing that when the court obtains jurisdiction over a child who has been found to be dependent, the court retains jurisdiction until the child reaches 21 years of age; providing exceptions; directing the Department of Children and Families to work in collaboration with the Board of Governors, the Florida College System, and the Department of Education to help address the need for a comprehensive support structure in the academic arena to assist young adults who have been or remain in the foster care system, etc. JU 04/01/2013 Favorable AHS 04/11/2013 Favorable AP	Favorable Yeas 11 Nays 0
2	SB 1162 Bradley (Identical H 757)	Mandatory Reports of Child Abuse; Limiting the duty of an officer or employee of a law enforcement agency to provide notice to the Department of Children and Families of reasonable cause to suspect child abuse under certain circumstances; limiting the duty of the Central Abuse Hotline to electronically transfer certain calls and reports to the county sheriff's office under certain circumstances, etc. CF 03/18/2013 Favorable CJ 04/01/2013 Favorable AHS 04/11/2013 Favorable AP	Favorable Yeas 13 Nays 0
3	CS/SB 1690 Health Policy / Bean (Similar CS/H 1093)	Volunteer Health Services; Revising requirements for patient referral under the "Access to Health Care Act"; eliminating a requirement that the governmental contractor approve all followup or hospital care; requiring the Department of Health to post specified information online concerning volunteer providers; providing that any rule adopted by the department give providers the greatest flexibility possible in order to serve eligible patients, etc. HP 03/20/2013 Fav/CS AHS 04/11/2013 Favorable AP	Favorable Yeas 12 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Thursday, April 11, 2013, 10:30 a.m.—12:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	CS/SB 732 Health Policy / Grimsley (Similar CS/CS/H 365)	Pharmacy; Permitting a class II institutional pharmacy formulary to include biologics, biosimilars, and biosimilar interchangeables; providing requirements for a pharmacist to dispense a substitute biological product that is determined to be biosimilar to and interchangeable for the prescribed biological product; providing notification requirements for a pharmacist in a class II or modified class II institutional pharmacy; requiring the Board of Pharmacy to maintain a current list of interchangeable biosimilar products, etc. HP 03/20/2013 Not Considered HP 04/02/2013 Fav/CS AHS 04/11/2013 Favorable AP	Favorable Yeas 9 Nays 2

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 1036

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Independent Living

DATE: April 8, 2013

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Cibula	JU	Favorable
2.	Brown	Pigott	AHS	Favorable
3.			AP	
4.				
5.				
6.				

I. Summary:

SB 1036 authorizes young adults in foster care who have not reached permanency before 18 years of age to remain in care until 21 years of age. The bill provides eligibility criteria to remain in such extended care, allows such a young adult older than 18 years to leave and reenter care anytime before reaching age 21, and requires residence in supervised living arrangements. The bill requires the Department of Children and Families (DCF) and community-based care lead agencies (CBC lead agencies) to develop a transition plan for young adults in extended foster care and also requires continuation of case management, service delivery, and judicial review for such young adults.

The bill provides requirements and expectations for foster parents, group home parents and providers, the DCF, CBC lead agencies, and their providers. The bill also requires adequate training and support for foster parents and inclusion of foster parents in a full, equal, and respectful partnership with other participants in the child welfare system. Under the bill, group home staff must meet the same training, background screening, and other screening requirements as foster parents. The bill codifies the room and board rate for foster parents and provides for an annual cost of living increase. The bill transfers the responsibility of providing independent living skills for children from age 13 through age 17 to foster and group home parents, eliminates the need to contract for those services, and relieves caseworkers from some responsibilities associated with independent living services for children from age 13 through age 17.

The bill has an estimated fiscal impact of potentially reducing expenditures in the Independent Living Program to an indeterminate extent.

The bill restructures the Road-to-Independence (RTI) Program, which provides financial assistance to young adults attending eligible postsecondary institutions. The bill provides for aftercare services for young adults who leave care and for an appeals process. The bill enables young adults currently receiving independent living transition services to continue in the existing program until their eligibility expires. The bill provides for portability of services and support for children and young adults who relocate within the state, provides collaboration between the DCF and colleges and universities for an educational support program, and creates a new budget category for independent living expenditures.

The bill has an effective date of July 1, 2013.

This bill substantially amends the following sections of the Florida Statutes: 39.013, 39.701, 409.145, 409.1451, 409.175, and 409.903.

The bill creates sections 39.6035 and 39.6251, Florida Statutes.

II. Present Situation:

Independent Living (IL) Program

Each year, thousands of children leave state dependency care systems because they turn 18 years of age and are no longer eligible for care. Since the early 1980s, research and anecdotal evidence indicate that many of these young adults experience numerous difficulties in their attempts to achieve self-sufficiency. When compared to young adults with no exposure to the child welfare system, young adults who were formerly in care are less likely to earn a high school diploma or GED and have lower rates of college attendance.¹ They suffer more from mental health problems, have a higher rate of involvement with the criminal justice system, and are more likely to have difficulty achieving financial independence. These young adults have a higher need for public assistance and are more likely to experience housing instability, including homelessness.²

As of December 2012, 5,288 Florida youths from age 13 through age 17 in licensed foster care were eligible for independent living services, and the numbers of children who aged-out of care in fiscal years 2009-2010, 2010-2011, and 2011-2012, were 1,386, 1,304, and 1,181, respectively.³

The IL program within the DCF provides services to youth in foster care and young adults who were formerly in foster care. The program is designed to assist youth to obtain the life skills and education necessary to become self-sufficient, live independently, and maintain employment. Services include life skills training and financial, educational, and social support. Examples of such services are parenting classes, career counseling, therapy and psychological counseling, and assistance with personal organization and time management.

¹ Courtney, M.A. and D. H. Heuring, ON YOUR OWN WITHOUT A NET: THE TRANSITION TO ADULTHOOD FOR VULNERABLE POPULATIONS, 33-34 (2007).

² *Id.* at 36-40.

³ Information supplied by the Department of Children and Families. Dec. 21, 2013.

The Federal John H. Chafee Foster Care Independence Program

The federal government responded to the needs of children who age-out of care by enacting the Foster Care Independence Act of 1999 (Chafee Act).⁴ The Chafee Act provides states with flexible funding to design and conduct programs to serve children who are likely to remain in foster care until age 18, children who have reached 16 years of age and have left foster care for kinship guardianship or adoption, and young adults from age 18 until age 21 who have “aged-out” of the foster care system.⁵

The Chafee Act eliminated age restrictions, allowing states to offer independent living services to children younger than age 16.⁶ The Chafee Act grants wide discretion to states, allowing them to set their own criteria for children in care to receive services.⁷ However, states must use objective criteria in determining eligibility for benefits and services and must ensure fair and equitable treatment of benefit recipients.⁸

Each state is allotted an amount of funds which has the same ratio as the number of children in foster care in that state to the total number of children in foster care in all states in the most recent federal fiscal year for which such information is available. The Chafee Act requires a 20 percent state match.⁹

Education and Training Vouchers

The Educational and Training Vouchers Program (ETV) for children aging-out of care was added to the Chafee Act in 2002. ETV provides resources specifically to meet the education and training needs of youth aging-out of care. Funding is provided for postsecondary educational and training vouchers for children and young adults likely to experience difficulty as they transition to adulthood after reaching 18 years of age. The program makes available vouchers of up to \$5,000 per year per young adult.¹⁰

National Youth in Transition Database (NYTD)

The Chafee Act also required the Administration for Children and Families (ACF), a division of the U.S. Department of Health & Human Services, to develop a data collection system to track the independent living services that states provide to children and young adults and to develop outcome measures that may be used to assess states’ performance in operating their independent

⁴ Pub. Law No. 106-169, 113 Stat. 1822 (1999). Federal funds for independent living initiatives were first made available under the Consolidated Omnibus Budget Reconciliation Act of 1985.

⁵ 42 U.S.C. § 677(2002).

⁶ 42 U.S.C. § 677(b)(2)(C) (2002).

⁷ 42 U.S.C. § 677(b)(2).

⁸ 42 U.S.C. § 677(b)(2)(E).

⁹ In FY 2012, Florida’s Chafee allocation was \$6,130,927 and the ETV allocation was \$2,044,377. U.S. Department of Health and Family Services, Administration on Children, Youth and Families, Children’s Bureau. Program Instruction. ACYF-CB-PI-12-05. (April 11, 2012), available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf>.

¹⁰ U.S. Department of Health and Human Services, Administration for Children and Families, *The John H. Chafee Foster Care Independence Program*. available at http://www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/jh_chafee.htm (last visited March 27, 2013).

living programs.¹¹ Subsequent regulation established the NYTD and requires states to engage in two data collection activities:

- States must collect information on each youth who receives independent living services paid for or provided by the state agency that administers the Chafee Act; and
- States must collect demographic and outcome information on certain youth in foster care who will be followed over time to collect additional outcome information.

This information allows ACF to track which independent living services are provided by states and assess collective outcomes of youths receiving services. Pursuant to regulation, states began collecting data for the NYTD on October 1, 2010, and are required to report data to ACF semiannually.

Florida Foster Care

With the enactment of federal legislation and an increase in available funding, the 2002 Florida Legislature established a new framework for the state's independent living transition services. Florida law requires the provision of services and financial assistance to older children in care and young adults who leave the foster care system at age 18 to help them transition to self-sufficiency.¹²

Section 409.1671, F.S., expresses legislative intent to outsource the provision of foster care and related services statewide. The term "outsource" means to contract with competent, community-based agencies, while the term "related services" includes, but is not limited to, family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, post-placement supervision, permanent foster care, and family reunification.¹³

The DCF is authorized to contract for the delivery, administration, or management of protective services, foster care, and other related services or programs, as appropriate,¹⁴ and such contractors are typically referred to as "community-based care lead agencies" or CBC lead agencies.

Foster care and related services categories include:¹⁵

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families, *The John H. Chafee Foster Care Independence Program*. available at <http://www.acf.hhs.gov/programs/cb/resource/about-nytd?page=all> (last visited March 27, 2013).

¹² The DCF provided independent living services to older youth in foster care prior to the creation of s. 409.1451, F.S., with provisions for those services appearing in a number of sections of the Florida Statutes, including s. 409.145, F.S., relating to care of children (2001), and s. 409.165, F.S., relating to alternative care of children (2001).

¹³ See s. 409.1671(1)(a), F.S.

¹⁴ See s. 409.1671(2)(a), F.S.

¹⁵ Section 409.1451, F.S.

Table 1.

PROGRAM COMPONENTS	SERVICES PROVIDED	AGE GROUP
PRE-INDEPENDENT LIVING	Life skills training, educational field trips and conferences.	13 to 15 years
LIFE SKILLS	Independent living skills training, including training to develop banking and budgeting skills, interviewing skills, parenting skills, and time management or organizational skills, educational support, employment training, and counseling.	15 to 18 years
SUBSIDIZED INDEPENDENT LIVING (SIL)¹⁶	Financial assistance for living arrangements that allow the child to live independently of the daily care and supervision of an adult.	16 to 18 years
AFTERCARE SUPPORT	Housing, electric, water, gas, sewer service, food, mentoring, tutoring, mental health services, substance abuse counseling, life skills classes, parenting classes, job and career skills training, counselor consultations, temporary financial assistance, and financial literacy skills training.	18 to 23 years
PROGRAM COMPONENTS	SERVICES PROVIDED	AGE GROUP
ROAD-TO-INDEPENDENCE PROGRAM	Financial assistance for education.	18 to 23 years
TRANSITIONAL SUPPORT	Financial, housing, counseling, employment, education, mental health, disability, and other services.	18 to 23 years

Outcome Measures and Minimum Standards

The Legislature added requirements for outcome measures and standards for the program that would allow for the effectiveness of IL services to be measured:

- In 2002, the Legislature required the DCF to establish outcome measures for the independent living program.¹⁷
- In response to the DCF’s failure to adopt standards or measures, in 2004 the Legislature directed the Office of Program Policy and Government Accountability (OPPAGA) to recommend minimum standards for the state’s independent living transition services.¹⁸ OPPAGA provided those recommended minimum standards to the DCF in November 2004.¹⁹ The OPPAGA report also emphasized that at a minimum, the success of a provider’s program should be based on how well children in care progress on three major variables: education, life skills, and employment.²⁰ OPPAGA reported that without minimum skills in these three areas, children in care cannot hope to live self-sufficiently.

¹⁶ Subsidized independent living provides an opportunity for youth ages 16-17 to receive a cash subsidy and other services from the DCF, and placement in a living arrangement not required to be licensed and not under the daily care and supervision of an adult. Subsidized independent living arrangements established for a youth must be part of an overall plan leading to total independence from the DCF’s supervision.

¹⁷ Chapter 2002-19, L.O.F.; s. 409.145(6), F.S.

¹⁸ Chapter 2004-362, L.O.F.

¹⁹ Office of Program Policy Analysis and Government Accountability, Florida Legislature, *Improved Fiscal and Quality Oversight Is Needed for the Independent Living Program*, Report No. 04-78. (Nov. 2004), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0478rpt.pdf>.

²⁰ *Id.*

- A subsequent report issued by OPPAGA in 2005 noted that standards had still not been developed and recommended that the DCF develop minimum standards of performance for IL programs and include those standards in contracts with providers.²¹
- In 2006 the Legislature again required the DCF to:
 - Establish minimum standards for independent living transition services for current and former foster youth and incorporate minimum independent living standards into lead agency contracts by July 1, 2007.²²
 - In coordination with CBC lead agencies, develop measures for assessing the effectiveness of lead agency performance in meeting these minimum standards by July 1, 2007.²³
 - Begin monitoring lead agency performance in accordance with these requirements by Fiscal Year 2008-2009.²⁴
- In a 2007 report, OPPAGA noted that the DCF made limited progress on developing minimum standards and some progress on developing outcome measures. OPPAGA again recommended that the DCF develop the required standards and incorporate them into lead agency contracts.²⁵
- The annual report published by the Independent Living Services Advisory Council (ILSAC) in 2008 stated:

In our 2006 report, the ILSAC developed a set of youth outcome measures that we encouraged the DCF to adopt and integrate. It was our expectation, the legislature and the DCF would find elements of the baseline data so alarming that a sense of urgency and call to action would result in the immediate establishment of youth outcome measures and benchmarks in every community based care contract... In the last year, we still have not identified and established Florida's standard of acceptable youth outcome levels; and those acceptable youth outcomes have not been incorporated into the CBC contracts.²⁶

- The DCF's response to the 2007 OPPAGA report indicated that they were revising lead agency contracts to include minimum standards. However, a subsequent report issued by OPPAGA in 2010 stated that the DCF had not established an effective mechanism to ensure that lead agencies meet minimum contract standards and that the DCF failed to establish outcome measures as required by law.²⁷

²¹ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *Improvements in Independent Living Services Will Better Assist State's Struggling Youth*, Report No. 05-61. (Dec. 2005), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0561rpt.pdf>.

²² Chapter 2006-25, Laws of Fla. These standards were to be consistent with, but not limited to, the standards contained in the Office of Program Policy and Analysis and Government Accountability (OPPAGA) Report No. 04-78.

²³ *Id.*

²⁴ *Id.*

²⁵ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *Improved Fiscal and Quality Oversight Is Needed for the Independent Living Program*, Report No. 07-11. (Feb. 2007) available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0711rpt.pdf>.

²⁶ Report of Independent Living Services for Florida's Foster Youth (2008), Independent Living Services Advisory Council. available at <http://centerforchildwelfare2.fmhi.usf.edu/kb/Prgrprac/ILSACreport2008.pdf> (last visited January 10, 2013).

²⁷ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *DCF Has Improved Some Aspects of Independent Living Program Oversight: Other Long-Standing Problems Remain*, Report No. 10-30. (Mar. 2010), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1030rpt.pdf>.

Other OPPAGA Findings

OPPAGA evaluated and examined numerous aspects of the IL program multiple times since 2004. In addition to findings related to outcome measures and minimum standards, OPPAGA reports the following:

- In 2005, OPPAGA evaluated the independent living services program. While the primary focus of the OPPAGA evaluation was on services for young adults formerly in foster care, OPPAGA also sought to determine if the DCF was adequately monitoring the delivery of contracted independent living services.²⁸ OPPAGA concluded that while the DCF's oversight of community based care providers had improved over time, more improvements were needed. Specifically, quality management processes did not ensure that providers were delivering quality services.²⁹
- In 2007 OPPAGA re-evaluated the independent living services program and reported that the DCF needs to improve fiscal oversight to ensure that program resources were being used as intended and in compliance with state and federal guidelines. OPPAGA determined that lack of information hinders the DCF's ability to provide oversight and assess the quality and level of independent living services. As a result, neither the DCF nor the lead agencies could readily determine if children in care receive the required independent living transition services. This also has hindered the ability of the DCF and lead agencies to accurately determine budget needs for serving the IL population.³⁰
- In 2010, OPPAGA found that the DCF broadened its contract monitoring and quality assurance systems to better address key elements of the IL program but continued to lack the ability to track whether youths from age 13 through age 17 received services as required by law.³¹

Findings by the Office of the Auditor General

In the most recent operational audit of the DCF independent living transition services program conducted by the Auditor General, audit findings revealed the following:

- Needs Assessment – The DCF and CBC lead agencies did not require that actual living and educational expenses be utilized as a basis for determining the amounts of the RTI awards made to high school students. The DCF set the amount of the award at the statutory maximum. Additionally, for postsecondary students, the DCF and lead agencies were unable to provide documentation supporting the appropriateness of the amounts of the RTI awards.

²⁸ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *Improvements in Independent Living Services Will Better Assist State's Struggling Youth*, Report No. 05-61. (Dec. 2005), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0561rpt.pdf>.

²⁹ *Id.*

³⁰ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature *Improved Fiscal and Quality Oversight Is Needed for the Independent Living Program*, Report No. 07-11. (February 2007), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0711rpt.pdf>.

³¹ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature *DCF Has Improved Some Aspects of Independent Living Program Oversight: Other Long-Standing Problems Remain*, Report No. 10-30. (Mar. 2010), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1030rpt.pdf>.

- Appropriate Progress – DCF rules and guidelines did not specifically address the type of documentation that would be sufficient to demonstrate appropriate progress by students in GED programs.
- Services and Payments – There were instances where young adults received multiple payments for the same service from multiple programs. Documentation of assessment of need for aftercare support assistance was not always provided. In addition:
 - There was an inappropriate use of transitional support funds for achieving an educational goal;
 - Payments were erroneously coded;
 - Payments were made to ineligible individuals;
 - There were instances where young adults did not meet program eligibility requirements, including instances in which the maximum age limitation was exceeded; and
 - Payments were made in excess of established spending caps.
- Subsidized Independent Living (SIL) – The DCF and lead agencies were unable to provide documentation to support the required number of services worker visitations. In addition, the DCF and applicable lead agencies were unable to provide documentation showing that staffing, assessments, and judicial reviews had been completed.
- Staffing, Assessments, Case Plans – The DCF and lead agencies did not properly conduct or provide supporting documentation showing that staffing, assessments, and case plans for children from age 13 through age 17 had been completed.
- Florida Safe Families Network (FSFN) – The DCF did not require lead agencies to fully utilize the functionality of FSFN specific to the independent living (IL) program although system capabilities were available.
- Monitoring – DCF monitoring efforts were not sufficient to ensure IL program compliance.³²

An operational audit of the independent living transition services program performed by the Auditor General in 2005 at the direction of the Legislature reported almost identical findings.³³

Findings by the Independent Living Services Advisory Council (ILSAC)

When the Florida Legislature established a new framework for Florida’s independent living transition services in 2002, the legislation provided for the creation of an independent living services integration workgroup tasked with assessing the implementation and operation of the redesigned program. ILSAC annual reports are required to be accompanied by a report from the DCF that identifies the recommendations of the workgroup and either describes the DCF’s actions to implement these recommendations or provides the DCF’s rationale for not implementing the recommendations.³⁴

- In its 2006 annual report, the ILSAC acknowledged tremendous strides in the past year. However, the report indicated much more needed to be done to help young people who are out of foster care become successful and productive:

³² Office of the Auditor General. *Operational Audit. Department of Children And Family Services. Independent Living Transition Services Program*. Report No. 2011-176. (Apr. 2011). A follow-up to Report No. 2011-176 is currently in progress.

³³ Office of the Auditor General. *Operational Audit. Department Of Children And Family Services. Independent Living Transition Services Program*. Report No. 2005-119. (Feb. 2005).

³⁴ Section 409.1451, F.S. In 2004, the workgroup became the Independent Living Services Advisory Council.

We have gone on too long without accountability. Every dollar spent on independent living services should have a measurable impact on the quality of the lives for our foster care youth and young adults, especially in the areas of education, employment, housing, financial stability and permanency.³⁵

- Baseline data continue to indicate significant areas of deficit in both youth achievement and community-based care service delivery practice.³⁶
- ILSAC has recommended since 2006 that a program planning and delivery reporting tool be developed for determining the independent living services, outcomes, and fiscal implications of projected and actual delivery of services for youth from age 13 through age 23 for all lead agencies. ILSAC has also recommended establishment of provider accountability through corrective action as part of ongoing quality assurance benchmarks. This would show how young adults in foster care are faring in terms of education, permanency, health care, and employment. Outcomes have been established in lead agency contracts in the past year but are still inadequate in measuring success of youth.³⁷

DCF Report on Outcome Measures and Oversight Activities

The DCF was required to develop outcome measures for the independent living transition services program and other performance measures in order to maintain oversight of the program.³⁸ A required annual report to the Legislature must contain an analysis of performance on the outcome measures reported for each CBC lead agency as compared with the performance of the DCF on the same measures and a description of the DCF's oversight of the program, including, by lead agency, any programmatic or fiscal deficiencies found, corrective actions required, and current status of compliance.³⁹

The DCF's Contract Oversight Unit randomly selected cases of youth eligible to receive IL services and young adults formerly in foster care and conducted a file review to determine if the requirements of Florida law and Florida Administrative Code were met. This included a review of eligibility requirements for these services. Deficiencies in cases or areas of concern with the delivery of independent living services were noted in reports submitted to the DCF's contract managers and DCF leadership. The contract managers determined if the area of deficiency warranted a corrective action plan (CAP). If a CAP was needed, the CBC lead agency was required to develop steps and processes to bring services into compliance with federal regulations, Florida law, Florida Administrative Code, and the contract. The January 2012 report contains the following table (Table 2) summarizing the monitoring of the CBC lead agencies for the 2011 calendar year and the action taken by the DCF to address deficiencies.⁴⁰

³⁵ Independent Living Services Advisory Council. Annual Report. 2006. *available at* http://centerforchildwelfare2.fmhi.usf.edu/kb/indliv/ILSAC_2006report.pdf.

³⁶ *Report of Independent Living Services for Florida's Foster Youth* (2009). Independent Living Services Advisory Council. *available at* <http://centerforchildwelfare2.fmhi.usf.edu/kb/Prprac/ILSACreport09.pdf>.

³⁷ *Report of Independent Living Services for Florida's Foster Youth* (2011). Independent Living Services Advisory Council. *available at* http://centerforchildwelfare2.fmhi.usf.edu/kb/LegislativeMandatedRpts/ILSACreport_2011%20Final.pdf.

³⁸ Section 409.1451(6), F.S.

³⁹ *Id.*

⁴⁰ *Report on Outcome Measures and Oversight Activities of the Independent Living Transition Services Program*. Department of Children and Family Services. (Jan. 2009), *available at* <http://www.dcf.state.fl.us/programs/indliving/docs/2012%20ILSAC%20Report%20final.pdf/>.

Table 2.

CIRCUIT	CBC	IDENTIFIED AREAS OF DEFICIENCY (SPECIFIC TO IL SERVICES)	DCF RESPONSE (SPECIFIC TO IL SERVICES)
3, 8	Partnership for Strong Families	Independent Living requirements were not met	Corrective Action Plan is in place.
4	Family Support Services of North Florida	Some Independent Living requirements were not met	Corrective Action Plan not needed.
4	Clay Baker Kids, Inc.	Some Independent Living requirements were not met	Corrective Action Plan is in place.
7	Family Integrity Program	Some Independent Living requirements were not met	Corrective Action Plan not needed.
11	Our Kids of Miami-Dade-Monroe, Inc.	Some Independent Living requirements were not met	Corrective Action Plan is in place.
17	ChildNet, Inc.	Independent Living requirements were not met	Corrective Action Plan is in place.
19	United for Families	Some Independent Living requirements were not met	Corrective Action Plan is in place.
20	Children’s Network of SW Florida	Independent Living requirements were not met	Corrective Action Plan is in place.

Surveys

To address federal and state requirements, the DCF implemented two surveys to capture data on IL services and outcomes:

- The My Services Review Survey that captures information on services for children from age 13 through age 17; and
- The National Youth in Transition Database Survey that captures data and tracks outcomes on young adults from age 18 through age 22.

My Services Survey Data – Ages 13-17 Spring 2012⁴¹**Table 3.**

EDUCATION	
Foster parents review report cards	76%
Caseworker reviews report cards	69%
Has education and career path	35%
Has changed schools at least once during the school year	47%
HEALTH AND DENTAL CARE	
Receiving needed medical care	86%
Saw a dentist in the last year	86%
Had an eye exam in the last year	68%
NORMALCY	
Can spend time with friends without adult supervision	65%
Can spend the night with friends	45%
Receives a personal allowance each week	53%
Has a driver's license (ages 16-17 years only)	3%
JUVENILE JUSTICE SYSTEM INVOLVEMENT	
Has been arrested in the past 12 months	28%
Is currently on probation or under DJJ supervision	22%

Florida Nation Youth in Transition Survey Data - Ages 18-22 Spring 2012⁴²**Table 4.**

EDUCATION	
Completed grade 12 or GED	57%
Completed post-secondary education	7%
EMPLOYMENT	
Any job – full-time, part-time, temporary, seasonal	19%
HEALTH AND DENTAL CARE	
Has health insurance coverage	86%
Received dental services in the last year	39%
HOUSING AND TRANSPORTATION	
Safe housing	92%
Experienced homelessness	28%
Reliable means of transportation to school and/or work	80%
Have a driver's license	47%
CRIMINAL JUSTICE SYSTEM INVOLVEMENT	
Arrested in the past 12 months	40%

The Fostering Connections to Success and Increasing Adoptions Act

Congress enacted the Fostering Connections to Success and Increasing Adoptions Act⁴³ in 2008 to improve outcomes for children in care and young adults who have aged-out of care by

⁴¹ Department of Children and Families. *available at* <http://www.myflfamilies.com/service-programs/independent-livingarchive-data>.

⁴² *Id.*

⁴³ Pub. Law No.110-351, H.R. 6893, 110th Cong. (Oct. 7, 2008).

promoting permanent families for them through relative guardianship and adoption and by improving educational stability and quality coordinated health care. Specifically, this law:

- Promotes permanent families for children in care with relatives by:
 - Providing notice to relatives when a child enters care;
 - Providing subsidized guardianship payments for relatives; and
 - Waiving certain licensing standards for relatives;
- Promotes permanent families for children with adoptive families by increasing opportunities for more children with special needs to receive federally-supported adoption assistance; and
- Improves outcomes for children in care by:
 - Allowing children who turn 18 in care without permanent families to remain in care, at a state's option, to age 19, 20, or 21 with continued federal support to increase their opportunities for success as they transition to adulthood;
 - Helping children in care achieve educational goals by requiring that states ensure that they attend school and, when placed in care, remain at the same school when appropriate, or when a move is necessary, get help transferring promptly to a new school; and
 - Helping improve health care for children in care by requiring the state child welfare agency to work with the state Medicaid agency to create a plan to better coordinate health care for these children in order to ensure appropriate screenings, assessments, and follow-up treatment, and to ensure sharing of critical information with appropriate providers and oversight of prescription medications.⁴⁴

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) is a statewide initiative that is a joint project of the Youth Law Center, the DCF, CBC lead agencies, and the Eckerd Family Foundation. The QPI is designed to promote quality care for children in foster care by redefining the expectations and roles of foster parents. The QPI was developed to ensure that every child removed from the home because of abandonment, abuse, or neglect is cared for by a foster family that provides skilled, nurturing parenting while helping the child maintain connections with his or her family. The foster family works closely with child welfare agencies, case workers, courts, attorneys, and others to protect the child's best interests.⁴⁵

One of the key ways the QPI supports these foster families is by providing in-depth training to help them manage challenges. These may be routine events, like appearing in court, or more complex problems like helping a child transition home, coping with behavioral problems, or advocating for special education services. The training also helps families to better understand any information they were given about the child at the time of placement so they can be proactive in advocating for the child and getting the right assistance.⁴⁶

An Internet-based learning project connects foster parents with trainers who can answer their questions and give them a framework for dealing with these challenges. The project coordinator

⁴⁴ Center for Law and Social Policy. *Fostering Connections To Success And Increasing Adoptions Act*. available at http://www.clasp.org/admin/site/publications/files/FINAL_FCSIAA_LongSummary.pdf

⁴⁵ Quality Parenting Initiative. Center for Child Welfare. available at <http://qipflorida.cbcs.usf.edu/pages/About/About.html> (last visited March 27, 2013).

⁴⁶ *Id.*

will receive requests for training and will quickly identify individuals who are available to provide that training. These may be subject matter experts, like doctors, psychologists, lawyers, or teachers. Or they may be practice experts like other foster parents who have successfully dealt with the same situation.⁴⁷

Normalcy

Each year, approximately 30,000 children in foster care age-out of the foster care system nationwide, typically at 18 years of age. This number has risen steadily in the past decade.⁴⁸ In Florida, an average of 1,290 children aged-out of care over the past three years.⁴⁹ These are young adults who experienced significant psychological trauma during their formative years, including being neglected and/or abused, being separated from their homes, friends, families, and most things familiar to them.

The foster care system, which has historically focused on safety and concerns about liability, can create barriers to the normalcy of a child's experiences growing up, causing children in care to miss out on many rites of passage common to their peers.⁵⁰ Getting a first job, participating in sports, going camping with friends, and even going to the prom are all examples of activities that, while may be a normal part of growing up for most children and teenagers, are not always readily available to many foster youth.⁵¹

These problems are often compounded for children in care who live their teen years in group homes. They often do not benefit from normal growing-up experiences which help prepare children and youth for adult life that many children take for granted, such as seeing an adult pay bills each month, do the laundry, buy groceries, pay taxes, arrange for car insurance, or undertake the dozens of other mundane tasks required to run a household.⁵²

Administration of Independent Living Transition Services

The DCF and CBC lead agencies are responsible for dependency proceedings and managing and providing child protection, foster care, and adoption services. Foster care services include a range of independent living services. Section 409.1451, F.S., requires the DCF to adopt by rule procedures to administer the independent living transition services program, including balancing the goals of normalcy and safety for children and providing caregivers with as much flexibility as possible to enable a child to participate in normal life experiences. The current rule, relating to licensed out of home caregiver roles, provides that:

⁴⁷ *Id.*

⁴⁸ Congressional Coalition on Adoption Institute. Fact Sheet. (2011), available at <http://www.ccaainstitute.org/why-we-do-it/facts-and-statistics.html> (last visited Jan. 28, 2013).

⁴⁹ Provided as part of a data request from Senate Children, Families, and Elder Affairs staff to the Department of Children and Families. Response received on Dec. 21, 2012.

⁵⁰ Martha Shirk and Gary Stangler, *On Their Own*, Basic Books (2004).

⁵¹ *Id.*

⁵² First Star and Children's Advocacy Institute of the University of San Diego School of Law. *The Fleecing of Foster Children: How We Confiscate Their Assets and Undermine Their Financial Security*. (2011). available at http://www.caichildlaw.org/Misc/Fleecing_Report_Final_HR.pdf (last visited Jan. 28, 2013).

- Children in licensed out-of-home care shall be afforded every opportunity for social development, recreation, and normalization of their lives. Children in licensed out of home care may attend overnight or planned outings if such activities are determined to be safe and appropriate by the licensed out-of-home caregiver. The services worker must be notified of the activity.
- The licensed out of home caregiver may allow foster children to experience circumstances without adult supervision depending on the child's age, maturity, and ability to make appropriate decisions. The licensed out of home caregiver must be prudent and conscientious about circumstances where the child is granted independence, including trips to the movies, mall, athletic events, and work.
- Overnight trips exceeding one night must be approved by the child's services worker and must not interfere with visitation schedules.
- Background checks for dating and outings, such as school field trips, Cub Scout camp-outs, and activities with friends, families, school, and church groups, are not necessary for participation in normal school or community activities.⁵³

The DCF has proposed changes to the rule relating to licensed out of home caregiver roles. However, these changes do not appear to substantively change provisions relating to normalcy. In addition, former secretaries and the current secretary of the DCF have issued memoranda requiring CBC lead agencies and their providers to implement policies related to normalcy.⁵⁴ In general, foster teens continue to report that the effort to establish a more normal living environment is still lagging.⁵⁵

III. Effect of Proposed Changes:

The bill creates an option for young adults who have not found permanency before turning 18 years of age to remain in care up to the age of 21 in order to finish high school, earn a GED, pursue postsecondary education, or begin a career. The bill also restructures the Road-To-Independence Program, strengthens the role and authority of foster parents and group home parents, and codifies the concept of normalcy for children in care. Specifically, the bill provides the following:

Section 1 of the bill amends s. 39.013, F.S., to give circuit courts jurisdiction of any child found to be dependent until the child reaches 21 years of age, unless the young adult chooses to leave foster care upon turning 18 years old or the young adult becomes ineligible for foster care, among other exceptions in current law.

Section 2 of the bill creates s. 39.6035, F.S., which requires the creation of a transition plan after the 17th birthday of a child in foster care that will be reviewed and updated as necessary until the child leaves care. The transition plan must address specific options for the child to use in obtaining services, including housing, health insurance, education, workforce support, and

⁵³ Rule 65C-13.029, F.A.C.

⁵⁴ See Memorandum from Lucy Hadi dated Aug. 31, 2005, Memorandum from George Sheldon dated Sept. 3, 2010, and Memorandum from David Wilkins dated Jan. 20, 2012. (on file with the Senate Children, Families, and Elder Affairs Committee).

⁵⁵ Independent Living Services Advisory Council, Annual Report, 2012.

employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services.

Section 3 of the bill creates s. 39.6251, F.S., which:

- Defines “child” as an individual who has not attained 21 years of age;
- Defines “young adult” as an individual who has attained 18 years of age but who has not attained 21 years of age;
- Provides that a child who is living in licensed care on his or her 18th birthday and who has not achieved permanency under s. 39.621, F.S., is eligible to remain in licensed care if he or she is:
 - Completing secondary education or a program leading to an equivalent credential;
 - Enrolled in an institution that provides postsecondary or vocational education;
 - Participating in a program or activity designed to promote or eliminate barriers to employment;
 - Employed for at least 80 hours per month; or
 - Unable to participate in programs or activities listed above full time due to a physical, intellectual, emotional, or psychiatric condition that limits participation;
- Requires a young adult choosing to remain in care beyond age 18 to reside in a supervised living environment, approved by the DCF or a CBC lead agency as a setting consistent with the young adult’s needs and goals for education, health care, permanency, and independent living, which may include:
 - A licensed foster home;
 - A licensed group home;
 - A college dormitory;
 - Shared housing; or
 - An apartment;
- Requires 24-hour crisis intervention and support to be available for a young adult choosing to remain in care beyond age 18;
- Provides that eligibility for a young adult to remain in extended foster care ends on the earliest of the dates that the young adult:
 - Reaches 21 years of age, or, in the case of a young adult with a disability, reaches 22 years of age;
 - Leaves care to live in a permanent home consistent with his or her permanency plan; or
 - Knowingly and voluntarily withdraws his or her consent to participate in extended foster care;
- Provides that a young adult who has voluntarily withdrawn from extended care may return to care by applying to a CBC lead agency for readmission;
- Requires a CBC lead agency to provide regular case management reviews that ensure contact with a case manager at least monthly while a young adult participates in extended foster care;
- Provides that the court with jurisdiction over the young adult’s dependency prior to extended foster care will maintain jurisdiction during extended foster care to ensure that the DCF and lead agencies are providing services and coordinating with other agencies involved in implementing the young adult’s case plan, education plan, and transition plan;
- Requires the court to review the young adult’s status at least every six months and hold a permanency hearing at least annually;
- Authorizes the court to appoint a guardian ad litem with the young adult’s consent; and

- Requires the DCF to establish a procedure for a young adult to appeal a determination of non-eligibility for extended foster care made by a CBC lead agency.

Section 4 of the bill amends s. 39.701, F.S., to revise provisions relating to judicial review of child dependency cases by establishing specific parameters for judicial review involving 17-year-olds, in addition to general parameters for judicial review of cases involving all children under 18 years of age.

Section 5 of the bill amends s. 409.145, F.S., to codify the concept that quality parenting is a core function of the system of care required of the DCF. The bill recognizes the effectiveness of the Quality Parenting Initiative in Florida by:

- Relieving caseworkers of many responsibilities associated with independent living services for children from age 13 through age 17, transferring those duties to the foster parents and group home parents, and eliminating the need to contract for those services;
- Providing requirements and expectations for foster parents and group home parents and providers;
- Providing requirements and expectations for the DCF, CBC lead agencies, and their providers;
- Requiring adequate training and support for foster parents, inclusion of foster parents in a full and equal respectful partnership with other participants in the child welfare system, and authority to assist in meeting the goals of the child and the family;
- Requiring the same education, training, background, and other screening requirements for group home staff as foster parents; and
- Codifying the room and board rates for foster parents and providing for an annual cost of living adjustment.

The bill requires specific information about a child to be shared with foster parents and group home parents and provides requirements related to transitioning a child from one placement to another.

The bill makes numerous changes relating to normalcy for children in foster care, including:

- Providing legislative findings and intent that recognize the importance of normalizing the lives of children in foster care;
- Providing definitions for the terms “age-appropriate,” “caregiver,” and “reasonable and prudent parent standard;”
- Requiring verification by the DCF and the CBC lead agencies that private providers have policies in place promoting and protecting the concept of normalcy;
- Establishing a reasonable and prudent parent standard of care and provides for application of the standard;
- Protecting caregivers who apply the reasonable and prudent parent standard from liability; and
- Eliminating the current requirements to develop a normalcy plan and quarterly updates for children in foster care and replacing them with an assessment of normalcy goals and objectives at each judicial review.

Section 6 of the bill amends s. 409.1451, F.S., with substantial rewording of the section, to restructure the RTI program to accommodate the differing needs of young adults who either remain in foster care or leave in pursuit of a postsecondary skill, trade, or higher education.

Under the bill, a young adult is eligible for RTI services and support under the bill if he or she:

- Was living in licensed care on his or her 18th birthday or is currently living in licensed care, or was at least 16 years of age and was adopted from foster care or placed with a court-approved dependency guardian after spending at least six months in licensed care within the 12 months immediately preceding placement or adoption;
- Spent at least six months in licensed care before reaching his or her 18th birthday;
- Earned a standard high school diploma or its equivalent;
- Has been admitted to an eligible postsecondary educational institution based on Florida Bright Futures Scholarship Program standards;⁵⁶
- Is between 18 and 22 years old;
- Has applied, with assistance from a caregiver and community-based lead agency, for any other eligible grants and scholarships;
- Has submitted a Free Application for Federal Student Aid (FAFSA) form which is complete and error-free; and
- Has signed an agreement to give the DCF and the CBC lead agency access to school records.

The amount of financial assistance provided for pursuing postsecondary education depends on whether a young adult remains in care and whether he or she continues to live in a licensed foster home, licensed group home, or another supervised living arrangement:

- For a young adult who does not remain in foster care and is attending a postsecondary school, the amount is \$1,256 monthly.
- For a young adult who remains in foster care, and continues to reside in a licensed foster home, the amount is the established room and board rate for foster parents.
- For a young adult who remains in foster care, but temporarily resides away from a licensed foster home to attend a postsecondary school, the amount is \$1,256 monthly, which takes the place of the foster care room and board payment.
- For a young adult who remains in foster care, is attending a postsecondary school, and continues to reside in a licensed group home, the amount is negotiated between the CBC lead agency and the licensed group home provider.
- For a young adult who remains in foster care, but temporarily resides away from a licensed group home for purposes of attending a postsecondary school, the amount is \$1,256 monthly, which takes the place of a negotiated room and board rate.

A young adult is eligible to receive financial assistance while enrolled in a postsecondary educational institution.

Payment of financial assistance for a young adult who is not in foster care and is attending a postsecondary school, is made to the CBC lead agency in order to secure housing and utilities, with the balance paid directly to the young adult until the lead agency and the young adult

⁵⁶ Section 1009.533, F.S., defines an eligible postsecondary institution as a state public university, a college system institution, a career center, or a private college, university, or institution with certain accreditation.

determine that the young adult can successfully manage the full amount of the assistance. Payment of financial assistance for a young adult who remains in extended foster care and is attending postsecondary school, is made directly to the foster parent or group home provider.

The bill provides for aftercare services for young adults who have chosen not to remain in foster care after reaching 18 years of age and who are not receiving financial assistance under this program to pursue postsecondary education. Aftercare services include, but are not limited to, the following:

- Mentoring and tutoring;
- Mental health services and substance abuse counseling;
- Life skills classes, including credit management and preventive health activities;
- Parenting classes;
- Job and career skills training;
- Counselor consultations;
- Temporary financial assistance for emergency situations; and
- Financial literacy skills training.

A young adult from age 18 through age 22 who leaves foster care at 18 years of age may request services before reaching 23 years of age. The bill provides for portability of services and support for children and young adults who relocate within the state and provides for a transition for those young adults who entered the program under current law.

Section 7 of the bill amends s. 409.175, F.S., related to the licensure of family foster homes, to include young adults participating in extended foster care in the total number of children placed in a home.

Section 8 of the bill amends s. 409.903, F.S., related to Medicaid payments, to revise a statutory reference to conform to other changes in the bill.

Section 9 of the bill creates a non-statutory provision of law to require collaboration between the DCF and colleges and universities for an educational support program for young adults who are or have been in the foster care system.

Section 10 of the bill creates a non-statutory provision of law requiring that, effective October 1, 2013, a child or young adult who is participating in the RTI program may continue in the program as it exists through December 31, 2013. Effective January 1, 2014, a child or young adult participating in the program must transfer to RTI services as altered under the bill and his or her monthly stipend may not be reduced, the stipend's method of payment may not be changed, and a young adult participating in the program may not be required to change his or her living arrangement. These conditions will remain in effect until the participant ceases to meet the eligibility requirements under which he or she entered the program. A child or young adult applying or reapplying for the program on or after October 1, 2013, is eligible for program services as altered under the bill.

Section 11 of the bill creates a non-statutory provision of law to require that a special category in the General Appropriations Act be created and that the following costs be paid from that special category:

- The costs of foster care payments for children in care from age 18 until age 21; and
- The costs of IL program services for qualified former foster care children until age 23.

Section 12 of the bill provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will require termination or non-renewal of most, if not all, of the contracts between CBC lead agencies and providers for IL services for children from age 13 through age 17.

The bill also has the potential to reduce the workload of caseworkers and IL case managers which could either result in those staff having more time to spend on other duties or a reduction in the number of those positions.

The bill may result in an increased cost of staff training for providers that operate group homes, particularly those using a shift care model.

C. Government Sector Impact:

The fiscal impact of the bill to the state will be determined by individual choices young adults in the foster care system make and the types of services they may require. The main choices young adults in foster care will make are whether to stay in care and whether to pursue postsecondary education. Over the last three years, an average of 1,290 young adults left foster care at age 18. Table 5 below shows the estimated fiscal impact to the overall costs of foster care services if *all* young adults in the foster care system

decided at age 18 to stay in care. The costs shown are estimates of expenditures by the CBC lead agencies that serve this group.

Table 5.

ALL YOUNG ADULTS STAY IN CARE	FY 2011-12 EXPENDITURES	EFFECT OF BILL	ESTIMATED ANNUAL COSTS	NOTES
IL Case Mtg./Life Skills Training	13,066,982	(7,936,848)	5,130,134	No IL case mgt./Life Skills Training costs for youth age 13-17. Remaining costs are for IL case mgt. for grandfathered youth.
Subsidized IL	276,761	(276,761)		No more subsidized living.
Aftercare Services	628,794	(628,794)		No aftercare needed as all young adults stay in care.
Transitional Support Services	5,208,321	(5,208,321)		All stay in care, no transition support until 18 years olds reach 21.
RTI Stipends	29,858,300	(9,808,128)	20,050,172	55% of current RTI participants are completing high school with an average payment of \$1,152/month. Of 1,290 young adults reaching age 18, 710 (55%) would be ineligible for RTI due to not completing high school. Reduced costs = 710*\$1,152*12. Remaining costs for grandfathered young adults.
RTI/room and board for new eligible young adults	N/A	14,969,315	14,969,315	1,290 young adults at \$515 per month for foster care, \$1,256 for group home care. Used ratio of 61/39, group care to foster care.
Case mgt. for 18-20 year olds	N/A	3,234,030	3,234,030	Current cost of case mgt. for IL for 18-23 year olds is \$2,507 per year. \$2,507 per client per year for 1,290 young adults.
TOTAL	49,039,158	(5,655,507)	43,383,651	

Table 6 shows the estimated fiscal impact of the bill if *half* of the estimated 1,290 young adults in foster care choose to remain in foster care.

Table 6.

HALF OF YOUNG ADULTS STAY IN CARE	FY 2011-12 EXPENDITURES	EFFECT OF BILL	ESTIMATED ANNUAL COSTS	NOTES
IL Case Mtg./Life Skills Training	13,066,982	(7,936,848)	5,130,134	No IL case mgt./Life Skills Training costs for youth age 13-17. Remaining costs are for IL case mgt. for grandfathered youth.
Subsidized IL	276,761	(276,761)		No more subsidized living.
Aftercare Services	628,794	(314,397)	314,397	Services reduced by half to reflect half of formerly aging out youth staying in care.
Transitional Support Services	5,208,321	(2,604,161)	2,604,161	Services reduced by half to reflect half of formerly aging out youth staying in care.
RTI Stipends	29,858,300	(9,808,128)	20,050,172	55% of current RTI participants are completing high school with an average payment of \$1,152/month. Of 1,290 young adults reaching age 18, 710 (55%) would be ineligible for RTI due to not completing high school. Reduced costs = 710*\$1,152*12. Remaining costs for grandfathered young adults.
RTI/room and board for new eligible young adults	N/A	11,859,305	11,859,305	Cost for 645 young adults in care is \$7.5 m. \$515 per month for foster care, \$1,256 for group home care. Used ratio of 61/39, group care to foster care. Cost for 645 leaving care is \$4.3 m, estimated 45% will qualify for RTI at \$1,256 per month.
Cast mgt. for 18-20 year olds	N/A	1,617,015	1,617,015	Current cost of case mgt. for IL for 18-23 year olds is \$2,507 per year. \$2,507 per client per year for 645 young adults.
TOTAL	49,039,158	(7,463,975)	41,575,184	

Table 7 shows the estimated fiscal impact if *none* of the 1,290 young adults in foster care decide to stay in care. Costs will be incurred for some of these young adults as they would qualify for the RTI program. Others leaving care may need transitional support.

Table 7.

NONE OF YOUNG ADULTS STAY IN CARE	FY 2011-12 EXPENDITURES	EFFECT OF BILL	ESTIMATED ANNUAL COSTS	NOTES
IL Case Mtg./Life Skills Training	13,066,982	(7,936,848)	5,130,134	No IL case mgt./Life Skills Training costs for youth age 13-17. Remaining costs are for IL case mgt. for grandfathered youth.
Subsidized IL	276,761	(276,761)		No more subsidized living.
Aftercare Services	628,794		628,794	Costs remain same.
Transitional Support Services	5,208,321	4,400,190	9,608,511	All 1,290 leave care. Cost is \$3,411 per year per client (1,290*\$3,411).
RTI Stipends	29,858,300	(9,808,128)	20,050,172	55% of current RTI participants are completing high school with an average payment of \$1,152/month. Of 1,290 young adults reaching age 18, 710 (55%) would be ineligible for RTI due to not completing high school. Reduced costs = 710*\$1,152*12. Remaining costs for grandfathered young adults.
RTI/room and board for new eligible young adults	N/A	8,741,760	8,741,760	45% of 1,290 18 year olds would be eligible for RTI at a cost of \$1,256 per month. (580*\$1,256)*12.
Cast mgt. for 18-20 year olds	N/A	1,454,060	1,454,060	\$2,507 per client for case mgt. for 45% of 1,290 who would qualify for RTI (580).
TOTAL	49,039,158	(3,425,727)	45,613,431	

Finally, to account for inflation, the bill requires an increase in dollar amount based on the annual consumer price index of foster care payments to licensed foster homes. The DCF reports that in Fiscal Year 2011-2012, \$47,608,375 was spent on foster home room and board payments. According to the U.S. Department of Labor’s Bureau of Labor Statistics, the most recent consumer price index for the south region was 1.7 percent. Using this figure, the cost of increasing foster care payments for the first year of the bill is \$404,671. The increase would begin on January 1, 2014. A full year cost for such an adjustment would be \$809,342.

IL expenditures total about \$149 million annually, which exceeds the authorized budget for CBC lead agencies to spend on IL services by about \$20 million. The excessive cost is absorbed each year by the CBC lead agencies. Reducing IL costs would not necessarily result in a reduction to CBC lead agency expenditures but would likely reduce the

amount of excessive spending on IL services, possibly providing more flexibility for funding other critical needs.

To the extent that more 18-to-20-year-old foster children stay in care, the court may see an increase in the number of judicial review hearings.⁵⁷

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

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

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁵⁷ Office of the State Courts Administrator, *2013 Judicial Impact Statement* (March 11, 2013).

By the Committee on Children, Families, and Elder Affairs

586-01714A-13

20131036__

1 A bill to be entitled
 2 An act relating to independent living; amending s.
 3 39.013, F.S.; providing that when the court obtains
 4 jurisdiction over a child who has been found to be
 5 dependent, the court retains jurisdiction until the
 6 child reaches 21 years of age; providing exceptions;
 7 creating s. 39.6035, F.S.; requiring the Department of
 8 Children and Families, the community-based care
 9 provider, and others to assist a child in developing a
 10 transition plan after the child reaches 17 years of
 11 age and requiring a meeting to develop the plan;
 12 specifying requirements and procedures for the
 13 transition plan; requiring periodic review of the
 14 transition plan; requiring the court to approve the
 15 transition plan before the child leaves foster care
 16 and the court terminates jurisdiction; creating s.
 17 39.6251, F.S.; providing definitions; providing that a
 18 young adult may remain in foster care under certain
 19 circumstances after attaining 18 years of age;
 20 specifying criteria for extended foster care;
 21 providing that the permanency goal for a young adult
 22 who chooses to remain in care is transition from care
 23 to independent living; specifying dates for
 24 eligibility for a young adult to remain in extended
 25 foster care; providing for supervised living
 26 arrangements in extended foster care; authorizing a
 27 young adult to return to foster care under certain
 28 circumstances; specified services that must be
 29 provided to the young adult; directing the court to

Page 1 of 51

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-01714A-13

20131036__

30 retain jurisdiction and hold review hearings; amending
 31 s. 39.701, F.S.; revising judicial review of foster
 32 care cases; making technical changes; providing
 33 criteria for review hearings for children younger than
 34 18 years of age; providing criteria for review
 35 hearings for children 17 years of age; requiring the
 36 department to verify that the child has certain
 37 documents; requiring the department to update the case
 38 plan; providing for review hearings for young adults
 39 in foster care; amending s. 409.145, F.S.; requiring
 40 the department to develop and implement a system of
 41 care for children in foster care; specifying the goals
 42 of the foster care system; requiring the department to
 43 assist foster care caregivers to achieve quality
 44 parenting; specifying the roles and responsibilities
 45 of caregivers, the department, and others; providing
 46 for transition from a caregiver; requiring information
 47 sharing; providing for the adoption and use of a
 48 "reasonable and prudent parent" standard; defining
 49 terms; providing for the application for the standard
 50 of care; providing for limiting liability of
 51 caregivers; specifying foster care room and board
 52 rates; directing the department to adopt rules;
 53 deleting obsolete provisions; amending s. 409.1451,
 54 F.S.; providing for the Road-to-Independence program;
 55 providing legislative findings and intent; providing
 56 for postsecondary services and supports; specifying
 57 aftercare services; providing for appeals of a
 58 determination of eligibility; providing for

Page 2 of 51

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

586-01714A-13

20131036__

59 portability of services across county lines and
 60 between lead agencies; providing for accountability;
 61 creating the Independent Living Services Advisory
 62 Council; providing for membership and specifying the
 63 duties and functions of the council; requiring reports
 64 and recommendations; directing the department to adopt
 65 rules; amending s. 409.175; allowing for young adults
 66 remaining in care to be considered in total number of
 67 children placed in a foster home; amending s. 409.903,
 68 F.S.; conforming a cross-reference; directing the
 69 Department of Children and Families to work in
 70 collaboration with the Board of Governors, the Florida
 71 College System, and the Department of Education to
 72 help address the need for a comprehensive support
 73 structure in the academic arena to assist young adults
 74 who have been or remain in the foster care system;
 75 providing for a transfer of services; providing for
 76 foster care services to be paid from a special
 77 category in the General Appropriations Act; providing
 78 an effective date.

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

81
 82 Section 1. Subsection (2) of section 39.013, Florida
 83 Statutes, is amended to read:

84 39.013 Procedures and jurisdiction; right to counsel.—

85 (2) The circuit court has exclusive original jurisdiction
 86 of all proceedings under this chapter, of a child voluntarily
 87 placed with a licensed child-caring agency, a licensed child-

586-01714A-13

20131036__

88 placing agency, or the department, and of the adoption of
 89 children whose parental rights have been terminated under this
 90 chapter. Jurisdiction attaches when the initial shelter
 91 petition, dependency petition, or termination of parental rights
 92 petition, or a petition for an injunction to prevent child abuse
 93 issued pursuant to s. 39.504, is filed or when a child is taken
 94 into the custody of the department. The circuit court may assume
 95 jurisdiction over any such proceeding regardless of whether the
 96 child was in the physical custody of both parents, was in the
 97 sole legal or physical custody of only one parent, caregiver, or
 98 some other person, or was not in the physical or legal custody
 99 of any person when the event or condition occurred that brought
 100 the child to the attention of the court. When the court obtains
 101 jurisdiction of any child who has been found to be dependent,
 102 the court shall retain jurisdiction, unless relinquished by its
 103 order, until the child reaches 21 ~~18~~ years of age, with the
 104 following exceptions:

105 (a) If a young adult chooses to leave foster care upon
 106 reaching 18 years of age.

107 (b) If a young adult does not meet the eligibility
 108 requirements to remain in foster care under s. 39.6251.

109 (c) ~~However,~~ If a young adult ~~youth~~ petitions the court at
 110 any time before his or her 19th birthday requesting the court's
 111 continued jurisdiction, the juvenile court may retain
 112 jurisdiction under this chapter for a period not to exceed 1
 113 year following the young adult's ~~youth's~~ 18th birthday for the
 114 purpose of determining whether appropriate ~~aftercare support,~~
 115 ~~Road-to-Independence Program, transitional support, mental~~
 116 health, and developmental disability services, that were

586-01714A-13 20131036

117 ~~required to be provided to the young adult before reaching 18~~
 118 ~~years of age, to the extent otherwise authorized by law, have~~
 119 ~~been provided to the formerly dependent child who was in the~~
 120 ~~legal custody of the department immediately before his or her~~
 121 ~~18th birthday.~~

122 (d) If a petition for special immigrant juvenile status and
 123 an application for adjustment of status have been filed on
 124 behalf of a foster child and the petition and application have
 125 not been granted by the time the child reaches 18 years of age,
 126 the court may retain jurisdiction over the dependency case
 127 solely for the purpose of allowing the continued consideration
 128 of the petition and application by federal authorities. Review
 129 hearings for the child shall be set solely for the purpose of
 130 determining the status of the petition and application. The
 131 court's jurisdiction terminates upon the final decision of the
 132 federal authorities. Retention of jurisdiction in this instance
 133 does not affect the services available to a young adult under s.
 134 409.1451. The court may not retain jurisdiction of the case
 135 after the immigrant child's 22nd birthday.

136 Section 2. Section 39.6035, Florida Statutes, is created to
 137 read:

138 39.6035 Transition plan.-

139 (1) During the 180-day period after a child reaches 17
 140 years of age, the department and the community-based care
 141 provider, in collaboration with the caregiver and any other
 142 individual whom the child would like to include, shall assist
 143 the child in developing a transition plan. The required
 144 transition plan is in addition to standard case management
 145 requirements. The transition plan must address specific options

586-01714A-13 20131036

146 for the child to use in obtaining services, including housing,
 147 health insurance, education, and workforce support and
 148 employment services. The plan must also consider establishing
 149 and maintaining naturally occurring mentoring relationships and
 150 other personal support services. The transition plan may be as
 151 detailed as the child chooses. In developing the transition
 152 plan, the department and the community-based provider shall:

153 (a) Provide the child with the documentation required
 154 pursuant to s. 39.701(7); and

155 (b) Coordinate the transition plan with the independent
 156 living provisions in the case plan and, for a child with
 157 disabilities, the Individuals with Disabilities Education Act
 158 transition plan.

159 (2) The department and the child shall schedule a time,
 160 date, and place for a meeting to assist the child in drafting
 161 the transition plan. The time, date, and place must be
 162 convenient for the child and any individual whom the child would
 163 like to include. This meeting shall be conducted in the child's
 164 primary language.

165 (3) The transition plan shall be reviewed periodically with
 166 the child, the department, and other individuals of the child's
 167 choice and updated when necessary before each judicial review so
 168 long as the child or young adult remains in care.

169 (4) If a child is planning to leave care upon reaching 18
 170 years of age, the transition plan must be approved by the court
 171 before the child leaves care and the court terminates
 172 jurisdiction.

173 Section 3. Section 39.6251, Florida Statutes, is created to
 174 read:

586-01714A-13

20131036__

175 39.6251 Continuing care for young adults.-

176 (1) As used in this section, the term "child" means an
 177 individual who has not attained 21 years of age, and the term
 178 "young adult" means an individual who has attained 18 years of
 179 age but who has not attained 21 years of age.

180 (2) The primary goal for a child in care is permanency. A
 181 child who is living in licensed care on his or her 18th birthday
 182 and who has not achieved permanency under s. 39.621, is eligible
 183 to remain in licensed care under the jurisdiction of the court
 184 and in the care of the department. A child is eligible to remain
 185 in licensed care if he or she is:

186 (a) Completing secondary education or a program leading to
 187 an equivalent credential;

188 (b) Enrolled in an institution that provides postsecondary
 189 or vocational education;

190 (c) Participating in a program or activity designed to
 191 promote or eliminate barriers to employment;

192 (d) Employed for at least 80 hours per month; or

193 (e) Unable to participate in programs or activities listed
 194 in (a)-(d) full time due to a physical, intellectual, emotional,
 195 or psychiatric condition that limits participation. Any such
 196 barrier to participation must be supported by documentation in
 197 the child's case file or school or medical records of a
 198 physical, intellectual, or psychiatric condition that impairs
 199 the child's ability to perform one or more life activities.

200 (3) The permanency goal for a young adult who chooses to
 201 remain in care is transition from licensed care to independent
 202 living.

203 (4)(a) The young adult must reside in a supervised living

586-01714A-13

20131036__

204 environment that is approved by the department or a community-
 205 based care lead agency. The young adult shall live
 206 independently, but in an environment in which he or she is
 207 provided supervision, case management, and supportive services
 208 by the department or lead agency. Such an environment must offer
 209 developmentally appropriate freedom and responsibility to
 210 prepare the young adult for adulthood. For the purposes of this
 211 subsection, a supervised living arrangement may include a
 212 licensed foster home, licensed group home, college dormitory,
 213 shared housing, apartment, or another housing arrangement if the
 214 arrangement is approved by the community-based care lead agency
 215 and is acceptable to the young adult, with first choice being a
 216 licensed foster home. A young adult may continue to reside with
 217 the same licensed foster family or group care provider with whom
 218 he or she was residing at the time he or she reached the age of
 219 18 years.

220 (b) Before approving the residential setting in which the
 221 young adult will live, the department or community-based care
 222 lead agency must ensure that:

223 1. The young adult will be provided with a level of
 224 supervision consistent with his or her individual education,
 225 health care needs, permanency plan, and independent living goals
 226 as assessed by the department or lead agency with input from the
 227 young adult. Twenty-four hour on-site supervision is not
 228 required, however, 24-hour crisis intervention and support must
 229 be available.

230 2. The young adult will live in an independent living
 231 environment that offers, at a minimum, life skills instruction,
 232 counseling, educational support, employment preparation and

586-01714A-13

20131036__

233 placement, and development of support networks. The
 234 determination of the type and duration of services shall be
 235 based on the young adult's assessed needs, interests, and input
 236 and must be consistent with the goals set in the young adult's
 237 case plan.

238 (5) Eligibility for a young adult to remain in extended
 239 foster care ends on the earliest of the dates that the young
 240 adult:

241 1. Reaches 21 years of age or, in the case of a young adult
 242 with a disability, reaches 22 years of age;

243 2. Leaves care to live in a permanent home consistent with
 244 his or her permanency plan; or

245 3. Knowingly and voluntarily withdraws his or her consent
 246 to participate in extended care. Withdrawal of consent to
 247 participate in extended care shall be verified by the court
 248 pursuant to s. 39.701, unless the young adult refuses to
 249 participate in any further court proceeding.

250 (6) A young adult who is between the ages of 18 and 21 and
 251 who has left care may return to care by applying to the
 252 community-based care lead agency for readmission. The community-
 253 based care lead agency shall readmit the young adult if he or
 254 she continues to meet the eligibility requirements in this
 255 section.

256 (a) The department shall develop a standard procedure and
 257 application packet for readmission to care to be used by all
 258 community-based care lead agencies.

259 (b) Within 30 days after the young adult has been
 260 readmitted to care, the community-based care lead agency shall
 261 assign a case manager to update the case plan and the transition

586-01714A-13

20131036__

262 plan and to arrange for the required services. Such activities
 263 shall be undertaken in consultation with the young adult. The
 264 department shall petition the court to reinstate jurisdiction
 265 over the young adult.

266 (7) During each period of time that a young adult is in
 267 care, the community-based lead agency shall provide regular case
 268 management reviews that must include at least monthly contact
 269 with the case manager. If a young adult lives outside the
 270 service area of his or her community-based care lead agency,
 271 monthly contact may occur by telephone.

272 (8) During the time that a young adult is in care, the
 273 court shall maintain jurisdiction to ensure that the department
 274 and the lead agencies are providing services and coordinate
 275 with, and maintain oversight of, other agencies involved in
 276 implementing the young adult's case plan, individual education
 277 plan, and transition plan. The court shall review the status of
 278 the young adult at least every 6 months and hold a permanency
 279 review hearing at least annually. The court may appoint a
 280 guardian ad litem or continue the appointment of a guardian ad
 281 litem with the young adult's consent. The young adult or any
 282 other party to the dependency case may request an additional
 283 hearing or review.

284 (9) The department shall establish a procedure by which a
 285 young adult may appeal a determination of eligibility to remain
 286 in care that was made by a community-based care lead agency. The
 287 procedure must be readily accessible to young adults, must
 288 provide for timely decisions, and must provide for an appeal to
 289 the department. The decision of the department constitutes final
 290 agency action and is reviewable by the court as provided in s.

586-01714A-13

20131036__

291 120.68.292 Section 4. Section 39.701, Florida Statutes, is amended to
293 read:

294 39.701 Judicial review.—

295 (1) GENERAL PROVISIONS.—296 (a) The court shall have continuing jurisdiction in
297 accordance with this section and shall review the status of the
298 child at least every 6 months as required by this subsection or
299 more frequently if the court deems it necessary or desirable.300 (b) The court shall retain jurisdiction over a child
301 returned to his or her parents for a minimum period of 6 months
302 following the reunification, but, at that time, based on a
303 report of the social service agency and the guardian ad litem,
304 if one has been appointed, and any other relevant factors, the
305 court shall make a determination as to whether supervision by
306 the department and the court's jurisdiction shall continue or be
307 terminated.308 (c)1.(2)(a) The court shall review the status of the child
309 and shall hold a hearing as provided in this part at least every
310 6 months until the child reaches permanency status. The court
311 may dispense with the attendance of the child at the hearing,
312 but may not dispense with the hearing or the presence of other
313 parties to the review unless before the review a hearing is held
314 before a citizen review panel.315 2.(b) Citizen review panels may conduct hearings to review
316 the status of a child. The court shall select the cases
317 appropriate for referral to the citizen review panels and may
318 order the attendance of the parties at the review panel
319 hearings. However, any party may object to the referral of a

586-01714A-13

20131036__

320 case to a citizen review panel. Whenever such an objection has
321 been filed with the court, the court shall review the substance
322 of the objection and may conduct the review itself or refer the
323 review to a citizen review panel. All parties retain the right
324 to take exception to the findings or recommended orders of a
325 citizen review panel in accordance with Rule 1.490(h), Florida
326 Rules of Civil Procedure.327 3.(e) Notice of a hearing by a citizen review panel must be
328 provided as set forth in paragraph (f) subsection (5). At the
329 conclusion of a citizen review panel hearing, each party may
330 propose a recommended order to the chairperson of the panel.
331 Thereafter, the citizen review panel shall submit its report,
332 copies of the proposed recommended orders, and a copy of the
333 panel's recommended order to the court. The citizen review
334 panel's recommended order must be limited to the dispositional
335 options available to the court in paragraph (2)(d) subsection
336 (10). Each party may file exceptions to the report and
337 recommended order of the citizen review panel in accordance with
338 Rule 1.490, Florida Rules of Civil Procedure.339 (d)1.(3)(a) The initial judicial review hearing must be
340 held no later than 90 days after the date of the disposition
341 hearing or after the date of the hearing at which the court
342 approves the case plan, whichever comes first, but in no event
343 shall the review be held later than 6 months after the date the
344 child was removed from the home. Citizen review panels may shall
345 not conduct more than two consecutive reviews without the child
346 and the parties coming before the court for a judicial review.347 2.(b) If the citizen review panel recommends extending the
348 goal of reunification for any case plan beyond 12 months from

586-01714A-13

20131036__

349 the date the child was removed from the home, the case plan was
 350 adopted, or the child was adjudicated dependent, whichever date
 351 came first, the court must schedule a judicial review hearing to
 352 be conducted by the court within 30 days after receiving the
 353 recommendation from the citizen review panel.

354 3.~~(e)~~ If the child is placed in the custody of the
 355 department or a licensed child-placing agency for the purpose of
 356 adoptive placement, judicial reviews must be held at least every
 357 6 months until the adoption is finalized.

358 4.~~(d)~~ If the department and the court have established a
 359 formal agreement that includes specific authorization for
 360 particular cases, the department may conduct administrative
 361 reviews instead of the judicial reviews for children in out-of-
 362 home care. Notices of such administrative reviews must be
 363 provided to all parties. However, an administrative review may
 364 not be substituted for the first judicial review, and in every
 365 case the court must conduct a judicial review at least every 6
 366 months. Any party dissatisfied with the results of an
 367 administrative review may petition for a judicial review.

368 5.~~(e)~~ The clerk of the circuit court shall schedule
 369 judicial review hearings in order to comply with the mandated
 370 times cited in this section.

371 6.~~(f)~~ In each case in which a child has been voluntarily
 372 placed with the licensed child-placing agency, the agency shall
 373 notify the clerk of the court in the circuit where the child
 374 resides of such placement within 5 working days. Notification of
 375 the court is not required for any child who will be in out-of-
 376 home care no longer than 30 days unless that child is placed in
 377 out-of-home care a second time within a 12-month period. If the

586-01714A-13

20131036__

378 child is returned to the custody of the parents before the
 379 scheduled review hearing or if the child is placed for adoption,
 380 the child-placing agency shall notify the court of the child's
 381 return or placement within 5 working days, and the clerk of the
 382 court shall cancel the review hearing.

383 (e)~~(4)~~ The court shall schedule the date, time, and
 384 location of the next judicial review during the judicial review
 385 hearing and shall list same in the judicial review order.

386 (f)~~(5)~~ Notice of a judicial review hearing or a citizen
 387 review panel hearing, and a copy of the motion for judicial
 388 review, if any, must be served by the clerk of the court upon
 389 all of the following persons, if available to be served,
 390 regardless of whether the person was present at the previous
 391 hearing at which the date, time, and location of the hearing was
 392 announced:

393 1.~~(a)~~ The social service agency charged with the
 394 supervision of care, custody, or guardianship of the child, if
 395 that agency is not the movant.

396 2.~~(b)~~ The foster parent or legal custodian in whose home
 397 the child resides.

398 3.~~(c)~~ The parents.

399 4.~~(d)~~ The guardian ad litem for the child, or the
 400 representative of the guardian ad litem program if the program
 401 has been appointed.

402 5.~~(e)~~ The attorney for the child.

403 6.~~(f)~~ The child, if the child is 13 years of age or older.

404 7.~~(g)~~ Any preadoptive parent.

405 8.~~(h)~~ Such other persons as the court may direct.

406 (g)~~(6)~~ The attorney for the department shall notify a

586-01714A-13

20131036__

407 relative who submits a request for notification of all
 408 proceedings and hearings pursuant to s. 39.301(14)(b). The
 409 notice shall include the date, time, and location of the next
 410 judicial review hearing.

411 ~~(7)(a) In addition to paragraphs (1)(a) and (2)(a), the~~
 412 ~~court shall hold a judicial review hearing within 90 days after~~
 413 ~~a youth's 17th birthday. The court shall also issue an order,~~
 414 ~~separate from the order on judicial review, that the disability~~
 415 ~~of nonage of the youth has been removed pursuant to s. 743.045.~~
 416 ~~The court shall continue to hold timely judicial review hearings~~
 417 ~~thereafter. In addition, the court may review the status of the~~
 418 ~~child more frequently during the year prior to the youth's 18th~~
 419 ~~birthday if necessary. At each review held under this~~
 420 ~~subsection, in addition to any information or report provided to~~
 421 ~~the court, the foster parent, legal custodian, guardian ad~~
 422 ~~litem, and the child shall be given the opportunity to address~~
 423 ~~the court with any information relevant to the child's best~~
 424 ~~interests, particularly as it relates to independent living~~
 425 ~~transition services. In addition to any information or report~~
 426 ~~provided to the court, the department shall include in its~~
 427 ~~judicial review social study report written verification that~~
 428 ~~the child:~~

429 ~~1. Has been provided with a current Medicaid card and has~~
 430 ~~been provided all necessary information concerning the Medicaid~~
 431 ~~program sufficient to prepare the youth to apply for coverage~~
 432 ~~upon reaching age 18, if such application would be appropriate.~~

433 ~~2. Has been provided with a certified copy of his or her~~
 434 ~~birth certificate and, if the child does not have a valid~~
 435 ~~driver's license, a Florida identification card issued under s.~~

586-01714A-13

20131036__

436 ~~322.051.~~

437 ~~3. Has been provided information relating to Social~~
 438 ~~Security Insurance benefits if the child is eligible for these~~
 439 ~~benefits. If the child has received these benefits and they are~~
 440 ~~being held in trust for the child, a full accounting of those~~
 441 ~~funds must be provided and the child must be informed about how~~
 442 ~~to access these funds.~~

443 ~~4. Has been provided with information and training related~~
 444 ~~to budgeting skills, interviewing skills, and parenting skills.~~

445 ~~5. Has been provided with all relevant information related~~
 446 ~~to the Road to Independence Program, including, but not limited~~
 447 ~~to, eligibility requirements, forms necessary to apply, and~~
 448 ~~assistance in completing the forms. The child shall also be~~
 449 ~~informed that, if he or she is eligible for the Road to~~
 450 ~~Independence Program, he or she may reside with the licensed~~
 451 ~~foster family or group care provider with whom the child was~~
 452 ~~residing at the time of attaining his or her 18th birthday or~~
 453 ~~may reside in another licensed foster home or with a group care~~
 454 ~~provider arranged by the department.~~

455 ~~6. Has an open bank account, or has identification~~
 456 ~~necessary to open an account, and has been provided with~~
 457 ~~essential banking skills.~~

458 ~~7. Has been provided with information on public assistance~~
 459 ~~and how to apply.~~

460 ~~8. Has been provided a clear understanding of where he or~~
 461 ~~she will be living on his or her 18th birthday, how living~~
 462 ~~expenses will be paid, and what educational program or school he~~
 463 ~~or she will be enrolled in.~~

464 ~~9. Has been provided with notice of the youth's right to~~

586-01714A-13

20131036

465 ~~petition for the court's continuing jurisdiction for 1 year~~
 466 ~~after the youth's 18th birthday as specified in s. 39.013(2) and~~
 467 ~~with information on how to obtain access to the court.~~

468 ~~10. Has been encouraged to attend all judicial review~~
 469 ~~hearings occurring after his or her 17th birthday.~~

470 ~~(b) At the first judicial review hearing held subsequent to~~
 471 ~~the child's 17th birthday, in addition to the requirements of~~
 472 ~~subsection (8), the department shall provide the court with an~~
 473 ~~updated case plan that includes specific information related to~~
 474 ~~independent living services that have been provided since the~~
 475 ~~child's 13th birthday, or since the date the child came into~~
 476 ~~foster care, whichever came later.~~

477 ~~(c) At the time of a judicial review hearing held pursuant~~
 478 ~~to this subsection, if, in the opinion of the court, the~~
 479 ~~department has not complied with its obligations as specified in~~
 480 ~~the written case plan or in the provision of independent living~~
 481 ~~services as required by s. 409.1451 and this subsection, the~~
 482 ~~court shall issue a show cause order. If cause is shown for~~
 483 ~~failure to comply, the court shall give the department 30 days~~
 484 ~~within which to comply and, on failure to comply with this or~~
 485 ~~any subsequent order, the department may be held in contempt.~~

486 (2)(8) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS
 487 OF AGE.

488 (a) Social study report for judicial review.—Before every
 489 judicial review hearing or citizen review panel hearing, the
 490 social service agency shall make an investigation and social
 491 study concerning all pertinent details relating to the child and
 492 shall furnish to the court or citizen review panel a written
 493 report that includes, but is not limited to:

Page 17 of 51

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586-01714A-13

20131036

494 1. A description of the type of placement the child is in
 495 at the time of the hearing, including the safety of the child
 496 and the continuing necessity for and appropriateness of the
 497 placement.

498 2. Documentation of the diligent efforts made by all
 499 parties to the case plan to comply with each applicable
 500 provision of the plan.

501 3. The amount of fees assessed and collected during the
 502 period of time being reported.

503 4. The services provided to the foster family or legal
 504 custodian in an effort to address the needs of the child as
 505 indicated in the case plan.

506 5. A statement that either:

507 a. The parent, though able to do so, did not comply
 508 substantially with the case plan, and the agency
 509 recommendations;

510 b. The parent did substantially comply with the case plan;
 511 or

512 c. The parent has partially complied with the case plan,
 513 with a summary of additional progress needed and the agency
 514 recommendations.

515 6. A statement from the foster parent or legal custodian
 516 providing any material evidence concerning the return of the
 517 child to the parent or parents.

518 7. A statement concerning the frequency, duration, and
 519 results of the parent-child visitation, if any, and the agency
 520 recommendations for an expansion or restriction of future
 521 visitation.

522 8. The number of times a child has been removed from his or

Page 18 of 51

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586-01714A-13

20131036__

523 her home and placed elsewhere, the number and types of
524 placements that have occurred, and the reason for the changes in
525 placement.

526 9. The number of times a child's educational placement has
527 been changed, the number and types of educational placements
528 which have occurred, and the reason for any change in placement.

529 10. If the child has reached 13 years of age but is not yet
530 18 years of age, a statement from the caregiver on the progress
531 the child has made in acquiring independent living skills ~~the~~
532 ~~results of the preindependent living, life skills, or~~
533 ~~independent living assessment; the specific services needed; and~~
534 ~~the status of the delivery of the identified services.~~

535 11. Copies of all medical, psychological, and educational
536 records that support the terms of the case plan and that have
537 been produced concerning the parents or any caregiver since the
538 last judicial review hearing.

539 12. Copies of the child's current health, mental health,
540 and education records as identified in s. 39.6012.

541 (b) Submission and distribution of reports.-

542 1. A copy of the social service agency's written report and
543 the written report of the guardian ad litem must be served on
544 all parties whose whereabouts are known; to the foster parents
545 or legal custodians; and to the citizen review panel, at least
546 72 hours before the judicial review hearing or citizen review
547 panel hearing. The requirement for providing parents with a copy
548 of the written report does not apply to those parents who have
549 voluntarily surrendered their child for adoption or who have had
550 their parental rights to the child terminated.

551 2. ~~(e)~~ In a case in which the child has been permanently

586-01714A-13

20131036__

552 placed with the social service agency, the agency shall furnish
553 to the court a written report concerning the progress being made
554 to place the child for adoption. If the child cannot be placed
555 for adoption, a report on the progress made by the child towards
556 alternative permanency goals or placements, including, but not
557 limited to, guardianship, long-term custody, long-term licensed
558 custody, or independent living, must be submitted to the court.
559 The report must be submitted to the court at least 72 hours
560 before each scheduled judicial review.

561 3. ~~(d)~~ In addition to or in lieu of any written statement
562 provided to the court, the foster parent or legal custodian, or
563 any preadoptive parent, shall be given the opportunity to
564 address the court with any information relevant to the best
565 interests of the child at any judicial review hearing.

566 (c) ~~(9)~~ Review determinations.-The court and any citizen
567 review panel shall take into consideration the information
568 contained in the social services study and investigation and all
569 medical, psychological, and educational records that support the
570 terms of the case plan; testimony by the social services agency,
571 the parent, the foster parent or legal custodian, the guardian
572 ad litem or surrogate parent for educational decisionmaking if
573 one has been appointed for the child, and any other person
574 deemed appropriate; and any relevant and material evidence
575 submitted to the court, including written and oral reports to
576 the extent of their probative value. These reports and evidence
577 may be received by the court in its effort to determine the
578 action to be taken with regard to the child and may be relied
579 upon to the extent of their probative value, even though not
580 competent in an adjudicatory hearing. In its deliberations, the

586-01714A-13

20131036

581 court and any citizen review panel shall seek to determine:

582 1.(a) If the parent was advised of the right to receive
583 assistance from any person or social service agency in the
584 preparation of the case plan.

585 2.(b) If the parent has been advised of the right to have
586 counsel present at the judicial review or citizen review
587 hearings. If not so advised, the court or citizen review panel
588 shall advise the parent of such right.

589 3.(e) If a guardian ad litem needs to be appointed for the
590 child in a case in which a guardian ad litem has not previously
591 been appointed or if there is a need to continue a guardian ad
592 litem in a case in which a guardian ad litem has been appointed.

593 4.(d) Who holds the rights to make educational decisions
594 for the child. If appropriate, the court may refer the child to
595 the district school superintendent for appointment of a
596 surrogate parent or may itself appoint a surrogate parent under
597 the Individuals with Disabilities Education Act and s. 39.0016.

598 5.(e) The compliance or lack of compliance of all parties
599 with applicable items of the case plan, including the parents'
600 compliance with child support orders.

601 6.(f) The compliance or lack of compliance with a
602 visitation contract between the parent and the social service
603 agency for contact with the child, including the frequency,
604 duration, and results of the parent-child visitation and the
605 reason for any noncompliance.

606 7.(g) The compliance or lack of compliance of the parent in
607 meeting specified financial obligations pertaining to the care
608 of the child, including the reason for failure to comply if such
609 is the case.

586-01714A-13

20131036

610 8.(h) Whether the child is receiving safe and proper care
611 according to s. 39.6012, including, but not limited to, the
612 appropriateness of the child's current placement, including
613 whether the child is in a setting that is as family-like and as
614 close to the parent's home as possible, consistent with the
615 child's best interests and special needs, and including
616 maintaining stability in the child's educational placement, as
617 documented by assurances from the community-based care provider
618 that:

619 a.1. The placement of the child takes into account the
620 appropriateness of the current educational setting and the
621 proximity to the school in which the child is enrolled at the
622 time of placement.

623 b.2. The community-based care agency has coordinated with
624 appropriate local educational agencies to ensure that the child
625 remains in the school in which the child is enrolled at the time
626 of placement.

627 9.(i) A projected date likely for the child's return home
628 or other permanent placement.

629 10.(j) When appropriate, the basis for the unwillingness or
630 inability of the parent to become a party to a case plan. The
631 court and the citizen review panel shall determine if the
632 efforts of the social service agency to secure party
633 participation in a case plan were sufficient.

634 11.(k) For a child who has reached 13 years of age but is
635 not yet 18 years of age, the adequacy of the child's preparation
636 for adulthood and independent living.

637 12.(l) If amendments to the case plan are required.
638 Amendments to the case plan must be made under s. 39.6013.

586-01714A-13

20131036__

639 (d) (10) (a) Orders.-

640 1. Based upon the criteria set forth in paragraph (c)
 641 ~~subsection (9)~~ and the recommended order of the citizen review
 642 panel, if any, the court shall determine whether or not the
 643 social service agency shall initiate proceedings to have a child
 644 declared a dependent child, return the child to the parent,
 645 continue the child in out-of-home care for a specified period of
 646 time, or initiate termination of parental rights proceedings for
 647 subsequent placement in an adoptive home. Amendments to the case
 648 plan must be prepared as prescribed in s. 39.6013. If the court
 649 finds that the prevention or reunification efforts of the
 650 department will allow the child to remain safely at home or be
 651 safely returned to the home, the court shall allow the child to
 652 remain in or return to the home after making a specific finding
 653 of fact that the reasons for the creation of the case plan have
 654 been remedied to the extent that the child's safety, well-being,
 655 and physical, mental, and emotional health will not be
 656 endangered.

657 2. (b) The court shall return the child to the custody of
 658 the parents at any time it determines that they have
 659 substantially complied with the case plan, if the court is
 660 satisfied that reunification will not be detrimental to the
 661 child's safety, well-being, and physical, mental, and emotional
 662 health.

663 3. (e) If, in the opinion of the court, the social service
 664 agency has not complied with its obligations as specified in the
 665 written case plan, the court may find the social service agency
 666 in contempt, shall order the social service agency to submit its
 667 plans for compliance with the agreement, and shall require the

Page 23 of 51

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586-01714A-13

20131036__

668 social service agency to show why the child could not safely be
 669 returned to the home of the parents.

670 4. (d) If, at any judicial review, the court finds that the
 671 parents have failed to substantially comply with the case plan
 672 to the degree that further reunification efforts are without
 673 merit and not in the best interest of the child, on its own
 674 motion, the court may order the filing of a petition for
 675 termination of parental rights, whether or not the time period
 676 as contained in the case plan for substantial compliance has
 677 expired.

678 5. (e) Within 6 months after the date that the child was
 679 placed in shelter care, the court shall conduct a judicial
 680 review hearing to review the child's permanency goal as
 681 identified in the case plan. At the hearing the court shall make
 682 findings regarding the likelihood of the child's reunification
 683 with the parent or legal custodian within 12 months after the
 684 removal of the child from the home. If the court makes a written
 685 finding that it is not likely that the child will be reunified
 686 with the parent or legal custodian within 12 months after the
 687 child was removed from the home, the department must file with
 688 the court, and serve on all parties, a motion to amend the case
 689 plan under s. 39.6013 and declare that it will use concurrent
 690 planning for the case plan. The department must file the motion
 691 within 10 business days after receiving the written finding of
 692 the court. The department must attach the proposed amended case
 693 plan to the motion. If concurrent planning is already being
 694 used, the case plan must document the efforts the department is
 695 taking to complete the concurrent goal.

696 6. (f) The court may issue a protective order in assistance,

Page 24 of 51

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586-01714A-13

20131036__

697 or as a condition, of any other order made under this part. In
 698 addition to the requirements included in the case plan, the
 699 protective order may set forth requirements relating to
 700 reasonable conditions of behavior to be observed for a specified
 701 period of time by a person or agency who is before the court;
 702 and the order may require any person or agency to make periodic
 703 reports to the court containing such information as the court in
 704 its discretion may prescribe.

705 (3) REVIEW HEARINGS FOR CHILDREN 17 YEARS OF AGE.-

706 (a) In addition to the review and report required under
 707 paragraphs (1) (a) and (2) (a), respectively, the court shall hold
 708 a judicial review hearing within 90 days after a child's 17th
 709 birthday. The court shall also issue an order, separate from the
 710 order on judicial review, that the disability of nonage of the
 711 child has been removed pursuant to s. 743.045 and shall continue
 712 to hold timely judicial review hearings. If necessary, the court
 713 may review the status of the child more frequently during the
 714 year before the child's 18th birthday. At each review hearing
 715 held under this subsection, in addition to any information or
 716 report provided to the court by the foster parent, legal
 717 custodian, or guardian ad litem, the child shall be given the
 718 opportunity to address the court with any information relevant
 719 to the child's best interest, particularly in relation to
 720 independent living transition services. The department shall
 721 include in the social study report for judicial review written
 722 verification that the child has:

723 1. A current Medicaid card and all necessary information
 724 concerning the Medicaid program sufficient to prepare the child
 725 to apply for coverage upon reaching the age of 18, if such

Page 25 of 51

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586-01714A-13

20131036__

726 application is appropriate.

727 2. A certified copy of the child's birth certificate and,
 728 if the child does not have a valid driver license, a Florida
 729 identification card issued under s. 322.051.

730 3. A social security card and information relating to
 731 social security insurance benefits if the child is eligible for
 732 those benefits. If the child has received such benefits and they
 733 are being held in trust for the child, a full accounting of
 734 these funds must be provided and the child must be informed as
 735 to how to access those funds.

736 4. All relevant information related to the Road-to-
 737 Independence Program, including, but not limited to, eligibility
 738 requirements, information on participation, and assistance in
 739 gaining admission to the program. If the child is eligible for
 740 the Road-to-Independence Program, he or she must be advised that
 741 he or she may continue to reside with the licensed family home
 742 or group care provider with whom the child was residing at the
 743 time the child attained his or her 18th birthday, in another
 744 licensed family home, or with a group care provider arranged by
 745 the department.

746 5. An open bank account or the identification necessary to
 747 open a bank account and to acquire essential banking and
 748 budgeting skills.

749 6. Information on public assistance and how to apply for
 750 public assistance.

751 7. A clear understanding of where he or she will be living
 752 on his or her 18th birthday, how living expenses will be paid,
 753 and the educational program or school in which he or she will be
 754 enrolled.

Page 26 of 51

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586-01714A-13 20131036__

755 8. Information related to the ability of the child to
 756 remain in care until he or she reaches 21 years of age under s.
 757 39.013.

758 9. A letter providing the dates that the child is under the
 759 jurisdiction of the court.

760 10. A letter stating that the child is in compliance with
 761 financial aid documentation requirements.

762 11. The child's educational records.

763 12. The child's entire health and mental health records.

764 13. The process for accessing his or her case file.

765 14. A statement encouraging the child to attend all
 766 judicial review hearings occurring after the child's 17th
 767 birthday.

768 (b) At the first judicial review hearing held subsequent to
 769 the child's 17th birthday, the department shall provide the
 770 court with an updated case plan that includes specific
 771 information related to the independent living skills that the
 772 child has acquired since the child's 13th birthday, or since the
 773 date the child came into foster care, whichever came later.

774 (c) If the court finds at the judicial review hearing that
 775 the department has not met with its obligations to the child as
 776 stated in the written case plan or in the provision of
 777 independent living services, the court may issue an order
 778 directing the department to show cause as to why it has not done
 779 so. If the department cannot justify its noncompliance, the
 780 court may give the department 30 days within which to comply. If
 781 the department fails to comply within 30 days, the court may
 782 hold the department in contempt.

783 (d) At the last review hearing before the child reaches 18

586-01714A-13 20131036__

784 years of age, and in addition to the requirements of subsection
 785 (2), the court shall:

786 1. Address whether the child plans to remain in foster
 787 care, and, if so, ensure that the child's transition plan
 788 includes a plan for meeting one or more of the criteria
 789 specified in s. 39.6251.

790 2. Ensure that the transition plan includes a supervised
 791 living arrangement under s. 39.6251.

792 3. Ensure the child has been informed of:

793 a. The right to continued support and services from the
 794 department and the community-based care lead agency.

795 b. The right to request termination of dependency
 796 jurisdiction and be discharged from foster care.

797 c. The opportunity to reenter foster care pursuant to s.
 798 39.6251.

799 4. Ensure that the young adult, if he or she requests
 800 termination of dependency jurisdiction and discharge from foster
 801 care, has been informed of:

802 a. Services or benefits for which the young adult may be
 803 eligible based on his or her former placement in foster care;

804 b. Services or benefits that may be lost through
 805 termination of dependency jurisdiction; and

806 c. Other federal, state, local, or community-based services
 807 or supports available to the him or her.

808 (4) REVIEW HEARINGS FOR YOUNG ADULTS IN FOSTER CARE.—
 809 During each period of time that a young adult remains in foster
 810 care, the court shall review the status of the young adult at
 811 least every 6 months and must hold a permanency review hearing
 812 at least annually.

586-01714A-13

20131036

813 (a) The department and community-based care lead agency
 814 shall prepare and submit to the court a report, developed in
 815 collaboration with the young adult, which addresses the young
 816 adult's progress in meeting the goals in the case plan. The
 817 report must include progress information related to the young
 818 adult's independent living plan and transition plan, if
 819 applicable, and shall propose modifications as necessary to
 820 further the young adult's goals.

821 (b) The court shall attempt to determine whether the
 822 department and any service provider under contract with the
 823 department are providing the appropriate services as provided in
 824 the case plan.

825 (c) If the court believes that the young adult is entitled
 826 under department policy or under a contract with a service
 827 provider to additional services to achieve the goals enumerated
 828 in the case plan, it may order the department to take action to
 829 ensure that the young adult receives the identified services.

830 (d) The young adult or any other party to the dependency
 831 case may request an additional hearing or judicial review.

832 (e) Notwithstanding the provisions of this subsection, if a
 833 young adult has chosen to remain in extended foster care after
 834 he or she has reached 18 years of age, the department may not
 835 close a case and the court may not terminate jurisdiction until
 836 the court finds, following a hearing, that the following
 837 criteria have been met:

838 1. Attendance of the young adult at the hearing; or

839 2. Findings by the court that:

840 a. The young adult has been informed by the department of
 841 his or her right to attend the hearing and has provided written

586-01714A-13

20131036

842 consent to waive this right; and

843 b. The young adult has been informed of the potential
 844 negative effects of early termination of care, the option to
 845 reenter care before reaching 21 years of age, the procedure for,
 846 and limitations on, reentering care, and the availability of
 847 alternative services, and has signed a document attesting that
 848 he or she has been so informed and understands these provisions;
 849 or

850 c. The young adult has voluntarily left the program, has
 851 not signed the document in sub-subparagraph b., and is unwilling
 852 to participate in any further court proceeding.

853 3. In all permanency hearings or hearings regarding the
 854 transition of the young adult from care to independent living,
 855 the court shall consult with the young adult regarding the
 856 proposed permanency plan, case plan, and individual education
 857 plan for the young adult and ensure that he or she has
 858 understood the conversation.

859 Section 5. Section 409.145, Florida Statutes, is amended to
 860 read:

861 409.145 Care of children; quality parenting; "reasonable
 862 and prudent parent" standard.—The child welfare system of the
 863 department shall operate as a coordinated community-based system
 864 of care which empowers all caregivers for children in foster
 865 care to provide quality parenting, including approving or
 866 disapproving a child's participation in activities based on the
 867 caregiver's assessment using the "reasonable and prudent parent"
 868 standard.

869 (1) SYSTEM OF CARE.—The department shall develop, implement
 870 conduct, ~~supervise~~, and administer a coordinated community-based

586-01714A-13 20131036

871 system of care program for dependent children who are found to
 872 be dependent and their families. This system of care must The
 873 ~~services of the department are to~~ be directed toward the
 874 following goals:

875 (a) ~~The~~ Prevention of separation of children from their
 876 families.

877 (b) Intervention to allow children to remain safely in
 878 their own homes.

879 ~~(c)(b) The~~ Reunification of families who have had children
 880 removed from their care placed in foster homes or institutions.

881 (d) Safety for children who are separated from their
 882 families by providing alternative emergency or longer-term
 883 parenting arrangements.

884 (e) Focus on the well-being of children through emphasis on
 885 maintaining educational stability and providing timely health
 886 care.

887 ~~(f)(e) Permanency for~~ The permanent placement of children
 888 for whom reunification who cannot be reunited with their
 889 families is not possible or when reunification would is not be
 890 in the best interest of the child.

891 ~~(d) The protection of dependent children or children~~
 892 ~~alleged to be dependent, including provision of emergency and~~
 893 ~~long-term alternate living arrangements.~~

894 ~~(g)(e) The transition to independence and self-sufficiency~~
 895 for older children who remain in foster care through adolescence
 896 continue to be in foster care as adolescents.

897 ~~(2) The following dependent children shall be subject to~~
 898 ~~the protection, care, guidance, and supervision of the~~
 899 ~~department or any duly licensed public or private agency:~~

586-01714A-13 20131036

900 ~~(a) Any child who has been temporarily or permanently taken~~
 901 ~~from the custody of the parents, custodians, or guardians in~~
 902 ~~accordance with those provisions in chapter 39 that relate to~~
 903 ~~dependent children.~~

904 ~~(b) Any child who is in need of the protective supervision~~
 905 ~~of the department as determined by intake or by the court in~~
 906 ~~accordance with those provisions of chapter 39 that relate to~~
 907 ~~dependent children.~~

908 ~~(c) Any child who is voluntarily placed, with the written~~
 909 ~~consent of the parents or guardians, in the department's foster~~
 910 ~~care program or the foster care program of a licensed private~~
 911 ~~agency.~~

912 ~~(3) The circuit courts exercising juvenile jurisdiction in~~
 913 ~~the various counties of this state shall cooperate with the~~
 914 ~~department and its employees in carrying out the purposes and~~
 915 ~~intent of this chapter.~~

916 ~~(4) The department is authorized to accept children on a~~
 917 ~~permanent placement basis by order of a court of competent~~
 918 ~~jurisdiction for the single purpose of adoption placement of~~
 919 ~~these children. The department is authorized to provide the~~
 920 ~~necessary services to place these children ordered to the~~
 921 ~~department on a permanent placement basis for adoption.~~

922 ~~(5) Any funds appropriated by counties for child welfare~~
 923 ~~services may be matched by state and federal funds, such funds~~
 924 ~~to be utilized by the department for the benefit of children in~~
 925 ~~those counties.~~

926 ~~(6) Whenever any child is placed under the protection,~~
 927 ~~care, and guidance of the department or a duly licensed public~~
 928 ~~or private agency, or as soon thereafter as is practicable, the~~

586-01714A-13 20131036
 929 ~~department or agency, as the case may be, shall endeavor to~~
 930 ~~obtain such information concerning the family medical history of~~
 931 ~~the child and the natural parents as is available or readily~~
 932 ~~obtainable. This information shall be kept on file by the~~
 933 ~~department or agency for possible future use as provided in ss.~~
 934 ~~63.082 and 63.162 or as may be otherwise provided by law.~~

935 ~~(7) Whenever any child is placed by the department in a~~
 936 ~~shelter home, foster home, or other residential placement, the~~
 937 ~~department shall make available to the operator of the shelter~~
 938 ~~home, foster home, other residential placement, or other~~
 939 ~~caretaker as soon thereafter as is practicable, all relevant~~
 940 ~~information concerning the child's demographic, social, and~~
 941 ~~medical history.~~

942 (2) QUALITY PARENTING.—A child in foster care shall be
 943 placed only with a caregiver who has the ability to care for the
 944 child, is willing to accept responsibility for providing care,
 945 and is willing and able to learn about and be respectful of the
 946 child's culture, religion and ethnicity, special physical or
 947 psychological needs, any circumstances unique to the child, and
 948 family relationships. The department, the community-based care
 949 lead agency, and other agencies shall provide such caregiver
 950 with all available information necessary to assist the caregiver
 951 in determining whether he or she is able to appropriately care
 952 for a particular child.

953 (a) Roles and responsibilities of caregivers.—A caregiver
 954 shall:

955 1. Participate in developing the case plan for the child
 956 and his or her family and work with others involved in his or
 957 her care to implement this plan. This participation includes the

586-01714A-13 20131036
 958 caregiver's involvement in all team meetings or court hearings
 959 related to the child's care.

960 2. Complete all training needed to improve skills in
 961 parenting a child who has experienced trauma due to neglect,
 962 abuse, or separation from home, to meet the child's special
 963 needs, and to work effectively with child welfare agencies, the
 964 court, the schools, and other community and governmental
 965 agencies.

966 3. Respect and support the child's ties to members of his
 967 or her biological family and assist the child in maintaining
 968 allowable visitation and other forms of communication.

969 4. Effectively advocate for the child in the caregiver's
 970 care with the child welfare system, the court, and community
 971 agencies, including the school, child care, health and mental
 972 health providers, and employers.

973 5. Participate fully in the child's medical, psychological,
 974 and dental care as the caregiver would for his or her biological
 975 child.

976 6. Support the child's school success by participating in
 977 school activities and meetings, including Individual Education
 978 Plan meetings, assisting with school assignments, supporting
 979 tutoring programs, meeting with teachers and working with an
 980 educational surrogate if one has been appointed, and encouraging
 981 the child's participation in extracurricular activities.

982 7. Work in partnership with other stakeholders to obtain
 983 and maintain records that are important to the child's well-
 984 being, including child resource records, medical records, school
 985 records, photographs, and records of special events and
 986 achievements.

586-01714A-13

20131036

987 8. Ensure that the child in the caregiver's care who is
 988 between 13 and 17 years of age learns and masters independent
 989 living skills.

990 9. Ensure that the child in the caregiver's care is aware
 991 of the requirements and benefits of the Road-to-Independence
 992 Program.

993 10. Work to enable the child in the caregiver's care to
 994 establish and maintain naturally occurring mentoring
 995 relationships.

996 (b) Roles and responsibilities of the department, the
 997 community-based care lead agency, and other agency staff.-The
 998 department, the community-based care lead agency, and other
 999 agency staff shall:

1000 1. Include a caregiver in the development and
 1001 implementation of the case plan for the child and his or her
 1002 family. The caregiver shall be authorized to participate in all
 1003 team meetings or court hearings related to the child's care and
 1004 future plans. The caregiver's participation shall be facilitated
 1005 through timely notification, an inclusive process, and
 1006 alternative methods for participation for a caregiver who cannot
 1007 be physically present.

1008 2. Develop and make available to the caregiver the
 1009 information, services, training, and support that the caregiver
 1010 needs to improve his or her skills in parenting children who
 1011 have experienced trauma due to neglect, abuse, or separation
 1012 from home, to meet these children's special needs and to
 1013 advocate effectively with child welfare agencies, the courts,
 1014 schools, and other community and governmental agencies.

1015 3. Provide the caregiver with all information related to

Page 35 of 51

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586-01714A-13

20131036

1016 services and other benefits that are available to the child.

1017 (c) Transitions.-

1018 1. Once a caregiver accepts the responsibility of caring
 1019 for a child, the child will be removed from the home of that
 1020 caregiver only if:

1021 a. The caregiver is clearly unable to safely or legally
 1022 care for the child;

1023 b. The child and his or her biological family are
 1024 reunified;

1025 c. The child is being placed in a legally permanent home
 1026 pursuant to the case plan or a court order; or

1027 d. The removal is demonstrably in the child's best
 1028 interest.

1029 2. In the absence of an emergency, if a child leaves the
 1030 caregiver's home for a reason provided under subparagraph 1.,
 1031 the transition must be accomplished according to a plan that
 1032 involves cooperation and sharing of information among all
 1033 persons involved, respects the child's developmental stage and
 1034 psychological needs, ensures the child has all of his or her
 1035 belongings, allows for a gradual transition from the caregiver's
 1036 home and, if possible, for continued contact with the caregiver
 1037 after the child leaves.

1038 (d) Information sharing.-Whenever a foster home or
 1039 residential group home assumes responsibility for the care of a
 1040 child, the department and any additional providers shall make
 1041 available to the caregiver as soon as is practicable all
 1042 relevant information concerning the child. Records and
 1043 information that are required to be shared with caregivers
 1044 include, but are not limited to:

Page 36 of 51

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586-01714A-13 20131036

- 1045 1. Medical, dental, psychological, psychiatric, and
 1046 behavioral history, as well as ongoing evaluation or treatment
 1047 needs;
 1048 2. School records;
 1049 3. Copies of his or her birth certificate and, if
 1050 appropriate, immigration status documents;
 1051 4. Consents signed by parents;
 1052 5. Comprehensive behavioral assessments and other social
 1053 assessments;
 1054 6. Court orders;
 1055 7. Visitation and case plans;
 1056 8. Guardian ad litem reports;
 1057 9. Staffing forms; and
 1058 10. Judicial or citizen review panel reports and
 1059 attachments filed with the court, except confidential medical,
 1060 psychiatric, and psychological information regarding any party
 1061 or participant other than the child.
 1062 (e) Caregivers employed by residential group homes.-All
 1063 caregivers in residential group homes shall meet the same
 1064 education, training, and background and other screening
 1065 requirements as foster parents.
 1066 (3) REASONABLE AND PRUDENT PARENT STANDARD.-
 1067 (a) Definitions.-As used in this subsection, the term:
 1068 1. "Age-appropriate" means an activity or item that is
 1069 generally accepted as suitable for a child of the same
 1070 chronological age or level of maturity. Age appropriateness is
 1071 based on the development of cognitive, emotional, physical, and
 1072 behavioral capacity which is typical for an age or age group.
 1073 2. "Caregiver" means a person with whom the child is placed

Page 37 of 51

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586-01714A-13 20131036

- 1074 in out-of-home care, or a designated official for a group care
 1075 facility licensed by the department under s. 409.175.
 1076 3. "Reasonable and prudent parent" standard means the
 1077 standard of care used by a caregiver in determining whether to
 1078 allow a child in his or her care to participate in
 1079 extracurricular, enrichment, and social activities. This
 1080 standard is characterized by careful and thoughtful parental
 1081 decisionmaking that is intended to maintain a child's health,
 1082 safety, and best interest while encouraging the child's
 1083 emotional and developmental growth.
 1084 (b) Application of standard of care.-
 1085 1. Every child who comes into out-of-home care pursuant to
 1086 this chapter is entitled to participate in age-appropriate
 1087 extracurricular, enrichment, and social activities.
 1088 2. Each caregiver shall use the reasonable and prudent
 1089 parent standard in determining whether to give permission for a
 1090 child living in out-of-home care to participate in
 1091 extracurricular, enrichment, or social activities. When using
 1092 the reasonable and prudent parent standard, the caregiver must
 1093 consider:
 1094 a. The child's age, maturity, and developmental level to
 1095 maintain the overall health and safety of the child.
 1096 b. The potential risk factors and the appropriateness of
 1097 the extracurricular, enrichment, or social activity.
 1098 c. The best interest of the child, based on information
 1099 known by the caregiver.
 1100 d. The importance of encouraging the child's emotional and
 1101 developmental growth.
 1102 e. The importance of providing the child with the most

Page 38 of 51

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586-01714A-13 20131036__

1103 family-like living experience possible.
 1104 f. The behavioral history of the child and the child's
 1105 ability to safely participate in the proposed activity.

1106 (c) Verification of services delivered.—The department and
 1107 each community-based care lead agency shall verify that private
 1108 agencies providing out-of-home care services to dependent
 1109 children have policies in place which are consistent with this
 1110 section and that these agencies promote and protect the ability
 1111 of dependent children to participate in age-appropriate
 1112 extracurricular, enrichment, and social activities.

1113 (d) Limitation of liability.—A caregiver is not liable for
 1114 harm caused to a child who participates in an activity approved
 1115 by the caregiver, provided that the caregiver has acted in
 1116 accordance with the reasonable and prudent parent standard. This
 1117 paragraph may not be interpreted as removing or limiting any
 1118 existing liability protection afforded by law.

1119 (4) FOSTER PARENT ROOM AND BOARD RATES.—
 1120 (a) Effective October 1, 2013, room and board rates paid to
 1121 foster parents are as follows:

<u>Monthly Foster</u>	<u>0-5 Years Age</u>	<u>6-12 Years Age</u>	<u>13-21 Years Age</u>
<u>Care Rate</u>			
	<u>\$429</u>	<u>\$440</u>	<u>\$515</u>

1126 (b) Foster parents shall receive an annual cost of living
 1127 increase. The department shall calculate the new room and board
 1128 rate increase equal to the percentage change in the Consumer

586-01714A-13 20131036__

1129 Price Index for All Urban Consumers, U.S. City Average, All
 1130 Items, not seasonally adjusted, or successor reports, for the
 1131 preceding December compared to the prior December as initially
 1132 reported by the United States Department of Labor, Bureau of
 1133 Labor Statistics.

1134 (c) The amount of the monthly foster care board rate may be
 1135 increased upon agreement among the department, the community-
 1136 based care lead agency, and the foster parent.

1137 (5) RULEMAKING.—The department shall adopt by rule
 1138 procedures to administer this section.

1139 Section 6. Section 409.1451, Florida Statutes, is amended
 1140 to read:

1141 (Substantial rewording of section. See
 1142 s. 409.1451, F.S., for present text).

1143 409.1451 The Road-to-Independence Program.—

1144 (1) LEGISLATIVE FINDINGS AND INTENT.—

1145 (a) The Legislature recognizes that most children and young
 1146 adults are resilient and, with adequate support, can expect to
 1147 be successful as independent adults. Not unlike many young
 1148 adults, some young adults who have lived in foster care need
 1149 additional support and resources for a period of time after
 1150 reaching 18 years of age.

1151 (b) The Legislature finds that while it is important to
 1152 provide young adults who have lived in foster care with
 1153 education and independent living skills, there is also a need to
 1154 focus more broadly on creating and preserving family
 1155 relationships so that young adults have a permanent connection
 1156 with at least one committed adult who provides a safe and stable
 1157 parenting relationship.

586-01714A-13 20131036

1158 (c) It is the intent of the Legislature that young adults
 1159 who choose to participate in the program receive the skills,
 1160 education, and support necessary to become self-sufficient and
 1161 leave foster care with a lifelong connection to a supportive
 1162 adult through the Road-to-Independence Program, either through
 1163 postsecondary education services and support, as provided in
 1164 subsection (2), or aftercare services.

1165 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

1166 (a) A young adult is eligible for services and support
 1167 under this subsection if he or she:

1168 1. Was living in licensed care on his or her 18th birthday
 1169 or is currently living in licensed care; or was at least 16
 1170 years of age and was adopted from foster care or placed with a
 1171 court-approved dependency guardian after spending at least 6
 1172 months in licensed care within the 12 months immediately
 1173 preceding such placement or adoption;

1174 2. Spent at least 6 months in licensed care before reaching
 1175 his or her 18th birthday;

1176 3. Earned a standard high school diploma or its equivalent
 1177 pursuant to s. 1003.428, s. 1003.4281, s. 1003.429, s. 1003.43,
 1178 or s. 1003.435;

1179 4. Has been admitted for enrollment in an eligible
 1180 postsecondary educational institution as provided in s.
 1181 1009.533;

1182 5. Has reached 18 years of age but is not yet 23 years of
 1183 age;

1184 6. Has applied, with assistance from the young adult's
 1185 caregiver and the community-based lead agency, for any other
 1186 grants and scholarships for which he or she may qualify;

586-01714A-13 20131036

1187 7. Submitted a Free Application for Federal Student Aid
 1188 which is complete and error free; and

1189 8. Signed an agreement to allow the department and the
 1190 community-based care lead agency access to school records.

1191 (b) The amount of the financial assistance shall be as
 1192 follows:

1193 1. For a young adult who does not remain in foster care and
 1194 is attending a postsecondary school as provided in s. 1009.533,
 1195 the amount is \$1,256 monthly.

1196 2. For a young adult who remains in foster care, is
 1197 attending a postsecondary school, as provided in s. 1009.533,
 1198 and continues to reside in a licensed foster home, the amount is
 1199 the established room and board rate for foster parents. This
 1200 takes the place of the payment provided for in subsection (4).

1201 3. For a young adult who remains in foster care, but
 1202 temporarily resides away from a licensed foster home for
 1203 purposes of attending a postsecondary school as provided in s.
 1204 1009.533, the amount is \$1,256 monthly. This takes the place of
 1205 the payment provided for in subsection (4).

1206 4. For a young adult who remains in foster care, is
 1207 attending a postsecondary school as provided in s. 1009.533, and
 1208 continues to reside in a licensed group home, the amount is
 1209 negotiated between the community-based care lead agency and the
 1210 licensed group home provider.

1211 5. For a young adult who remains in foster care, but
 1212 temporarily resides away from a licensed group home for purposes
 1213 of attending a postsecondary school as provided in s. 1009.533,
 1214 the amount is \$1,256 monthly. This takes the place of a
 1215 negotiated room and board rate.

586-01714A-13 20131036__

1216 6. The amount of the award may be disregarded for purposes
 1217 of determining the eligibility for, or the amount of, any other
 1218 federal or federally supported assistance.

1219 7. A young adult is eligible to receive financial
 1220 assistance during the months when enrolled in a postsecondary
 1221 educational institution.

1222 (c) Payment of financial assistance for a young adult who:

1223 1. Has chosen not to remain in foster care and is attending
 1224 a postsecondary school as provided in s. 1009.533, shall be made
 1225 to the community-based care lead agency in order to secure
 1226 housing and utilities, with the balance being paid directly to
 1227 the young adult until such time the lead agency and the young
 1228 adult determine that the young adult can successfully manage the
 1229 full amount of the assistance.

1230 2. Has remained in foster care under s. 39.6251 and who is
 1231 attending postsecondary school as provided in s. 1009.533, shall
 1232 be made directly to the foster parent or group home provider.

1233 (d)1. The department must advertise the availability of the
 1234 stipend and must provide notification of the criteria and
 1235 application procedures for the stipend to children and young
 1236 adults leaving, or who were formerly in, foster care;
 1237 caregivers; case managers; guidance and family services
 1238 counselors; principals or other relevant school administrators;
 1239 and guardians ad litem.

1240 2. If the award recipient transfers from one eligible
 1241 institution to another and continues to meet eligibility
 1242 requirements, the award shall be transferred with the recipient.

1243 (3) AFTERCARE SERVICES.—

1244 (a) Aftercare services are available to young adults who

586-01714A-13 20131036__

1245 have chosen not to remain in foster care after reaching 18 years
 1246 of age and who are not receiving financial assistance under
 1247 subsection (2) to pursue postsecondary education. These
 1248 aftercare services include, but are not limited to, the
 1249 following:

1250 1. Mentoring and tutoring.

1251 2. Mental health services and substance abuse counseling.

1252 3. Life skills classes, including credit management and
 1253 preventive health activities.

1254 4. Parenting classes.

1255 5. Job and career skills training.

1256 6. Counselor consultations.

1257 7. Temporary financial assistance for emergency situations.

1258 8. Financial literacy skills training.

1259

1260 The specific services to be provided under this paragraph shall
 1261 be determined by an assessment of the young adult and may be
 1262 provided by the community-based care provider or through
 1263 referrals in the community.

1264 (b) Temporary assistance provided to prevent homelessness
 1265 shall be provided as expeditiously as possible and within the
 1266 limitations defined by the department.

1267 (c) A young adult who has reached 18 years of age but is
 1268 not yet 23 years of age who leaves foster care at 18 years of
 1269 age may request and is eligible for such services before
 1270 reaching 23 years of age.

1271 (4) APPEALS PROCESS.—

1272 (a) The department shall have a procedure by which a young
 1273 adult may appeal the department's refusal to provide Road-to-

586-01714A-13 20131036__

1274 Independence Program services or support, or the termination of
 1275 such services or support if funds for such services or support
 1276 are available.

1277 (b) The appeal procedure must be readily accessible to
 1278 young adults, must provide for timely decisions, and must
 1279 provide for an appeal to the department. The decision of the
 1280 department constitutes final agency action and is reviewable by
 1281 the court as provided in s. 120.68.

1282 (5) PORTABILITY.—The services provided under this section
 1283 are portable across county lines and between lead agencies.

1284 (a) The service needs that are identified in the original
 1285 or updated transition plan, pursuant to s. 39.6035, shall be
 1286 provided by the lead agency where the young adult is currently
 1287 residing but shall be funded by the lead agency who initiated
 1288 the transition plan.

1289 (b) The lead agency with primary case management
 1290 responsibilities shall provide maintenance payments, case
 1291 planning, including a written description of all services that
 1292 will assist a child 16 years of age or older in preparing for
 1293 the transition from care to independence, as well as regular
 1294 case reviews that conform with all federal scheduling and
 1295 content requirements, for all children in foster care who are
 1296 placed or visiting out-of-state.

1297 (6) ACCOUNTABILITY.—The department shall develop outcome
 1298 measures for the program and other performance measures in order
 1299 to maintain oversight of the program. No later than January 31
 1300 of each year, the department shall prepare a report on the
 1301 outcome measures and the department's oversight activities and
 1302 submit the report to the President of the Senate, the Speaker of

586-01714A-13 20131036__

1303 the House of Representatives, and the committees with
 1304 jurisdiction over issues relating to children and families in
 1305 the Senate and the House of Representatives. The report must
 1306 include:

1307 (a) An analysis of performance on the outcome measures
 1308 developed under this section reported for each community-based
 1309 care lead agency and compared with the performance of the
 1310 department on the same measures.

1311 (b) A description of the department's oversight of the
 1312 program, including, by lead agency, any programmatic or fiscal
 1313 deficiencies found, corrective actions required, and current
 1314 status of compliance.

1315 (c) Any rules adopted or proposed under this section since
 1316 the last report. For the purposes of the first report, any rules
 1317 adopted or proposed under this section must be included.

1318 (7) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.—The
 1319 secretary shall establish the Independent Living Services
 1320 Advisory Council for the purpose of reviewing and making
 1321 recommendations concerning the implementation and operation of
 1322 the provisions of s. 39.6015 and the Road-to-Independence
 1323 Program. The advisory council shall function as specified in
 1324 this subsection until the Legislature determines that the
 1325 advisory council can no longer provide a valuable contribution
 1326 to the department's efforts to achieve the goals of the services
 1327 designed to enable a young adult to live independently.

1328 (a) The advisory council shall assess the implementation
 1329 and operation of the Road-to-Independence Program and advise the
 1330 department on actions that would improve the ability of these
 1331 Road-to-Independence Program services to meet the established

586-01714A-13 20131036__

1332 goals. The advisory council shall keep the department informed
 1333 of problems being experienced with the services, barriers to the
 1334 effective and efficient integration of services and support
 1335 across systems, and successes that the system of services has
 1336 achieved. The department shall consider, but is not required to
 1337 implement, the recommendations of the advisory council.

1338 (b) The advisory council shall report to the secretary on
 1339 the status of the implementation of the Road-To-Independence
 1340 Program, efforts to publicize the availability of the Road-to-
 1341 Independence Program, the success of the services, problems
 1342 identified, recommendations for department or legislative
 1343 action, and the department's implementation of the
 1344 recommendations contained in the Independent Living Services
 1345 Integration Workgroup Report submitted to the appropriate
 1346 substantive committees of the Legislature by December 31, 2013.
 1347 The department shall submit a report by December 31 of each year
 1348 to the Governor, the President of the Senate, and the Speaker of
 1349 the House of Representatives which includes a summary of the
 1350 factors reported on by the council and identifies the
 1351 recommendations of the advisory council and either describes the
 1352 department's actions to implement the recommendations or
 1353 provides the department's rationale for not implementing the
 1354 recommendations.

1355 (c) Members of the advisory council shall be appointed by
 1356 the secretary of the department. The membership of the advisory
 1357 council must include, at a minimum, representatives from the
 1358 headquarters and regional offices of the Department of Children
 1359 and Families, community-based care lead agencies, the Department
 1360 of Juvenile Justice, the Department of Economic Opportunity, the

Page 47 of 51

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586-01714A-13 20131036__

1361 Department of Education, the Agency for Health Care
 1362 Administration, the State Youth Advisory Board, Workforce
 1363 Florida, Inc., the Statewide Guardian Ad Litem Office, foster
 1364 parents, recipients of services and funding through the Road-to-
 1365 Independence Program, and advocates for children in care. The
 1366 secretary shall determine the length of the term to be served by
 1367 each member appointed to the advisory council, which may not
 1368 exceed 4 years.

1369 (d) The department shall provide administrative support to
 1370 the Independent Living Services Advisory Council to accomplish
 1371 its assigned tasks. The advisory council shall be afforded
 1372 access to all appropriate data from the department, each
 1373 community-based care lead agency, and other relevant agencies in
 1374 order to accomplish the tasks set forth in this section. The
 1375 data collected may not include any information that would
 1376 identify a specific child or young adult.

1377 (e) The advisory council report required under paragraph
 1378 (b), must include an analysis of the system of independent
 1379 living transition services for young adults who reach 18 years
 1380 of age while in foster care before completing high school or its
 1381 equivalent and recommendations for department or legislative
 1382 action. The council shall assess and report on the most
 1383 effective method of assisting these young adults to complete
 1384 high school or its equivalent by examining the practices of
 1385 other states.

1386 (8) PERSONAL PROPERTY.—Property acquired on behalf of a
 1387 young adult in this program shall become the personal property
 1388 of the young adult and is not subject to the requirements of
 1389 chapter 273 relating to state-owned tangible personal property.

Page 48 of 51

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586-01714A-13 20131036__

1390 Such property continues to be subject to applicable federal
1391 laws.

1392 (9) MEDICAL ASSISTANCE FOR YOUNG ADULTS FORMERLY IN CARE.-
1393 The department or community-based care lead agency shall
1394 document that eligible young adults are enrolled in Medicaid
1395 under s. 409.903(4).

1396 (10) RULEMAKING.-The department shall adopt rules to
1397 administer this section.

1398 Section 7. Paragraph (a) of subsection (3) of section
1399 409.175, Florida Statutes, is amended to read:

1400 409.175 Licensure of family foster homes, residential
1401 child-caring agencies, and child-placing agencies; public
1402 records exemption.-

1403 (3) (a) The total number of children placed in each family
1404 foster home shall be based on the recommendation of the
1405 department, or the community-based care lead agency where one is
1406 providing foster care and related services, based on the needs
1407 of each child in care, the ability of the foster family to meet
1408 the individual needs of each child, including any adoptive or
1409 biological children or young adults remaining in foster care
1410 living in the home, the amount of safe physical plant space, the
1411 ratio of active and appropriate adult supervision, and the
1412 background, experience, and skill of the family foster parents.

1413 Section 8. Subsection (4) of section 409.903, Florida
1414 Statutes, is amended to read:

1415 409.903 Mandatory payments for eligible persons.-The agency
1416 shall make payments for medical assistance and related services
1417 on behalf of the following persons who the department, or the
1418 Social Security Administration by contract with the Department

586-01714A-13 20131036__

1419 of Children and Family Services, determines to be eligible,
1420 subject to the income, assets, and categorical eligibility tests
1421 set forth in federal and state law. Payment on behalf of these
1422 Medicaid eligible persons is subject to the availability of
1423 moneys and any limitations established by the General
1424 Appropriations Act or chapter 216.

1425 (4) A child who is eligible under Title IV-E of the Social
1426 Security Act for subsidized board payments, foster care, or
1427 adoption subsidies, and a child for whom the state has assumed
1428 temporary or permanent responsibility and who does not qualify
1429 for Title IV-E assistance but is in foster care, shelter or
1430 emergency shelter care, or subsidized adoption. This category
1431 includes a young adult who is eligible to receive services under
1432 s. 409.1451~~(5)~~, until the young adult reaches 21 years of age,
1433 without regard to any income, resource, or categorical
1434 eligibility test that is otherwise required. This category also
1435 includes a person who as a child was eligible under Title IV-E
1436 of the Social Security Act for foster care or the state-provided
1437 foster care and who is a participant in the Road-to-Independence
1438 Program.

1439 Section 9. The Department of Children and Families shall
1440 work in collaboration with the Board of Governors, the Florida
1441 College System, and the Department of Education to help address
1442 the need for a comprehensive support structure in the academic
1443 arena to assist young adults who have been or continue to remain
1444 in the foster care system in making the transition from a
1445 structured care system into an independent living setting.

1446 Section 10. Effective October 1, 2013, a child or young
1447 adult who is a participant in the Road-to-Independence Program

586-01714A-13 20131036__

1448 may continue in the program as it exists through December 31,
1449 2013. Effective January 1, 2014, a child or young adult who is a
1450 participant in the program shall transfer to the program
1451 services provided in this act and his or her monthly stipend may
1452 not be reduced, the method of payment of the monthly stipend may
1453 not be changed, and the young adult may not be required to
1454 change his or her living arrangement. These conditions shall
1455 remain in effect for a child or young adult until he or she
1456 ceases to meet the eligibility requirements under which he or
1457 she entered the Road-to-Independence Program. A child or young
1458 adult applying or reapplying for the Road-to-Independence
1459 Program on or after October 1, 2013, may apply for program
1460 services only as provided in this act.

1461 Section 11. The cost of foster care payments for children
1462 in foster care from age 18 until age 21, and the cost of
1463 independent living services for those qualified former foster
1464 care children up until the age of 23, shall be paid from a
1465 special category established for that purpose in the General
1466 Appropriations Act. The amount and fund source in this special
1467 category will be set each year by the legislature.

1468 Section 12. This act shall take effect July 1, 2013.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: SB 1162
 INTRODUCER: Senator Bradley
 SUBJECT: Mandatory Reports of Child Abuse
 DATE: April 9, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	Favorable
2.	Dugger	Cannon	CJ	Favorable
3.	Brown	Pigott	AHS	Favorable
4.			AP	
5.				
6.				

I. Summary:

SB 1162 amends section 39.201, Florida Statutes, to create the following two exceptions relating to the mandatory reporting of child abuse:

- An officer or employee of a law enforcement agency is not required to provide notice to the Department of Children and Families (DCF) central abuse hotline (hotline) when an incident of suspected child abuse by an adult other than a parent, legal custodian, or other person responsible for the child’s welfare under investigation by law enforcement was originally reported to law enforcement by the hotline through the electronic transfer; and
- The central abuse hotline is not required to electronically transfer calls and reports to the county sheriff’s office if the incident of alleged child abuse by an adult other than a parent, legal custodian, or other person responsible for the child’s welfare was originally reported to the hotline by the county sheriff’s office or another law enforcement agency.

The bill is estimated to have no fiscal impact.

The bill has an effective date of July 1, 2013.

This bill substantially amends section 39.201 of the Florida Statutes.

II. Present Situation:

Section 39.201, Florida Statutes, requires any person who knows, or has reasonable cause to suspect any of the following, to report such knowledge or suspicion to the DCF hotline:

- That a child was abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare;¹ or
- That a child was in need of supervision and care and had no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.²

Hotline personnel are required to determine if the report received meets the statutory definition of child abuse, abandonment, or neglect. Any report meeting one of these definitions must be accepted for a protective investigation under s. 39.301, F.S.³

Current law provides two exceptions to the reporting requirements:

- A professional who is hired by DCF for the purpose of treating or counseling any person, as a result of a report of child abuse, abandonment, or neglect, is not required to again report to the hotline the suspected abuse, abandonment, or neglect that was the subject of the referral for treatment;⁴ and
- An officer or employee of the judicial branch is not required to again provide notice of child abuse, abandonment, or neglect when there is reasonable cause to believe the information is already known to the DCF.⁵

In 2012, s. 39.201, F.S., was amended to add an additional reporting requirement:⁶

- Any person who knows, or has reasonable cause to suspect that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare is required to report such knowledge or suspicion to the hotline. The hotline is required to immediately electronically transfer such reports or calls to the appropriate county sheriff's office.⁷

The 2012 legislation did not create any exceptions to the new reporting requirement.

During implementation of the 2012 reporting requirement, hotline staff and law enforcement agencies recognized a "circular reporting requirement."⁸ In instances where a law enforcement officer was the entity who initially identified that a child was being abused by someone other

¹ Section 39.01(47), F.S., defines the term "other person responsible for a child's welfare" as including employees of any school, day care center, residential home, facility, institution, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care. The definition exempts law enforcement officers; employees of municipal or county detention facilities; and employees of the Department of Corrections acting in an official capacity, except as otherwise provided in the subsection.

² Section 39.201(1), F.S.

³ Section 39.201(2)(a), F.S.

⁴ Section 39.201(1)(e), F.S.

⁵ Section 39.201(1)(f), F.S., applies when the child is currently being investigated by DCF, there is an existing dependency case, or the matter has previously been reported to the DCF; and only when the information has been provided to the officer or employee in the course of carrying out his or her official duties.

⁶ Chapter 2012-155, s.1, Laws of Fla.

⁷ Section 39.201(2)(b), F.S. (2012).

⁸ Department of Children and Families, *Senate Bill 1162 Staff Analysis and Economic Impact*. (Feb. 22, 2013) (on file with the Senate Committee on Children, Families, and Elder Affairs).

than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, law enforcement was required to report the incident under investigation to the hotline, which was then required to immediately transfer the information back to the law enforcement agency.⁹

III. Effect of Proposed Changes:

The bill amends s. 39.201, F.S., creating the following two exceptions to the requirement that any person who knows, or has reasonable cause to suspect that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, report such knowledge or suspicion to the hotline:

- An officer or employee of a law enforcement agency is not required to provide notice to the hotline when an incident of suspected child abuse by an adult other than a parent, legal custodian or other person responsible for the child's welfare under investigation by law enforcement, was originally reported to law enforcement by the hotline through electronic transfer; and
- The central abuse hotline is not required to electronically transfer calls and reports to the county sheriff's office if the incident of alleged child abuse by an adult other than a parent, legal custodian or other person responsible for the child's welfare, was originally reported to the hotline by the county sheriff's office or another law enforcement agency.

These exceptions apply only when the information related to the alleged child abuse was provided to an officer or employee of a law enforcement agency or a hotline employee in the course of official duties.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

⁹ *Id.*

B. Private Sector Impact:

None.

C. Government Sector Impact:

The elimination of the redundant reporting requirement inadvertently created in 2012 should result in a reduced workload on local law enforcement agencies.¹⁰

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

¹⁰ *Id.*

By Senator Bradley

7-01105A-13

20131162__

1 A bill to be entitled
 2 An act relating to mandatory reports of child abuse;
 3 amending s. 39.201, F.S.; limiting the duty of an
 4 officer or employee of a law enforcement agency to
 5 provide notice to the Department of Children and
 6 Families of reasonable cause to suspect child abuse
 7 under certain circumstances; limiting the duty of the
 8 Central Abuse Hotline to electronically transfer
 9 certain calls and reports to the county sheriff's
 10 office under certain circumstances; providing
 11 applicability; providing an effective date.
 12

13 Be It Enacted by the Legislature of the State of Florida:
 14

15 Section 1. Paragraph (h) is added to subsection (1) of
 16 section 39.201, Florida Statutes, to read:

17 39.201 Mandatory reports of child abuse, abandonment, or
 18 neglect; mandatory reports of death; central abuse hotline.-

19 (1)

20 (h) An officer or employee of a law enforcement agency is
 21 not required to provide notice to the department of reasonable
 22 cause to suspect child abuse by an adult other than a parent,
 23 legal custodian, caregiver, or other person responsible for the
 24 child's welfare when the incident under investigation by the law
 25 enforcement agency was reported to law enforcement by the
 26 Central Abuse Hotline through the electronic transfer of the
 27 report or call. The department's Central Abuse Hotline is not
 28 required to electronically transfer calls and reports received
 29 pursuant to paragraph (2)(b) to the county sheriff's office if

Page 1 of 2

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7-01105A-13

20131162__

30 the matter was initially reported to the department by the
 31 county sheriff's office or another law enforcement agency. This
 32 paragraph applies only when the information related to the
 33 alleged child abuse has been provided to the officer or employee
 34 of a law enforcement agency or Central Abuse Hotline employee in
 35 the course of carrying out his or her official duties.

36 Section 2. This act shall take effect July 1, 2013.

Page 2 of 2

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305862

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
04/11/2013	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services (Bean)
recommended the following:

Senate Amendment (with title amendment)

Between lines 96 and 97
insert:

Section 2. Subsections (1) and (6) of section 459.0075,
Florida Statutes, are amended to read:

459.0075 Limited licenses.—

(1) Any person desiring to obtain a limited license shall:

(a) Submit to the board a licensure application and fee
required by this chapter. However, an osteopathic physician who
is not fully retired in all jurisdictions may use a limited
license only for noncompensated practice. If the person applying



305862

13 for a limited license submits a ~~notarized~~ statement from the
14 employing agency or institution stating that she or he will not
15 receive monetary compensation for any service involving the
16 practice of osteopathic medicine, the application fee and all
17 licensure fees shall be waived. However, any person who receives
18 a waiver of fees for a limited license shall pay such fees if
19 the person receives compensation for the practice of osteopathic
20 medicine.

21 (b) Submit proof ~~an affidavit~~ that such osteopathic
22 physician has been licensed to practice osteopathic medicine in
23 any jurisdiction in the United States in good standing and
24 pursuant to law for at least 10 years.

25 (c) Complete an amount of continuing education established
26 by the board.

27 ~~(d) Within 60 days after receipt of an application for a~~
28 ~~limited license, the board shall review the application and~~
29 ~~issue the limited license or notify the applicant of denial.~~

30 ~~(6) Any person desiring a limited license shall meet all~~
31 ~~the requirements of s. 459.0055, except s. 459.0055(1)(d).~~

32
33 ===== T I T L E A M E N D M E N T =====

34 And the title is amended as follows:

35 Delete line 14

36 and insert:

37 patients; amending s. 459.0075, F.S.; revising
38 qualifications necessary to obtain a limited license
39 to practice osteopathic medicine; providing an
40 effective date.



301808

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
04/11/2013	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services (Bean)
recommended the following:

Senate Amendment (with title amendment)

Between lines 96 and 97
insert:

Section 2. Paragraphs (a) and (b) of subsection (1) of
section 458.317, Florida Statutes, are amended to read:

458.317 Limited licenses.—

(1) (a) Any person desiring to obtain a limited license
shall:

~~1.~~ Submit to the board, with an application and fee not to
exceed \$300, and demonstrate ~~an affidavit stating~~ that he or she
has been licensed to practice medicine in any jurisdiction in



301808

13 the United States for at least 10 years and intends to practice
14 only pursuant to the restrictions of a limited license granted
15 pursuant to this section. However, a physician who is not fully
16 retired in all jurisdictions may use a limited license only for
17 noncompensated practice. If the person applying for a limited
18 license submits a ~~notarized~~ statement from the employing agency
19 or institution stating that he or she will not receive
20 compensation for any service involving the practice of medicine,
21 the application fee and all licensure fees shall be waived.
22 However, any person who receives a waiver of fees for a limited
23 license shall pay such fees if the person receives compensation
24 for the practice of medicine.

25 ~~2. Meet the requirements in s. 458.311(1)(b)-(g) and (5).~~
26 ~~If the applicant graduated from medical school prior to 1946,~~
27 ~~the board or its appropriate committee may accept military~~
28 ~~medical training or medical experience as a substitute for the~~
29 ~~approved 1-year residency requirement in s. 458.311(1)(f).~~

30 ~~(b) After approval of an application under this section, no~~
31 ~~license shall be issued until the applicant provides to the~~
32 ~~board an affidavit that there have been no substantial changes~~
33 ~~in status since initial application.~~

34
35 Nothing herein limits in any way any policy by the board,
36 otherwise authorized by law, to grant licenses to physicians
37 duly licensed in other states under conditions less restrictive
38 than the requirements of this section. Notwithstanding the other
39 provisions of this section, the board may refuse to authorize a
40 physician otherwise qualified to practice in the employ of any
41 agency or institution otherwise qualified if the agency or



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42 institution has caused or permitted violations of the provisions
43 of this chapter which it knew or should have known were
44 occurring.

45
46 ===== T I T L E A M E N D M E N T =====

47 And the title is amended as follows:

48 Delete line 14

49 and insert:

50

51 patients; amending s. 458.317, F.S.; revising
52 qualifications necessary to obtain a limited license
53 to practice medicine; providing an effective date.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 1690

INTRODUCER: Health Policy Committee and Senator Bean

SUBJECT: Volunteer Health Services

DATE: April 9, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	McElheney	Stovall	HP	Fav/CS
2.	Brown	Pigott	AHS	Favorable
3.			AP	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

CS/SB 1690 amends the Access to Health Care Act (the Act) to:

- Revise contractual requirements between health care providers and governmental contractors relating to patient referrals;
- Delete a provision that patient care delivered under the Act, including any follow-up or hospital care, is subject to approval by governmental contractors;
- Require the Department of Health (DOH) to post specified information online concerning volunteer providers; and
- Allow volunteer providers to earn continuing education credits for participating in the program.

The bill has no fiscal impact.

The bill has an effective date of July 1, 2013.

The bill substantially amends section 766.1115 of the Florida Statutes:

II. Present Situation:

The Access to Health Care Act

Section 766.1115, F.S., is entitled “The Access to Health Care Act.” The Act was enacted in 1992 to encourage health care providers to provide care to low-income persons.¹ This section extends sovereign immunity to health care providers who execute a contract with a governmental contractor and who provide volunteer, uncompensated health care services to low-income individuals as agents of the state. These health care providers are considered agents of the state under s. 768.28(9), F.S., for purposes of extending sovereign immunity while acting within the scope of duties required under the Act.

Health care providers under the Act include:²

- A birth center licensed under ch. 383, F.S.;
- An ambulatory surgical center licensed under ch. 395, F.S.;
- A hospital licensed under ch. 395, F.S.;
- A physician or physician assistant licensed under ch. 458, F.S.;
- An osteopathic physician or osteopathic physician assistant licensed under ch. 459, F.S.;
- A chiropractic physician licensed under ch. 460, F.S.;
- A podiatric physician licensed under ch. 461, F.S.;
- A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of ch. 464, F.S., or any facility that employs nurses licensed or registered under part I of ch. 464, F.S., to supply all or part of the care delivered under the Act;
- A dentist or dental hygienist licensed under ch. 466, F.S.;
- A midwife licensed under ch. 467, F.S.;
- A health maintenance organization certificated under part I of ch. 641, F.S.;
- A health care professional association and its employees or a corporate medical group and its employees;
- Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider;
- A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients;
- Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as a physician, physician assistant, osteopath, chiropractor, podiatrist, registered nurse, nurse midwife, licensed practical nurse, advanced registered nurse practitioner, or midwife; and
- Any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code,

¹ Low-income persons are defined in the Act as a person who is Medicaid-eligible, a person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level, or any eligible client of the Department of Health who voluntarily chooses to participate in a program offered or approved by the department.

² s. 766.1115(3)(d), F.S.

which delivers health care services provided by the listed licensed professionals, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

A governmental contractor is defined in the Act as the DOH, a county health department, a special taxing district with health care responsibilities, or a hospital owned and operated by a governmental entity.³

The definition of contract under the Act provides that the contract must be for volunteer, uncompensated services. For services to qualify as volunteer, uncompensated services, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or any public or private third-party payer, for the specific services provided to the low-income recipients covered by the contract.⁴

The Act further specifies contract requirements. The contract must provide that:

- The governmental contractor retains the right of dismissal or termination of any health care provider delivering services under the contract;
- The governmental contractor has access to the patient records of any health care provider delivering services under the contract;
- The health care provider must report adverse incidents and information on treatment outcomes;
- The governmental contractor must make patient selection and initial referrals;
- The health care provider must accept all referred patients; however, the contract may specify limits on the number of patients to be referred and patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or ch. 395, F.S.;
- Patient care, including any follow-up or hospital care, is subject to approval by the governmental contractor; and
- The health care provider is subject to supervision and regular inspection by the governmental contractor.

The governmental contractor must provide written notice to each patient or the patient's legal representative – receipt of which must be acknowledged in writing – that the provider is covered under s. 768.28, F.S., for purposes of actions related to medical negligence.

The individual accepting services through a contracted provider must not have medical or dental care coverage for the illness, injury, or condition for which medical or dental care is sought.⁵ The services not covered under this program include experimental procedures and clinically unproven procedures. The governmental contractor shall determine whether or not a procedure is covered.

³ s. 766.1115(3)(c), F.S.

⁴ s. 766.1115(3)(a), F.S.

⁵ Rule 64I-2.001, F.A.C.

Annually, the DOH reports a summary to the Legislature containing the efficacy of access and treatment outcomes while providing health care for low-income persons.

Sovereign Immunity

The term “sovereign immunity” originally referred to the English common law concept that the government may not be sued because “the King can do no wrong.” Sovereign immunity bars lawsuits against the state or its political subdivisions for the torts of officers, employees, or agents of such governments unless the immunity is expressly waived.

Article X, s. 13, of the Florida Constitution recognizes the concept of sovereign immunity and gives the Legislature the right to waive such immunity in part or in full by general law. Section 768.28, F.S., contains the limited waiver of sovereign immunity applicable to the state.

Under this statute, officers, employees, and agents of the state will not be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event or omission of action in the scope of his or her employment or function, unless such officer, employee, or agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property.

Instead, the state steps in as the party litigant and defends against the claim. Damages awarded to any one person are limited to \$200,000 for one incidence, and total damages awarded to all persons related to one incidence are limited to \$300,000. The sovereign immunity recovery caps do not prevent a plaintiff from obtaining a judgment in excess of the caps but the plaintiff cannot recover the excess damages without action by the Legislature.⁶

Whether sovereign immunity applies turns on the degree of control of the agent of the state retained by the state.⁷ In *Stoll v. Noel*, the Florida Supreme Court explained that independent contractor physicians may be agents of the state for purposes of sovereign immunity:

One who contracts on behalf of another and subject to the other’s control except with respect to his physical conduct is an agent and also independent contractor.⁸

The court examined the employment contract between the physicians and the state to determine whether the state’s right to control was sufficient to create an agency relationship and held that it did.⁹ The court explained:

Whether the CMS physician consultants are agents of the state turns on the degree of control retained or exercised by CMS. This Court has held that the right to control depends upon the terms of the employment contract. *National Sur. Corp. v. Windham*, 74 So. 2d 549, 550 (Fla. 1954) (“The [principal’s] right to control depends upon the terms of the contract of employment...”.) The CMS requires each consultant, as a condition of

⁶ See s. 768.28(5), F.S.

⁷ *Stoll v. Noel*, 694 So. 2d 701, 703(Fla. 1997)

⁸ *Stoll v. Noel*, 694 So. 2d 701, 703(Fla. 1997) (quoting The Restatement of Agency)

⁹ *Stoll v. Noel*, 694 So. 2d 701, 703(Fla. 1997)

participating in the CMS program, to agree to abide by the terms published in its HRS¹⁰ Manual and CMS Consultants Guide which contain CMS policies and rules governing its relationship with the consultants. The Consultant's Guide states that all services provided to CMS patients must be authorized in advance by the clinic medical director. The language of the HRS Manual ascribes to CMS responsibility to supervise and direct the medical care of all CMS patients and supervisory authority over all personnel. The manual also grants to the CMS medical director absolute authority over payment for treatments proposed by consultants. The HRS Manual and the Consultant's Guide demonstrate that CMS has final authority over all care and treatment provided to CMS patients, and it can refuse to allow a physician consultant's recommended course of treatment of any CMS patient for either medical or budgetary reasons.

Our conclusion is buttressed by HRS's acknowledgement that the manual creates an agency relationship between CMS and its physician consultants, and despite its potential liability in this case, HRS has acknowledged full financial responsibility for the physicians' actions. HRS's interpretation of its manual is entitled to judicial deference and great weight.¹¹

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 766.1115, F.S., to revise contractual requirements for patient referrals and care under the "Access to Health Care Act." The contract between the governmental contractor and the provider may authorize the provider to determine patient selection and initial referral. Current law authorizes the DOH to specify by rule the contractual conditions under which the provider may perform the patient eligibility and referral process. The bill requires the DOH to retain review and oversight authority of this process. The bill eliminates a requirement that patient care, including follow up or hospital care, is subject to approval by a governmental contractor. The bill requires the DOH to post specified information online concerning volunteer providers' hours and number of patient visits. The bill also allows a volunteer provider to earn continuing education credits for participating in the program for up to eight credits per licensure period.

Section 2 of the bill provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

¹⁰ Florida's former Department of Health and Rehabilitative Services

¹¹ Stoll v. Noel, 694 So. 2d 701, 703(Fla. 1997)

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Additional health care providers may be incented to volunteer under the Act due to the continuing education credits authorized in the bill.

C. Government Sector Impact:

The bill requires the DOH to post specified information online concerning volunteer providers. The DOH advises that this may require an indeterminate amount of additional staffing.

The bill allows each hour of volunteer services to count as a continuing education hour for up to eight hours. To monitor and record each hour will require current continuing education procedures to be updated within the DOH.

The DOH advises that there may be additional costs associated with the collecting and online reporting of volunteer hours and patient visits that cannot be determined. As of June 30, 2012, there were 12,867 licensed providers volunteering under the Act.¹²

VI. Technical Deficiencies:

None.

VII. Related Issues:

Whether sovereign immunity is extended to a contracted health care provider depends on the degree of control retained or exercised by the governmental entity. The bill removes the specific requirement that patient care is subject to approval by the governmental contractor. Although the DOH retains responsibility to adopt rules to administer the Act, the extent to which oversight and control of the provider is diminished, if any, might affect a court's determination of whether sovereign immunity applies.

¹² DOH Bill Analysis for SB 1690 dated March 6, 2013, on file with the Senate Health Policy Committee

VIII. Additional Information:

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

CS by Health Policy on March 20, 2013:

The CS reinstates and adds language concerning DOH rulemaking related to methods for determination and approval of patient eligibility and referral by governmental contractors and providers. The DOH will review and oversee authority of the patient eligibility and referral determination. The CS also reinstates language pertaining to antidumping prohibitions.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By the Committee on Health Policy; and Senator Bean

588-02805-13

20131690c1

A bill to be entitled

An act relating to volunteer health services; amending s. 766.1115, F.S.; revising requirements for patient referral under the "Access to Health Care Act"; eliminating a requirement that the governmental contractor approve all followup or hospital care; requiring the Department of Health to post specified information online concerning volunteer providers; permitting volunteer providers to earn continuing education credit for participation in the program up to a specified amount; providing that any rule adopted by the department give providers the greatest flexibility possible in order to serve eligible patients; providing an effective date.

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

Section 1. Subsections (10) and (11) of section 766.1115, Florida Statutes, are renumbered as sections (11) and (12), respectively, a new subsection (10) is added to that section, and paragraphs (d), (f), and (g) of subsection (4) and present subsections (8) and (10) of that section are amended to read:

766.1115 Health care providers; creation of agency relationship with governmental contractors.—

(4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the

Page 1 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

588-02805-13

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contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

(d) Patient selection and initial referral may ~~must~~ be made ~~solely~~ by the governmental contractor or the provider, ~~and the provider must accept all referred patients. However, the number of patients that must be accepted may be limited by the contract, and~~ Patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.

~~(f) Patient care, including any followup or hospital care, is subject to approval by the governmental contractor.~~

(f)(g) The provider is subject to supervision and regular inspection by the governmental contractor.

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(8) REPORTING REPORT TO THE LEGISLATURE.—

(a) Annually, the department shall report to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders and relevant substantive committee chairpersons of both houses, summarizing the efficacy of access and treatment outcomes with respect to providing health care

Page 2 of 4

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588-02805-13 20131690c1

59 services for low-income persons pursuant to this section.

60 (b) The department shall provide an online listing of all
 61 providers volunteering under this program with their hours and
 62 the number of patient visits each provided.

63 (10) CONTINUING EDUCATION CREDIT.—A provider may fulfill 1
 64 hour of continuing education credit by performing 1 hour of
 65 volunteer services to the indigent as provided in this section,
 66 up to a maximum of eight credits per licensure period for that
 67 provider.

68 (11)(10) RULES.—The department shall adopt rules to
 69 administer this section in a manner consistent with its purpose
 70 to provide and facilitate access to appropriate, safe, and cost-
 71 effective health care services and to maintain health care
 72 quality. The rules may include services to be provided and
 73 authorized procedures. Notwithstanding the requirements of
 74 paragraph (4) (d), the department shall adopt rules that specify
 75 required methods for determination and approval of patient
 76 eligibility and referral by government contractors and
 77 providers. The rules adopted by the department pursuant to this
 78 subsection shall give providers the greatest flexibility
 79 possible in order to serve eligible patients. The department
 80 shall retain review and oversight authority of the patient
 81 eligibility and referral determination. and the contractual
 82 conditions under which a health care provider may perform the
 83 patient eligibility and referral process on behalf of the
 84 department. These rules shall include, but not be limited to,
 85 the following requirements:

86 (a) The provider must accept all patients referred by the
 87 department. However, the number of patients that must be

Page 3 of 4

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588-02805-13 20131690c1

88 ~~accepted may be limited by the contract.~~

89 ~~(b) The provider shall comply with departmental rules~~
 90 ~~regarding the determination and approval of patient eligibility~~
 91 ~~and referral.~~

92 ~~(c) The provider shall complete training conducted by the~~
 93 ~~department regarding compliance with the approved methods for~~
 94 ~~determination and approval of patient eligibility and referral.~~

95 ~~(d) The department shall retain review and oversight~~
 96 ~~authority of the patient eligibility and referral determination.~~

97 Section 2. This act shall take effect July 1, 2013.

Page 4 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 732

INTRODUCER: Health Policy Committee and Senator Grimsley

SUBJECT: Pharmacy

DATE: April 9, 2013 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Davlantes</u>	<u>Stovall</u>	<u>HP</u>	Fav/CS
2.	<u>Brown</u>	<u>Pigott</u>	<u>AHS</u>	Favorable
3.	_____	_____	<u>AP</u>	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

CS/SB 732 requires a Class II institutional pharmacy to add biological products, biosimilars, and biosimilar interchangeables to its institutional formulary system.

Under the bill, pharmacists may provide biosimilar products to patients in place of biologics if:

- The federal Food and Drug Administration (FDA) has determined that the substitute biological product is biosimilar to and interchangeable for the prescribed biological product;
- The prescriber does not express any preference against such a substitution;
- The person presenting the prescription is notified of the substitution in a manner consistent with s. 465.025(3), F.S.;
- The pharmacist or pharmacist’s agent notifies the prescriber of the substitution via electronic means within five business days after dispensing the prescription; and
- The pharmacist and the prescriber retain record of the substitution for at least two years.

The bill is estimated to have no immediate fiscal impact while representing an indeterminate amount of possible cost savings in out-years.

A pharmacist who practices in a Class II or modified Class II institutional pharmacy must comply with the reporting provisions by entering the substitution into the institution's medical record system. The bill also requires the Board of Pharmacy to maintain on its public website a list of biological products that the FDA has determined to be biosimilar and interchangeable.

The bill amends section 465.019, Florida Statutes.

The bill creates section 465.0252, Florida Statutes.

II. Present Situation:

“Brand Name” Chemical Drugs and Generic Chemical Drugs

A “brand name” chemical drug is manufactured with simple chemical ingredients that have uniform, predictable structures which are easy to characterize and replicate. The potency of a “brand name” chemical drug is determined by a defined chemical process. A generic chemical drug has the identical active substance and biological effect as its “brand name” counterpart. A generic chemical drug differs from a “brand name” chemical drug by inactive ingredients contained in the chemical structure and the rate and extent of absorption by the human body.

The federal Food, Drug and Cosmetic Act, as amended by the Drug Price Competition and Patent Term Restoration Act of 1984 (the Hatch-Waxman Act), established the Abbreviated New Drug Application process, creating a pathway for approval of generic medications, primarily for chemical drugs.¹ Since 1984, the FDA has approved more than 8,000 generic drugs, resulting in hundreds of billions of dollars in cost savings to consumers.² In 2009, almost 75 percent of pharmaceutical prescriptions dispensed in the U.S. were generic medications.³

Biological Products and Biosimilar Biological Products

A biological product (biologic), in contrast to a chemical drug, is a large and complex protein, generally produced using a living system or organism.⁴ It is heterogeneous and difficult to characterize. The effectiveness of a biologic is expressed in a biological system, meaning the biologic interacts with the human body, or an animal's body, to produce the desired effect. A biologic can be manufactured through a biotechnological process, derived from natural sources, or completely synthesized in a laboratory setting.⁵

¹ The Federal Food, Drug and Cosmetic Act, s. 505(b)(2); 21 U.S.C. 355(b)(2).

² U.S. Dept. of Health and Human Services, Food and Drug Administration, Regulatory Information, *Fact Sheet: New “Biosimilars” User Fees Will Enhance Americans’ Access to Alternatives to Biologic Drugs*, July 16, 2012, available at www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticAct/FDCAct/SignificantAmendmentstotheFDCAct/FDASIA/ucm311121.htm. (last viewed on February 14, 2013).

³ Kozlowski, S., Woodcock, J., et al., *Developing the Nation’s Biosimilar Program*, N Engl J Med 365:5, 385 (August 4, 2011).

⁴ U.S. Dept. of Health and Human Services, Food and Drug Administration, Sherman, M.D., Rachel, *Biosimilar Biological Products-Biosimilar Guidance Webinar*, February 15, 2012, slide 3, available at www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/ucm292463.pdf.

⁵ Id.

A biosimilar biological product (biosimilar) has a similar, but not identical, active substance to another biologic. The biological activity of a biosimilar may vary as compared to another biologic. Because of the variable nature of a biosimilar, it is critical to identify the differences and determine which differences matter clinically. The determination of clinically meaningful differences between a biologic and its biosimilar can be exhibited through animal studies that measure toxicity, clinical studies on humans, and other scientifically accepted metrics.

In 2011, roughly 25 percent of the \$320 billion spent on pharmaceuticals in the U.S., was spent on biologics.⁶ Each year, patients in the U.S. receive over 200 million vaccinations, 29 million transfusions of blood and blood components, and 1.6 million transplants of musculoskeletal tissue, all of which require the use of biologics.⁷

There is no existing market for biosimilars currently in the U.S.⁸ Twelve biologics with global sales exceeding \$67 billion will lose patent protection by 2020 and will be open to biosimilar competition.⁹ By 2015, sales of biosimilars worldwide are expected to range between \$1.9 billion and \$2.6 billion, up from \$378 million in the first half of 2011.¹⁰ The U.S. is forecast to be the largest potential market for biosimilar sales by 2020, with a market value between \$11 billion and \$25 billion, representing a 4 percent to 10 percent share of the total biologics market.¹¹ Biosimilars are forecast to represent up to 50 percent of the off-patent biological market by 2020, with an assumed price discount between 20 percent and 30 percent when compared to biologics.¹²

The U.S. Federal Trade Commission predicts that the availability of biosimilars will significantly reduce the cost of biologics and increase their accessibility.¹³

The Biologics Price Competition and Innovation Act of 2010

The Biologics Price Competition and Innovation Act (BPCIA) was enacted as part of the Patient Protection and Affordable Care Act on March 23, 2010.¹⁴ The BPCIA amends the Public Health Service Act and other statutes to create an abbreviated licensure pathway for biologics

⁶ IMS Health, *Top Therapeutic Classes by U.S. Spending-2011*, available at [www.imshealth.com/deployedfiles/ims/Global/Content/Corporate/Press%20Room/Top_Therapy_Classes_by_Sales\[1\].pdf](http://www.imshealth.com/deployedfiles/ims/Global/Content/Corporate/Press%20Room/Top_Therapy_Classes_by_Sales[1].pdf).

⁷ U.S. Dept. of Health and Human Services, Food and Drug Administration, *About FDA*, available at www.fda.gov/AboutFDA/CentersOffices/ucm193951.htm. (last viewed on Feb. 13, 2013).

⁸ One product exists in the U.S. that may meet the current definition of “biosimilar” contained in the BPCIA. Omnitrope, a form of synthetic human growth hormone used to treat long-term growth failure in children and adult onset growth deficiency, and manufactured by Sandoz, was approved for sale in the U.S. under a special ruling from FDA in 2007.

⁹ Genetics and Biosimilar Initiative, *US\$67 billion worth of biosimilar patents expiring before 2020*, June 29, 2012 (on file with the Health Quality subcommittee staff).

¹⁰ IMS Health, *Shaping the biosimilars opportunity: A global perspective on the evolving biosimilars landscape*, December 2011, page 1, available at

www.imshealth.com/deployedfiles/ims/Global/Content/Insights/IMS%20Institute%20for%20Healthcare%20Informatics/Documents/Biosimilars_White_Paper.pdf.

¹¹ Id. at pages 3 and 6.

¹² Id. at page 6.

¹³ U.S. Federal Trade Commission, *Emerging health care issues: follow-on biologic drug competition*, 2009, available at www.ftc.gov/os/2009/06/P083901biologicsreport.pdf.

¹⁴ PPACA (Pub. L. 111-148), title VII, subtitle A, §§7001 to 7003.

demonstrated to be biosimilar to or interchangeable with a reference biologic.¹⁵ The BPCIA establishes the requirements for an application for a proposed biosimilar and an application for a proposed interchangeable product.¹⁶

The application must include information demonstrating biosimilarity, based on data derived in part from “analytical studies that demonstrate that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components;”¹⁷ animal studies that include an assessment of toxicity;¹⁸ and a clinical study or studies sufficient to establish safety, purity, and potency of the biosimilar.¹⁹ Biosimilarity means that a biologic is highly similar to the reference biologic, even when considering the differences in clinically inactive components, and that there are no clinically meaningful differences between the biologic and the reference biologic in terms of safety, purity, and potency.²⁰

The FDA will use a totality-of-the evidence approach in reviewing biosimilar applications, meaning all available data submitted in support of biosimilarity and the proposed biosimilar will be evaluated before a determination is made regarding biosimilarity and interchangeability.²¹ To meet the standard of interchangeability, an applicant must provide sufficient information to demonstrate biosimilarity and also demonstrate that the biologic can be expected to produce the same clinical result as the reference product in any given patient. In addition, an applicant must demonstrate that, if the biologic is administered more than once to an individual, the risk in terms of safety or diminished efficacy of alternating or switching between the use of the biosimilar and the reference product is not greater than the risk of using the reference product without an alternation or switch in products.²²

Pending FDA Rules on Biosimilars and Interchangeability

On February 9, 2012, the FDA issued three draft guidance documents regarding biosimilars and interchangeability. The documents, referenced as *Guidance for Industry*, answered questions regarding implementation of the BPCIA²³ and detailed scientific and quality considerations to be

¹⁵ A reference product is an existing biological product against which another biological product is compared to determine biosimilarity and interchangeability.

¹⁶ S. 351(k) of the PHS Act (42 U.S.C. 262(k)).

¹⁷ 42 U.S.C. §262(k)(2)(A)(i)(I)(aa).

¹⁸ 42 U.S.C. §262(k)(2)(A)(i)(I)(bb).

¹⁹ 42 U.S.C. §262(k)(2)(A)(i)(I)(cc).

²⁰ 42 U.S.C. §262(i)(2).

²¹ U.S. Dept. of Health and Human Services, Food and Drug Administration, *Biosimilars Fact Sheet: Issuance of Draft Guidances on Biosimilar Products*, available at

www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/ucm291197.htm .

²² 42 U.S.C. §262(i)(3).

²³ U.S. Dept. of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, *Guidance for Industry, Biosimilars: Questions and Answers Regarding Implementation of the Biologics Price Competition and Innovation Act of 2009*, February 2012, available at www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm259797.htm. (last viewed on February 15, 2013).

addressed in demonstrating biosimilarity.²⁴ The guidance documents have not yet been finalized by the FDA.

The Federal Food, Drug, and Cosmetic Act, as amended by the Biosimilar User Fee Act of 2012 (BsUFA), authorizes the FDA to assess and collect fees for biosimilars from October 2012 through September 2017.²⁵ The FDA dedicates these fees to expediting the review process for approval of biosimilars. The FDA has determined that biosimilars represent an important public health benefit, with the potential to offer life-saving or life-altering benefits at reduced cost to the patient. According to the FDA, BsUFA facilitates the development of safe and effective biosimilars for the American public.²⁶

The FDA is currently meeting with sponsors of proposed biosimilars, having received 50 requests for meetings and fulfilling 37 of those requests.²⁷ In addition, the FDA has approved 14 Investigative New Drug applications (INDs) for clinical development of proposed biosimilars.²⁸ The FDA has also noted it is engaged in active discussions with many sponsors at the pre-IND stage, indicating further clinical development of biosimilars in the near future.²⁹ The FDA does not expect to diverge greatly from the policies established by the European Medicines Agency for approval of biosimilars for sale in the European Union and other specific countries.³⁰

Biosimilars in Europe

The European Medicines Agency (EMA) is a decentralized agency of the European Union (EU), located in London, England. It is the scientific body of the European Commission (EC).³¹ The EMA's primary responsibility is the "protection and promotion of public and animal health through the evaluation and supervision of medicines for human and veterinary use."³²

²⁴ U.S. Dept. of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research and Center for Biologics Evaluation and Research, *Guidance for Industry, Scientific Considerations in Demonstrating Biosimilarity to a Reference Product* and *Guidance for Industry, Quality Considerations in Demonstrating Biosimilarity to a Reference Protein Product*, February 2012, both documents available at www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm290967.htm. (last viewed on February 15, 2013).

²⁵ Biosimilar User Fee Act of 2012, Pub. L. 112-144, title IV, ss. 401-408 (21 U.S.C. 379j-51 through 53).

²⁶ U.S. Dept. of Health and Human Services, Food and Drug Administration, *For Industry: Biosimilar User Fee Act (BsUFA)*, available at www.fda.gov/ForIndustry/UserFees/BiosimilarUserFeeActBsUFA/default.htm. (last viewed on February 16, 2013).

²⁷ Comments of Dr. Janet Woodcock, Director, Center for Drug Evaluation and Research, Food and Drug Administration, at Bloomberg State of Health Care 2013 Summit, February 11, 2013 (video available at www.bloomberg.com/video/fda-sees-more-breakthrough-drugs-woodcock-says--Obd9FUMQ7qWka0CfYq3dg.html) (last viewed on February 15, 2013).

²⁸ Id.

²⁹ Id.

³⁰ Id.

³¹ European Generic Medicines Association, *EGA FACT SHEET on generic medicines, FAQs about Biosimilar Medicines*, July 2011, available at www.egagenerics.com/index.php/biosimilar-medicines/faq-on-biosimilars. (last viewed on February 15, 2013).

³² European Medicines Agency, *What we do*, available at http://www.ema.europa.eu/ema/index.jsp?curl=pages/about_us/general/general_content_000091.jsp&mid=WC0b01ac0580028a42. (last viewed on February 15, 2013)

The EMA is responsible for the scientific evaluation of applications for EU marketing authorizations for human and veterinary medicines governed by the “centralised procedure.”³³ Under the “centralised procedure,” pharmaceutical companies submit a single marketing-authorization application to the EMA.³⁴ Medicines are then approved by the EC based on the positive scientific opinion of the EMA and its expert committee, the Committee on Human Medicinal Products.³⁵ Once granted by the EC, a centralized marketing authorization is valid in all EU Member States, as well as Iceland, Liechtenstein, and Norway.³⁶ By law, a company can only market a medicine once it has received a marketing authorization.³⁷

The “centralised procedure” is mandatory for:

- Human medicines for the treatment of HIV/AIDS, cancer, diabetes, neurodegenerative diseases, auto-immune and other immune dysfunctions, and viral diseases;
- Veterinary medicines for use as growth or yield enhancers;
- Medicines derived from biotechnology processes, such as genetic engineering;
- Advanced-therapy medicines, such as gene-therapy, somatic cell-therapy, or tissue-engineered medicines; and
- Officially designated medicines used for rare human diseases.³⁸

Biologics and biosimilars fall within the mandatory “centralised procedure” for approval and marketing within the EU and other specified European countries.

In 2003, the EMA created a new pathway for approving biosimilar medicines.³⁹ The central feature of the evaluation process is the comparison of the biosimilar with its reference product to show that there are no significant differences between them.⁴⁰ The EMA further explains the evaluation process to determine biosimilarity, which is very similar to the proposed pathway process in the U.S.:

The relevant regulatory authority applies stringent criteria in their evaluation of the studies comparing the quality, safety and effectiveness of the two medicines. The studies on quality include comprehensive comparisons of the structure and biological activity of their active substances, while the studies on safety and effectiveness should show that there are no significant differences in their benefits and risks, including the risk of immune reactions.

³³ Id.

³⁴ Id.

³⁵ See *supra*, FN 23.

³⁶ Id.

³⁷ Id.

³⁸ European Medicines Agency, *Central authorization of medicines*, available at http://www.ema.europa.eu/ema/index.jsp?curl=pages/about_us/general/general_content_000109.jsp&mid=WC0b01ac0580028a47. (last viewed on February 15, 2013).

³⁹ European Medicines Agency, *Questions and answers on biosimilar medicines (similar biological medicinal products)*, available at www.ema.europa.eu/docs/en_GB/document_library/Medicine_QA/2009/12/WC500020062.pdf. (last viewed on February 15, 2013).

⁴⁰ See *supra*, FN 38.

One critical difference between the approval process established by the EMA and the proposed pathway outlined by the FDA is that the EMA does not make recommendations on whether a biosimilar can be used interchangeably with its reference product.⁴¹ The FDA will determine interchangeability, which in turn will determine whether a biosimilar can be substituted for a prescription biologic by a pharmacist.

The EMA published general guidelines on biosimilars in 2005 and approved its first biosimilar in 2006.⁴² As of February 2012, the EMA had approved 14 biosimilar products,⁴³ with reference products including filgrastim,⁴⁴ epoetin,⁴⁵ and somatropin.⁴⁶

Institutional Pharmacy

Florida law requires any institution, such as a hospital, seeking to operate a pharmacy to obtain a permit from the Department of Health (DOH).⁴⁷ The DOH has established three classes of permit for institutional pharmacies:

- Class I:⁴⁸ All medicinal drugs are administered from individual prescription containers to individual patients. Medicinal drugs are not dispensed on premises. An exception is noted to allow licensed nursing homes to purchase and administer oxygen to residents.
- Class II:⁴⁹ The pharmacy employs a licensed pharmacist to dispense medication to patients in the institution for use on the premises. Class II institutional pharmacies are most often located in hospitals.
- Modified Class II:⁵⁰ The pharmacy is located in a short-term, primary care treatment center which meets all the requirements for a Class II permit. Modified Class II pharmacies are classified according to the type of pharmaceutical delivery system, either a patient-specific or bulk drug system, as Type A, Type B, and Type C.⁵¹

Medicinal drugs can only be dispensed from an institutional pharmacy with a community pharmacy permit from DOH.⁵² In a Class II institutional pharmacy, medical staff of the institution may approve a formulary system that identifies medicinal drugs and proprietary preparations that may be dispensed by the institutional pharmacist.⁵³ Any facility with a Class II institutional pharmacy permit must develop policies and procedures regarding the formulary that

⁴¹ See *supra*, FN 39.

⁴² European Medicines Agency, *Guideline on similar biological medicinal products*, 2005, available at www.emea.europa.eu/pdfs/human/biosimilar/043704en.pdf.

⁴³ See *supra*, FN 4 at slide 23.

⁴⁴ A white blood cell booster used to reduce infection risks in persons receiving strong chemotherapy treatment.

⁴⁵ Also known as EPO, it treats anemia caused by chronic kidney disease in dialysis patients by promoting red blood cell production.

⁴⁶ Synthetic human growth hormone (hGH).

⁴⁷ S. 465.019(1), F.S.

⁴⁸ S. 465.019(2)(a), F.S.

⁴⁹ S. 465.019(2)(b), F.S.

⁵⁰ S. 465.019(2)(c), F.S.

⁵¹ Rule 64B-16-28.702(2)(b)-(d), F.A.C.

⁵² S. 465.019(4), F.S.; see also s. 465.018, F.S., regarding community pharmacy permits.

⁵³ S. 465.019(6), F.S.

are consistent with established standards by the American Hospital Association and the American Society of Hospital Pharmacists.⁵⁴

Pharmacist Substitution in Florida

In general, a pharmacist in Florida is required to substitute a less expensive generic medication for a prescribed brand name medication.⁵⁵ The presenter of the prescription may specifically request the brand name medication.⁵⁶ Also, the prescriber may prevent substitution by indicating the brand name medication is “medically necessary” in writing, orally, or, in the case of an electronic transmission of the prescription, by making an overt act to indicate the brand name medication is “medically necessary.”⁵⁷ The pharmacist must inform the presenter of the prescription that a substitution has been made, advise the presenter that he or she may refuse the substitution and request the brand name medication, and pass on to the consumer the full amount of any savings realized by the substitution.⁵⁸

Each pharmacy is required to establish a formulary of brand name medications and generic medications which, if selected as the drug product of choice, pose no threat to patient health and safety.⁵⁹ The Board of Pharmacy and the Board of Medicine are required to establish a formulary which lists brand name medications and generic medications that are determined to be clinically different so as to be biologically and therapeutically inequivalent.⁶⁰ Substitution of the drugs included in this formulary would pose a threat to patient health and safety.⁶¹ The boards are required to distribute the formulary to licensed and registered pharmacies and pharmacists.⁶² Each board that regulates practitioners licensed by the state to prescribe medications must incorporate the formulary into its rules.⁶³ No pharmacist may substitute a generic medication for a brand name medication if either medication is included in the formulary.⁶⁴

There is no provision in Florida law regarding substitution for biosimilars.

III. Effect of Proposed Changes:

Section 1 amends s. 465.019, F.S., to authorize a Class II institutional pharmacy to add biological products, biosimilars, and biosimilar interchangeables to its institutional formulary system.

Section 2 creates s. 465.0252, F.S., relating to substitution of biosimilar products. The bill provides definitions for “biological product,” “biosimilar, and “interchangeable” consistent with

⁵⁴ Id.

⁵⁵ S. 465.025(2), F.S.

⁵⁶ Id.

⁵⁷ Id.

⁵⁸ S. 465.025(3)(a), F.S.; *see also* Rule 64B-16-27.530, F.A.C.

⁵⁹ S. 465.025(5), F.S.; *see also* Rule 64B-16.27.520, F.A.C.

⁶⁰ S. 465.025(6), F.S.; *see also* Rule 64B-16.27.500, F.A.C.

⁶¹ Id.

⁶² S. 465.025(6)(b), F.S.

⁶³ Id.

⁶⁴ Id.

how these terms are defined in the federal Public Health Service Act.⁶⁵ The bill offers guidelines for when pharmacists may substitute a biosimilar product for a prescribed biologic. This substitution may occur if:

- The FDA has determined that the substitute biological product is biosimilar to and interchangeable for the prescribed biological product;
- The prescriber does not express any preference against such a substitution;
- The pharmacist notifies the person presenting the prescription of the substitution in a manner consistent with s. 465.025(3), F.S.;
- The pharmacist or pharmacist's agent notifies the prescriber of the substitution via electronic means within five business days after dispensing the prescription; and
- The pharmacist and the prescriber retain a written or electronic record of the substitution for at least two years.

A pharmacist who practices in a Class II or modified Class II institutional pharmacy must comply with the notification provisions by entering the substitution into the institution's medical record system. The bill also requires the Board of Pharmacy to maintain on its public website a list of biological products that the FDA has determined to be biosimilar and interchangeable.

Section 3 provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

⁶⁵ 42 U.S.C. s. 262. In this section, "biological product" means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein (except any chemically synthesized polypeptide), or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings. "Biosimilar" means that the biological product is highly similar to the reference product notwithstanding minor differences in chemically inactive components and there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product. "Interchangeable" means that the biological product may be substituted for the reference product without the intervention of the health care provider who prescribed the reference product.

B. Private Sector Impact:

CS/SB 732 provides a pathway to establish a broader market for biosimilars in Florida through interchangeability with biologics. Once the FDA approves a biosimilar, it may be prescribed in Florida without intervention from the Legislature if the prescriber writes specifically for that biosimilar. However, this bill allows a biosimilar which the FDA approves to be interchangeable with a biologic to be lawfully substituted for a prescribed biologic. Patients will have the opportunity to use biosimilars in place of biologic products, potentially at a reduced cost.

C. Government Sector Impact:

While a biosimilar market does not currently exist in the U.S., it is anticipated that once biosimilars are approved by the FDA and deemed interchangeable with prescription biologics, Medicaid and the state group insurance program may realize cost savings due to substitution of less expensive biosimilars for prescription biologics. The estimate of cost savings is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The FDA has yet to approve any biosimilars. Under the bill, the state will pass legislation allowing biosimilars to be interchanged with biologics when such biosimilars do not exist.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 2, 2013:

The CS authorizes a Class II institutional pharmacy to add biological products, biosimilars, and biosimilar interchangeables to its institutional formulary system. It provides definitions for “biological product,” “biosimilar,” and “interchangeable” consistent with how these terms are defined in the federal Public Health Service Act and deletes the requirement that pharmacists verify that a substituted biological product is biosimilar with the prescribed product *for the specified, indicated use*. The bill reduces the time a pharmacist has to notify a prescribing practitioner of a substitution and the time a pharmacist and a practitioner must retain a record of such substitution to five days and two years, respectively.

The bill permits pharmacists at Class II or modified Class II pharmacies to fulfill reporting requirements by entering the substitution into the institution’s medical record system. The bill also requires the Board of Pharmacy to maintain on its public website a list of biological products that the FDA has determined to be biosimilar and interchangeable.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By the Committee on Health Policy; and Senator Grimsley

588-03414A-13

2013732c1

A bill to be entitled

An act relating to pharmacy; amending s. 465.019, F.S.; permitting a class II institutional pharmacy formulary to include biologics, biosimilars, and biosimilar interchangeables; creating s. 465.0252, F.S.; providing definitions; providing requirements for a pharmacist to dispense a substitute biological product that is determined to be biosimilar to and interchangeable for the prescribed biological product; providing notification requirements for a pharmacist in a class II or modified class II institutional pharmacy; requiring the Board of Pharmacy to maintain a current list of interchangeable biosimilar products; providing an effective date.

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

Section 1. Subsection (6) of section 465.019, Florida Statutes, is amended to read:

465.019 Institutional pharmacies; permits.—

(6) In a Class II institutional pharmacy, an institutional formulary system may be adopted with approval of the medical staff for the purpose of identifying those medicinal drugs, ~~and~~ proprietary preparations, biological products, biosimilars, and biosimilar interchangeables that may be dispensed by the pharmacists employed in such institution. A facility with a Class II institutional permit which is operating under the formulary system shall establish policies and procedures for the development of the system in accordance with the joint standards

Page 1 of 3

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588-03414A-13

2013732c1

of the American Hospital Association and American Society of Hospital Pharmacists for the utilization of a hospital formulary system, which formulary shall be approved by the medical staff.

Section 2. Section 465.0252, Florida Statutes, is created to read:

465.0252 Substitution of interchangeable biosimilar products.—

(1) As used in this section, the terms "biological product," "biosimilar," and "interchangeable" have the same meanings as defined in s. 351 of the federal Public Health Service Act, 42 U.S.C. s. 262.

(2) A pharmacist may only dispense a substitute biological product for the prescribed biological product if:

(a) The United States Food and Drug Administration has determined that the substitute biological product is biosimilar to and interchangeable for the prescribed biological product.

(b) The practitioner ordering the prescription does not express a preference against substitution in writing, verbally, or electronically.

(c) The pharmacist notifies the person presenting the prescription of the substitution in the same manner as provided in s. 465.025(3)(a).

(d) The pharmacist or the pharmacist's agent, within 5 business days after dispensing the substitute biological product in lieu of the prescribed biological product, notifies the practitioner ordering the prescription of the substitution by facsimile, telephone, voicemail, e-mail, electronic medical record, or other electronic means.

(e) The pharmacist and the practitioner ordering the

Page 2 of 3

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588-03414A-13

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59 prescription each retain a written or electronic record of the
60 substitution for at least 2 years.

61 (3) A pharmacist who practices in a class II or modified
62 class II institutional pharmacy shall comply with the
63 notification provisions of paragraphs (2) (c) and (d) by entering
64 the substitution in the institution's written medical record
65 system or electronic medical record system.

66 (4) The board shall maintain on its public website a
67 current list of biological products that the United States Food
68 and Drug Administration has determined are biosimilar and
69 interchangeable as provided in paragraph (2) (a).

70 Section 3. This act shall take effect July 1, 2013.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic _____

Bill Number 1036
(if applicable)

Name Emmanuel Oliver

Amendment Barcode _____
(if applicable)

Job Title Florida Youth Shine

Address _____
Street

Phone _____

City _____ State _____ Zip _____

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/11/13
Meeting Date

Topic Independent Living

Bill Number 1436
(if applicable)

Name Marushka Gilet

Amendment Barcode _____
(if applicable)

Job Title _____

Address _____
Street

Phone _____

City _____ State _____ Zip _____

E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic _____ Bill Number 1036 _____
(if applicable)

Name Kienna Perkins _____ Amendment Barcode _____
(if applicable)

Job Title _____

Address 8000 Broward Rd. Apt. C501 _____ Phone _____
Street

City _____ State _____ Zip _____ E-mail _____

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

4/11/13
Date

SB 1036
Bill Number

Name Amy Guinan

Phone 850-385-7900

Address 2425 Torrey a Dr.

E-mail amy@floridalegal.org

Street Tallahassee FL 32303
City State Zip

Job Title attorney

Speaking: For Against Information

Appearing at request of Chair

Subject Ind. Living

Representing Florida Legal Services, Inc.

Lobbyist registered with Legislature: Yes No

Pursuant to s. 11.061, Florida Statutes, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.
If designated employee: Time: from _____ .m. to _____ .m.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-11-13

Meeting Date

Topic Independent Living - Foster Care

Bill Number 1036

(if applicable)

Name Christina Spudeas

Amendment Barcode _____

(if applicable)

Job Title Executive Director

Address 1801 N. University Drive, Suite 3B

Phone 954-796-0860

Street

Coral Springs FL 33071

E-mail Christina.Spudeas@floridaschildrens.org

City

State

Zip

Speaking: For Against Information

Representing Florida's Children First / Florida Youth SHINE

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

Appropriations Subcommittee on Health and Human Services

4-11-13

Meeting Date

Topic: Independent Living – Foster

Bill Number: 1036

Name: All Names are listed below

Speaking: For Against Information

Representing: FLORIDA YOUTH SHINE

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

Florida Youth SHINE Members Names – WAIVE IN SUPPORT:

Georgina Rodriguez	FYS Legislative Chair - Hillsborough
Stephen Satchell	FYS Secretary - Broward
Brandon Burke	Broward
Kimi Farrington	Broward
Danielle McMahan	Hillsborough
Kierra Perkins	Jacksonville
Ra Miles	Jacksonville
Nicole Nichols	ManaSota (Manatee/Sarasota)
Tynasha Barnes	ManaSota (Manatee/Sarasota)
Manny Oliver	Palm Beach
Otto Phillips	Palm Beach
Chelsea Bramblett	Pensacola
Tierra Carter	Pensacola
James Smith	Southwest Florida
Manushka Gilet	Southwest Florida
Moniece Jackson	Tallahassee
Victoria Jackson	Tallahassee
Daniel Pettus	Vero Beach
My McKinney	Vero Beach
Thomas Fair	Tallahassee
Brian Williams	Tallahassee
Martin Gordon	Tallahassee
Mike Williams	Tallahassee

Florida Youth SHINE Chapter Mentors – WAIVE IN SUPPORT

Lindsay Baach	FYS Coordinator – Statewide
Kirk Brown	Broward
Jayson Caines	ManaSota (Manatee/Sarasota)
Jeff DeMario	Palm Beach
Michael Simmons	Pensacola
Irvine Bourdeau	Southwest Florida
Becky Pengelley	Tallahassee
Josie Kirchner	Vero Beach
Alejita Rodriguez	Hillsborough

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic _____ Bill Number SB 1162
(if applicable)

Name Roy Book Amendment Barcode _____
(if applicable)

Job Title _____

Address 104 W. Jefferson Phone _____
Street

City _____ State _____ Zip _____

E-mail _____

Speaking: For Against Information

Representing Lawen's Kids

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/11/13

Meeting Date

Topic Mandatory Reports of Child Abuse

Bill Number SB 1162
(if applicable)

Name Tom Tatum

Amendment Barcode _____
(if applicable)

Job Title Sergeant

Address 123 W. Indiana Ave

Phone 386-736-5961

Street

DeLand, FL

City

State

Zip

E-mail TTatum@VCSO.US

Speaking: For Against Information

Representing Volusia County Sheriff's Office and FSA.

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

April 11, 2013
Meeting Date

Topic Biosimilars

Bill Number SB 732
(if applicable)

Name Linda Ruescher

Amendment Barcode _____
(if applicable)

Job Title Program Director

Address 3325 Bayshore Blvd. D-33

Phone (813) 625-0248

Tampa FL 33629
City State Zip

E-mail gazorp@yahoo.com

Speaking: For Against Information

Representing Lupus Foundation of Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/11/13
Meeting Date

Topic Biosimilar drugs

Bill Number SB 732
(if applicable)

Name Andy Palmer

Amendment Barcode _____
(if applicable)

Job Title Government Affairs Consultant

Address 215 S. Monroe St, Suite 505
Street

Phone (850) 205-9000

Tallahassee FL 32301
City State Zip

E-mail andy.palmer@metzlaw.com

Speaking: For Against Information

Representing BioFlorida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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412-K
10:30 AM

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-11-2013

Meeting Date

Topic PHARMACY

Bill Number SB 732
(if applicable)

Name STEPHEN R. WINN

Amendment Barcode _____
(if applicable)

Job Title EXECUTIVE DIRECTOR

Address 2007 APALACHEE PARKWAY

Phone 878-7463

TALIAHASSEE FL 32301
Street City State Zip

E-mail _____

Speaking: For Against Information

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/11/13
Meeting Date

Topic Biosimilars

Bill Number 732
(if applicable)

Name Rebecca O'Hara

Amendment Barcode _____
(if applicable)

Job Title VP Govt Affairs

Address 113 S College Ave
Street

Phone 339 6211

Tallah FL 32301
City State Zip

E-mail rohara@flmedical.org

Speaking: For Against Information

Representing Fla Medical Ass'n

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/11/2013

Meeting Date

Topic Biosimilar Substitution

Bill Number SB 732
(if applicable)

Name Michael Gannir

Amendment Barcode _____
(if applicable)

Job Title Pres & CEO

Address 200 W. College Ave., Suite 104
Street

Phone 850-386-2904

Tallahassee FL 32301
City State Zip

E-mail michael@fahp.net

Speaking: For Against Information

Representing Florida Association of Health Plans

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

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4/11/2013

Meeting Date

Topic BIOSIMILAR SUBSTITUTION

Bill Number SB 732

(if applicable)

Name CARLOS SATTLER

Amendment Barcode _____

(if applicable)

Job Title HEAD, CLINICAL DEVELOPMENT & MEDICAL AFFAIRS, SANDOZ

Address 506 CARNEGIE CENTER, SUITE 400

Phone 609-627-8559

Street

PRINCETON

NJ

08540

E-mail carlos.sattler@sandoz.com

City

State

Zip

Speaking: For Against Information

Representing NOVARTIS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

7/11/13

Meeting Date

Topic _____

Bill Number CS 732
(if applicable)

Name Ron Laface

Amendment Barcode _____
(if applicable)

Job Title _____

Address 101 E college Ave
Street

Phone 222-9025

Tall FL 32312
City State Zip

E-mail r.laface@capacityconsulting.com

Speaking: For Against Information

Representing CVS/caremark

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-11-13

Meeting Date

Topic Pharmacy

Bill Number SB732
(if applicable)

Name Joy Ryan

Amendment Barcode _____
(if applicable)

Job Title _____

Address 2045 Monroe St.
Street

Phone 681-6710

Tallahassee, FL 32312
City State Zip

E-mail joy@blanklaw.com

Speaking: For Against Information

Representing America's Health Insurance Plans ("AHIP")

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

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4/11/2013
Meeting Date

Topic Pharmacy

Bill Number SB 732
(if applicable)

Name David Ross

Amendment Barcode _____
(if applicable)

Job Title _____

Address 212 Spring Branch Rd

Phone 804-834-2626

Waverly VA 23850
City State Zip

E-mail D.Ross@primetherapeutics.com

Speaking: For Against Information

Representing Prime Therapeutics

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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4/11/13

Meeting Date

Topic Pharmacy

Bill Number 732
(if applicable)

Name Melissa Joiner

Amendment Barcode _____
(if applicable)

Job Title Director Government Affairs

Address _____

Phone 850-570-0269

Street

Tallahassee

FL

State

Zip

City

E-mail Melissa@arf.org

Speaking: For Against Information

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

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4-11-13

Meeting Date

Topic Biologics/Biosimilars

Bill Number 732
(if applicable)

Name Kelly Mallette

Amendment Barcode _____
(if applicable)

Job Title _____

Address 104 W Jefferson
Street
Tallahassee, FL 32301
City State Zip

Phone 850-224-3427

E-mail _____

Speaking: For Against Information

Representing Teva Pharmaceuticals

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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CourtSmart Tag Report

Room: KN 412

Case:

Type:

Caption: Senate Appropriation Subcommittee on Health and Human Services

Judge:

Started: 4/11/2013 10:38:27 AM

Ends: 4/11/2013 11:34:16 AM **Length:** 00:55:50

10:38:29 AM Meeting called to order
10:38:33 AM Roll call
10:38:48 AM Opening remarks - Chair Grimsley
10:39:00 AM Tab 1 - SB 1036 Independent Living
10:39:32 AM Senator Detert
10:42:26 AM Public Testimony
10:43:40 AM Emmanuel Oliver - Florida Youth Shine
10:44:21 AM Manushkh Gilet - -Florida Youth Shine
10:45:58 AM Kierra Perkins - Florida Youth Shine
10:59:37 AM Roll call - Bill will be reported Favorable
11:00:38 AM Tab 2 - SB 1162 Mandatory Reports of Child Abuse
11:01:13 AM Senator Bradley
11:03:11 AM Public Testimony
11:04:10 AM Ron Book - Lauren's Kids
11:04:41 AM Roll call - Bill will be reported Favorable
11:06:08 AM Tab 3 - CS/SB 1690 Volunteer Health Services
11:07:16 AM Senator Bean
11:08:00 AM Amendment # 305862 - WD
11:08:18 AM Amendment # 301808 - WD
11:09:10 AM Roll call - Bill will be reported Favorable
Chair to Vice Chair Flores
11:09:40 AM Tab 4 - CS/SB 732 Pharmacy
11:10:25 AM Senator Grimsley
11:10:59 AM Public Testimony
11:11:05 AM Linda Ruescher - Program Director of Lupus Foundation of Florida
11:15:28 AM Stephen R. Winn - Executive Director of Florida Osteopathic Medical Association
11:18:37 AM Michael Garner - President & CEO of Florida Association of Health Plans
11:21:48 AM Dr. Carlos Sattler - Head of Clinical Development & Medical Affairs, Sandoz; Novartis
11:29:03 AM David Root - Prime Therapeutics
11:32:32 AM Roll call - Bill will be reported Favorable
11:33:20 AM Meeting Adjourned