

**HOUSE OF REPRESENTATIVES  
FINAL BILL ANALYSIS**

**BILL #:** HB 585

**FINAL HOUSE FLOOR ACTION:**

**SPONSOR(S):** Burgess

119 Y's                      0 N's

**COMPANION SB 806  
BILLS:**

**GOVERNOR'S ACTION:** Pending

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**SUMMARY ANALYSIS**

HB 585 passed the House on January 27, 2016, and subsequently passed the Senate on March 11, 2016. The bill provides the State Board of Education express rulemaking authority regarding instruction for homebound and hospitalized students and clarifies that districts must provide instruction to eligible students in accordance with state board rule. The rules must establish, at minimum:

- Criteria for eligibility of K-12 homebound or hospitalized students for specially designed instruction.
- Procedures for determining student eligibility.
- A list of appropriate methods for providing instruction to homebound or hospitalized students.
- Requirements for initiating instructional services for a homebound or hospitalized student once the student is determined to be eligible.

The bill requires the school district in which a children's specialty hospital is located to provide educational instruction to an eligible student until it enters into an agreement with the student's school district of residence.

The bill requires the Department of Education to develop a standard agreement for use by school districts to provide seamless educational instruction to students who transition between school districts while receiving treatment in the children's specialty hospital.

The bill does not appear to have a fiscal impact on state or local governments.

Subject to the Governor's veto power, the effective date of this bill is July 1, 2016.

## I. SUBSTANTIVE INFORMATION

### A. EFFECT OF CHANGES:

#### Present Situation

A student who is homebound or hospitalized qualifies as an exceptional student, and is thus eligible for certain exceptional student education services.<sup>1</sup>

A homebound or hospitalized student is a student who “has a medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and which confines the student to home or hospital, and restricts activities for an extended period of time.”<sup>2</sup>

State Board of Education rule provides criteria for determining when a student qualifies as hospitalized or homebound for purposes of receiving specially designed instruction.<sup>3</sup> A licensed physician<sup>4</sup> must certify that the student:

- Is expected to be absent from school due to a physical or psychiatric condition for at least fifteen consecutive school days, or, for students with a chronic condition, for at least 15 consecutive or nonconsecutive school days;
- Is confined to home or hospital;
- Will be able to participate in and benefit from an instructional program;
- Is under medical care for illness or injury which is acute, catastrophic, or chronic in nature; and
- Can receive instructional services without endangering the health and safety of the instructor or other students with whom the instructor may come in contact.<sup>5</sup>

In addition, unless a student already meets eligibility criteria for other exceptional student education services, the student must be enrolled in a public school in kindergarten through 12<sup>th</sup> grade prior to the referral for homebound or hospitalized services.<sup>6</sup> Finally, the student’s parent, guardian, or primary caregiver must sign an agreement concerning homebound or hospitalized policies and parental cooperation.<sup>7</sup>

At minimum, an annual report from a licensed physician must be used to determine the student’s eligibility for specially designed instruction. The report must:

- State that the student is unable to attend school;
- Describe the plan of treatment;
- Provide recommendations regarding school reentry; and
- Give an estimated duration of condition or prognosis.<sup>8</sup>

The team determining eligibility may require additional evaluation data, at no cost to the parent. A physical reexamination and medical report by a licensed physician may be requested on a more frequent basis and may be required if the student is scheduled to attend school part of a day while the

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<sup>1</sup> Section 1003.01(3)(a), F.S.; rule 6A-6.03020, F.A.C.

<sup>2</sup> Rule 6A-6.03020(1), F.A.C. A licensed physician must make the medical diagnosis. *Id.*

<sup>3</sup> Rule 6A-6.03020(3), F.A.C.

<sup>4</sup> The physician must be licensed under chapter 458 or 459, F.S.

<sup>5</sup> Rule 6A-6.03020(3)(a), F.A.C.

<sup>6</sup> Rule 6A-6.03020(3)(b), F.A.C.

<sup>7</sup> Rule 6A-6.03020(3)(c), F.A.C.

<sup>8</sup> Rule 6A-6.03020(4)(a), F.A.C.

student readjusts to a full school schedule. Reexaminations and reports must be provided at no cost to the parent.<sup>9</sup>

State board rule specifies appropriate instructional methods for homebound or hospitalized students, including in-home instruction, instruction in a hospital,<sup>10</sup> and instruction through telecommunications or computer devices.<sup>11</sup>

The school district is responsible for conducting all initial evaluations to determine if the student is eligible for services and to determine the student's educational needs.<sup>12</sup> An individual educational plan must be developed or revised for the student before he or she is assigned to a homebound or hospitalized student services program.<sup>13</sup>

Under current law, the school district in which an eligible, hospitalized student resides is responsible for providing educational services to the student even if the student is placed at a hospital in another district for treatment. This can delay initiation of educational services for the student while the hospital, the school district in which the hospital is located, and the student's home district determine how to deliver the services. The districts may execute an interlocal agreement for remuneration of FEFP funds if the district in which the student is hospitalized provides the services.

There are three children's specialty hospitals in Florida that meet the licensing criteria in Part 1 of chapter 395, Florida Statutes. These three facilities are All Children's Hospital in Pinellas County, Nicklaus Children's Hospital in Miami-Dade County, and Nemours Children's Specialty Care in Orange County. The school districts in which those hospitals are located served a total of 109 hospitalized students in the 2014-2015 school year, with 27 of the students coming from other school districts in the state.<sup>14</sup>

### **Effect of Proposed Changes**

The bill clarifies that districts must provide instruction to homebound or hospitalized students in accordance with rules adopted by the state board. In addition, the bill clarifies the state board's rulemaking authority related to instruction for homebound or hospitalized students. The rules must establish, at minimum:

- Criteria for eligibility of K-12 homebound or hospitalized students for specially designed instruction.
- Procedures for determining student eligibility.
- A list of appropriate methods for providing instruction to homebound or hospitalized students.
- Requirements for initiating instructional services for a homebound or hospitalized student once the student is determined to be eligible.

The bill requires the school district in which a children's specialty hospital is located to provide instruction to eligible students until it enters into an agreement with the school district in which the student resides.

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<sup>9</sup> Rule 6A-6.03020(4)(b), F.A.C.

<sup>10</sup> "The hospital administrator or designee shall provide appropriate space for the teacher and student to work and allow for the establishment of a schedule for student study between teacher visits." Rule 6A-6.03020(7)(b), F.A.C.

<sup>11</sup> Rules 6A-6.03020(7)(a), (b), and (c), F.A.C.

<sup>12</sup> See Rule 6A-6.03020(5); rule 6A-6.0331(3)(e), F.A.C.

<sup>13</sup> Rule 6A-6.03020(6), F.A.C.

<sup>14</sup> See email, Orange County Public Schools, Office of Planning and Government Relations (Dec. 14, 2015) (indicating the district served 17 hospitalized students, with only 2 served at Nemours Children's Specialty Care in Orlando); email, Miami-Dade County Public Schools, Office of Intergovernmental Affairs, Grants Administration, and Community Engagement (Dec. 14, 2015) (indicating the district served 45 students, all at Nicklaus Children's Hospital in Miami); email, Pinellas County Schools, Homebound/Hospital Program (Dec. 18, 2015) (indicating the district served 47 hospitalized students, all at All Children's Hospital in St. Petersburg).

The bill requires the Department of Education to develop a standard agreement for use by school districts to provide seamless instruction to students who transition between school districts while receiving treatment in the children's specialty hospital.

No later than August 15, 2016, each school district in which a licensed children's specialty hospital is located must enter into an agreement with the hospital to establish a process for the hospital to notify the school district of patients who may be eligible for instruction.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None

#### 2. Expenditures:

None

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None

#### 2. Expenditures:

None

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

### D. FISCAL COMMENTS:

The bill codifies current district practice and State Board of Education rule regulating instruction for homebound and hospitalized students. Since school districts are already meeting the minimum requirements for providing instruction to such students there is no anticipated fiscal impact.

The bill requires a standard agreement for use by school districts to provide seamless educational instruction to students who transition between school districts while receiving treatment in the children's specialty hospital.