CS/CS/SB 208 by **CJ, HR, Joyner**; (Identical to CS/H 0653) Health Care Fraud

CS/SB 478 by **HR, Margolis**; (Identical to CS/H 4005) Department of Health

368304	A		S	L	FAV	BHA, Sobel	btw L.10 - 11: 01/27 02:46 PM

CS/SB 510 by **HR, Rich (CO-INTRODUCERS) Lynn, Sobel, Garcia**; (Similar to H 0849) Florida Kidcare Program

The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

BUDGET SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES APPROPRIATIONS
Senator Negron, Chair
Senator Rich, Vice Chair

MEETING DATE: Thursday, January 26, 2012
TIME: 8:30 —10:00 a.m.
PLACE: *Toni Jennings Committee Room,* 110 Senate Office Building

MEMBERS: Senator Negron, Chair; Senator Rich, Vice Chair; Senators Gaetz, Garcia, Oelrich, Richter, and Sobel

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Review and Discussion of Fiscal Year 2012-2013 Budget Issues relating to: Agency for Health Care Administration Agency for Persons with Disabilities Department of Children and Family Services Department of Elder Affairs Department of Health Department of Veterans' Affairs		Discussed
2	**CS/CS/SB 208** Criminal Justice / Health Regulation / Joyner (Identical CS/H 653, Compare S 1316)	Health Care Fraud; Revising the grounds under which the Department of Health or corresponding board is required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner; providing an exception; providing that all persons who were denied renewal of licensure, certification, or registration under s. 456.0635(3), F.S., may regain licensure, certification, or registration only by completing the application process for initial licensure; providing an exception, etc. HR 11/03/2011 Fav/CS CJ 01/12/2012 Fav/CS BHA 01/26/2012 Favorable BC	Favorable Yeas 7 Nays 0
3	**CS/SB 478** Health Regulation / Margolis (Identical CS/H 4005)	Department of Health; Repealing provisions relating to department authorization for the development of a Hepatitis A awareness program, etc. HR 01/12/2012 Fav/CS BHA 01/26/2012 Fav/1 Amendment BC	Fav/1 Amendment (368304) Yeas 7 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**CS/SB 510** Health Regulation / Rich (Similar H 849)	Florida Kidcare Program; Deleting a prohibition preventing children who are eligible for coverage under a state health benefit plan from being eligible for services provided through the subsidized program, etc. HR 01/12/2012 Fav/CS BHA 01/26/2012 Favorable BC	Favorable Yeas 7 Nays 0
	Public Testimony		Discussed
	Other Related Meeting Documents		

DEPARTMENT OF CHILDREN AND FAMILIES 2012 BUDGET REQUEST

FSFN Federal Compliance

Judicial Case Plans – Create ability to modify court ordered plans to reflect circuit-specific requirements

Ancillary Systems – Improve ability to manage placement and provider services, information to establish a full child welfare record in FSFN and eliminate usage of other systems

Automated Eligibility Determination – Complete automated eligibility determination processes to eliminate potential for human error in data entry for improved fiscal oversight

Provider Service and Financial Management – Increase tracking and management capabilities of the system to streamline service and financial processes

Elimination of Duplicate Data Entry – Enhance data entry functions to eliminate multiple points for data entry to increase efficiency for Hotline, Investigators and Service Providers

Interfaces to Other Agency Systems – Ensure capture of data required for federal reporting, such as Department of Juvenile Justice, and the DCF FLORIDA system

FSFN Safety Practice Improvements

Safety Assessment– Implement safety assessment tool

Medical and Dental Records – Enhance tracking and monitoring of medical care

Education Records – Increase data sharing with local school information systems

Mobile Solution for Investigators

Child Protective Investigations Efficiencies - Mobile tools, software technology and real-time interface with FSFN case management system

Pre-Service Curriculum Development and Statewide Deployment

Develop training content and delivery for pre-certification pursuant to Chapter 402.

Child Welfare Practice Performance Metrics

Build and implement an intelligent performance management and dashboard solution

Human Resources

Increase base salary for fully trained Child Protective Investigators

Increase base salary for Child Protective Investigator Supervisors

Upgrade a portion of existing Child Protective Investigator positions to Senior Child Protective Investigators

Create Child Protective Investigator positions

Chapter 39 Legislative Changes

- The Hotline intake process will be improved by requiring the counselor to assess circumstances of an allegation and refine decision-making to transfer a case to the field for investigation.

- For calls to the Hotline from parents who seek help, the department is authorized to refer them to voluntary community services after it has been determined that the call does not meet the statutory threshold for a child protective investigation.

- Child protection investigators will have the authority to close a case at various stages of an investigation when it is determined that a child is safe and there are no signs of impending danger.

- The Statewide Automated Child Welfare Information System is established as the single standard electronic case file on a child for centralized documentation and maintenance on services provided to child and family.

- Child protection investigators will be required to determine the need for immediate consultation with law enforcement, child protection team, domestic violence, substance abuse or mental health resources prior to commencement of an investigation.

- Jurisdiction is established to enable the courts to accept a domestic violence injunction filed by the department as opposed to the victim of such violence.

- The section on case plan goals for children who remain in their homes under protective supervision clarifies that maintaining and strengthening families is a statutorily authorized outcome.

- The department quality assurance program is expanded to determine the quality and timeliness of safety assessments, engagement with families, and teamwork with other experts.

Child Protection Transformation Project

December 2011

David E. Wilkins, Secretary

Department of Children and Families

Child Protection Transformation Project

Introduction

The tragic death of Nubia Barahona and the abuse suffered by her and her brother Victor have become the catalyst driving a comprehensive review of the state of Florida´s child protective response system. In March of 2011, an independent review panel critically examined the Barahona case and released its findings and recommendations identifying a number of systemic errors and omissions that occurred at various levels of the child protection system. Specifically, the report outlined the following key findings:

- Insufficient investigative practices and inadequate case management;
- Lack of integration of information sharing among child welfare professionals;
- Rapid turnover, inexperience, excess caseloads for child protection investigators;
- Unclear case integration;
- Unclear role of supervisors for case investigation and management;
- Insufficient attention to health care, mental health care, education support; and,
- Overall substandard quality of documentation by both case managers and investigators.

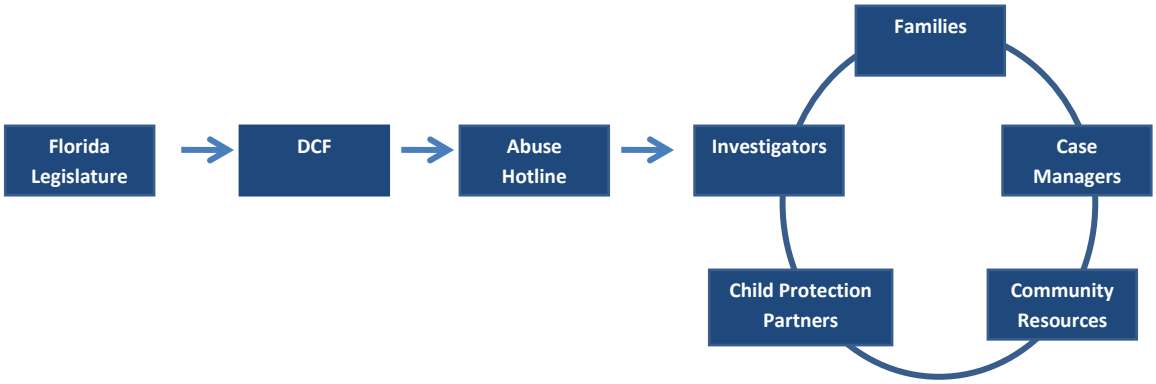
Immediately upon receiving the report, the Department incorporated the recommendations into short term and long term action plans. The short term plan has resulted in numerous action steps taken by the Department, including, but not limited to, analyzing and updating all local law enforcement agreements, placing local community based care agency on a corrective action plan, entering into an agreement with the Agency for Health Care Administration to receive Medicaid claims data, deploying new requirements for Hotline management and operations, training over 1100 child protection investigators (CPIs), and requiring lead agencies to enhance accountability and expectations over case ownership.

From the time DCF is called upon to assist the child and family, to the time supports are no longer needed and the child and family reach a sustainable path, the entire child welfare system must act efficiently, collaboratively and in an integrated manner

Despite these important short term steps, significant and sustainable improvement in child safety and well-being cannot be achieved without long term transformation of the entire child welfare system. Thus, the Department has embarked upon an integrated Child Protection Transformation Project that will analyze and improve the many shortcomings in our investigative and service delivery business functions related to the flow and use of information across all the parties that impact the safety and well-being of a child. This will be a multi-year transformation project to advance the Hotline, protective investigators, and case management processes to world-class levels. The goal will be to improve the outcomes for child safety and child welfare.

Child Protection Service Delivery Model

The business of delivering child protection services is complex, constantly evolving, and is accomplished primarily through the following delivery model.



DCF is charged by law with protecting the safety and well-being of all children in Florida. DCF has a central abuse Hotline that takes calls from the public reporting cases of potential abuse or neglect. Once the Hotline determines that the call rises to the level of a report of abuse or neglect, a case is created in the statewide automated child welfare information system, known as the Florida Safe Families Network (FSFN). A criminal background check and search for prior alleged abuse or neglect reports is conducted at the Hotline and the matter is transferred to a local child protective investigator (CPI) who conducts an investigation. The CPIs within DCF perform child protective investigations in 61 counties statewide through its organizational structure, which includes regional directors, circuit community development administrators, operational program administrators and CPI supervisors. Sheriffs' offices perform child protective investigations under grant agreements with DCF in six counties and by contract in one county. At the conclusion of the CPI investigation, which must be conducted within 60 days by law, the case is transitioned to a community based care (CBC) caseworker for ongoing case management, if it is necessary to help insure the child's continued safety and well-being. CBC caseworkers utilize FSFN for ongoing case management during the time services are offered to parents in the home, or when a child must be placed temporarily with relatives or in a licensed foster care home.

Child Protection Transformation Project Vision

The vision put forth is to transform the role of hotline, investigation and case management, so that each component of the system works as an integrated unit, equipped to gather better information, relay information faster, conduct more quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and families safety and independence. Moreover, the CPIs, supervisors and leadership will be highly qualified and empowered with the range of expertise needed and will build strong partnerships with a broad array of community partners. Investigations will be conducted using the right core business practices that allow for professional discernment and flexibility to deal with the unique challenges associated with each child and family, and the technology will be aligned to properly support the work. CBCs and case managers will be held accountable for the child's safety and well-being and the information they receive will be accurate, timely and present a more

Empower investigator as decision maker;
Create environment for stability and high performance;
Transform data center into command center; and
Simplify, automate and integrate business process

complete picture of the child, family and needs. The end result will be to enhance child safety, well-being and permanency.

Overall Message

Florida's child protection professionals are dedicated workers putting in long hours to work passionately for the state's at-risk children. However, Florida's children continue to be maltreated – sometimes even after DCF and our partners have intervened to provide services. The Child Protection Transformation Project retools our practice to better enable families the supports necessary to provide children with a safe and nurturing environment. It will transform our culture from: Case Processing to Child Safety, Process to Outcome Management, and Entitlement to Independence. The change is sweeping and fundamental – not a mere adjustment to cosmetics:

- *Case Processing to Child Safety*
- *Process to Outcome Management*
- *Entitlement to Independence*

From	To
Individualized approach to case responsibilities by various professionals	End-to-end collaboration/teaming with both internal and external partners and families served
Limited access to information	Easy access to all the information available about the Departments whole history with the family
Discrete systems supporting Hotline counselors, CPIs and case managers	FSFN serves as the single electronic system supporting all aspects of child protection and service delivery
"One size fits all" service	Report-taking, investigations and case management tailored to the needs of the child and family
In the office	In the field
"Complying" with the required work steps	Focus on child and family outcomes
Supervising from the desk	Mentoring alongside the investigator

While today Florida's child welfare fully complies with federal minimum standards, our goal is to provide "world class" child protective services. This will be achieved when Florida is recognized nationally and globally for having:

- **Better child and family outcomes than other states**: This will be achieved by creating a new culture of outcomes, new work practices, better information management, new ways of developing professionals, new services, different metrics, and new ways of working together. It is achieved when Florida can demonstrate qualitatively and quantitatively that we enable families to achieve better child safety, well-being and permanence; and
- **Transformed efficiently:** child protection programs around the world recognize the need to fundamentally rethink how they serve children and families. Florida will stop talking and start acting. In two short years, our child protection system will have achieved a pace and level of transformation that will be a model.

Our Goal is to Provide World Class Child Protective Services

The Problem

In partnership with our community-based care agencies and child protection professionals, DCF must improve along the following dimensions in order to deliver world class child protective services.

1. **Downward spiral that is demonstrated in employee turnover and already eroding child safety.** Over the past two years, CPI turnover has exploded, from 20% to 37%. Since it takes a full year to get a new CPI fully productive with an average tenure of only three years stabilizing the workforce is critical. In some circuits, average tenure is less than one year. The causes of this turnover include high workload, low pay and inadequate career path. High turnover has contributed to a rate of 55% of investigations as repeat investigations, or rework. DCF needs to immediately address the causes of turnover, or face a situation in which the Department is no longer able to enable effective child safety outcomes in every circuit.

2. **Re-investigations and re-entry into child welfare system unusually high**. Fifty-five percent of Investigations involve children the Department has investigated already within the past six months – a tremendous rework burden – and a potential sign that DCF may not be "getting it right the first time."

CPI Turnover 37%

55% Re-investigations

192 child deaths at hand of parents or caretakers in 2009

8% of Hotline calls abandoned

Approximately 70% of CPI time spent in the office

Non-integrated systems

Community outrage

3. **High incidence of child deaths as a result of abuse committed by parents or caretakers.** In 2009, 192 children died as a result of verified abuse committed by their parents or caregivers. Thirty-five percent of the families involved had prior referrals. Statisticians put a monetary value on life, often millions of dollars. DCF looks at lives differently. No child should die at the hands of his or her parent or caregiver.

4. **Community outrage**. The high profile case involving the tragic death of Nubia Barahona in early 2011, the resulting Miami-Dade County Grand Jury Report in July, and calls for dramatic improvement from the public at large all rightly demonstrate a community outrage and immediate need for change.

5. **Non-integrated system architecture**. The current Hotline environment is cobbled-together framework of the FSFN and a separate application developed as a workaround for FSFN shortcomings. The resulting system relies heavily on manual re-entry of information and results in information not presented in an easily readable format. Likewise, each of the CBCs has responded to FSFN's shortcomings by implementing standalone solutions. Ancillary automated systems for managing child protection cases is not supported by our federal partners who have financially supported FSFN and adds an unnecessary complexity to integrating database systems.

6. **Inefficient tools and processes**. The Hotline still takes 98% of reports by phone – because the web reporting tool is unusable. The resulting call volume is so heavy that 8% of calls are abandoned. CPIs spend only 33% of their time in the field working with families – because the

systems and processes require them to time driving back to the office in order to pick up and drop off paper files, and enter data into their desktop computer. We need to get them into the field, working directly with families for 50% or more of their time. Community based care case managers face a similar problem.

7. **Information not available in a usable manner across the entire child protection process**. From reporter observations that lead to a Hotline call to case closure, stakeholders who are involved in serving a child and the family need to have access to all of the information required to enable the family. The FSFN system does not provide easy, structured access to the situation of the whole family in a manner that supports effective investigations and case management.

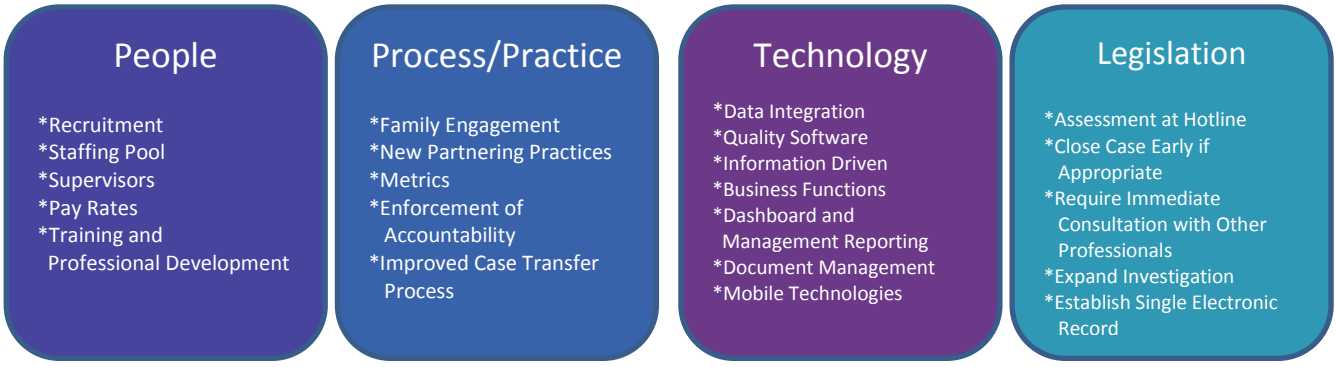
8. **Limited use of other agency information.** Today, investigators and case managers do not have the proper tools and supports to maximize on their use of information on a family or child that they are authorized to access. DCF needs to make proper use of outside information from other state agencies. Without computer assistance to package information for ease of use, providing access limits the ability to make the best use of the information available.

9. **DCF and partner organizations work independently, rather than partnering**. Transferring a case from investigations to case management can create a threat to child safety if done poorly. This needs to build on best practice relationships and a new form of accountability and trust.

10. **Compliance-based practice model.** Today, Hotline counselors, CPIs and case managers are oriented by supervisory styles and metrics to complete tasks rather than enable families to provide child safety. DCF and its partners need to collaborate in a practice model that is based on safety and teamwork, and focused on safe outcomes. This is the leading edge of child welfare internationally. DCF has the opportunity to build on the experience of a few states – to build "world class" child safety.

Solutions

The Child Protection Transformation Project includes many individual solutions that, taken together, will create world class child protection. The solutions fall into four categories: people, process, technology, and legislation.



1. People

Develop a career step-ladder - Create levels of expertise within the child protective investigative process that enables specializing and gaining certification status within the profession.

Establish a process - Immediately hire temporary CPI staff who can begin the training process for easy transition to a certified investigator to reduce the vacancy rate and mitigate present unmanageable caseloads.

Create a field staff supervisory model – Adopt the law enforcement model of supervision that focuses on mentoring and oversight of CPI work in the field with families.

2. Process/Practice

Family centered practice built on a safety model – The focus for transforming investigations and delivery services through the engagement of families to best determine safety and risk of a child will position Florida as a "world class" child protection system:

- From event-based risk assessment to family-based safety assessment
- From individual activity to team-based investigations
- From compliance with prescribed steps to focus on child and family safety outcomes

New partnering agreements and practices – Building on statewide best practices, we will reform formal agreements with law enforcement and other community partners and shift the role of an investigator or case manager from sole practitioner to team coordinator.

Metrics – To improve child safety, we will transition from a compliance-driven performance monitoring system to a new outcome-focused set of metrics to achieve new standards in accountability of all professionals and families served.

Enforcement of case manager accountability – Existing contract requirements with our community-based partners will be enforced more carefully, through the aid of case-level compliance tracking. The focus shifts to outcomes and increased motivation to high levels of performance.

Improving case transfer processes from Hotline intake through investigations to service delivery – The creation of assessment capacity through web-enabled and caller reporting at the Hotline will standardize and improve decision-making at all phases of case processing. In each of these handoffs, DCF will implement continuous improvement to find the key sources of poor handoff, work together to identify the underlying causes, implement improvements, and measure improvement.

3. Technology

New user interface with point and click, pull and drag functionality rather than data entry – A new user interface within FSFN will create a new method for implementing user functionality, based on the flexible tools of the Internet. This will allow a series of projects to start with Hotline screens –

which provide a complete view into the family and the child's history with DCF. Hotline screens will be built will an eye toward CPI and case management needs. Once funding is available for CPI and case management screens, community stakeholder documents will be made electronically available to increase flow of information from all child protection professionals involved in a case to enhance team knowledge of critical information about a child and a family for effective team-decision purposes. It will also reduce the use of paper.

Data integration - Changes to FSFN will be made to support data integration and information sharing with other state and local agencies such as Education, Early Learning Coalitions, the Agency for Health Care Administration, Juvenile Justice, Guardian Ad Litem, and the courts system.

Quality software – The Hotline will upgrade its existing telephone software that is funded through current operating budget. The upgrade is necessary in order to fundamentally change the manner by which Hotline counselor performance is managed. Counselors will shift from process point to technology; from being graded on how quickly they can conclude an interview to how effectively they can assess information to make a determination about whether a protective investigation should be commenced.

Information driven business functions (e.g. alerts) – DCF will create new data sharing relationships with key data sources such as the Department of Education and the various judicial and law enforcement agencies. The new user screens will allow CPIs and case managers the new opportunity drill into data and learn case specific information about children on their caseload. In addition, DCF will build data analysis tools that help with decision support. These "alerts" will help CPIs and case managers to identify the information that is most relevant and potentially elevate risk and safety factor that may be developing with a child.

Dashboard and management reporting – DCF will develop a dashboard at two levels. The first is for CPIs and case managers. It presents current case and performance status through the new user screens described above. The second is a new tool providing each level of management a window into practice and operating performance.

Document management – Today, CPIs and case managers produce, file and archive at least 80 pages of documents per case. The solution will allow most documents to be created and signed electronically.

Mobile technologies – CPIs and case managers need the capability to use any variety of devices to access FSFN, outside data, performance reporting, case status and the other important aspect of managing cases and their workday. Devices could be laptops, tablets, tablet computers, or even smart phones. In addition, the project will implement a remote office including printer, remote access connection, back-up batteries – everything a CPI needs to be productive without many trips back to the office.

4. Legislation

Safety assessment instrument – Changes to Chapter 39 will establish the use of a standardized safety assessment instrument that begins at the Hotline and used throughout the life cycle of a case.

Discontinue Investigations – Amendatory language enables CPIs to discontinue investigations when a report is found to be false or the initial safety assessment is complete.

Expand Investigation – CPI has the digression to expand an investigation if warranted by the situation they find. This works in conjunction with the right to reduce steps in other cases – allowing CPI to be more effective across all cases.

Electronic Record – Proposed language clarifies that FSFN is the single electronic record to maintain information on a child and family to eliminate development of duplicate systems to maintain similar data.

Investment

Florida's legislative process plays a critical role in transforming child protective investigations and enhancing safety, well being and permanence for children by taking three steps.

- **Changes to Florida Law**

First, the transformation project requires changes to Florida Statutes Chapter 39, the law that controls child protection in our state. Changes to Chapter 39 will allow child protection investigators and partners to focus their work on building safety for children who truly need intervention services. A child protection bill, sponsored by Senator Rhonda Storms and Representative Jose Felix Diaz, has been filed to enact revisions that will streamline the investigative process.

- **Investment in Enhancing Safety of Children**

Second, the project requires a financial investment that the legislature has endorsed through the appropriation of $5,500.000 during the 2011 session to deploy essential upgrades to the Hotline function. The department is procuring a systems integrator to significantly improve web entry for reporting child abuse to eliminate abandoned call rates and provide more complete, accurate family information to field staff. Governor Rick Scott has included in his budget proposal the Department's request for a one-time investment of $20 million in fiscal year 2012-2013 to transform field work practice by equipping CPI's with mobile technology to increase efficiencies and reduce gaps in connecting families to services

- **Support Redesign of Human Resource Requirements**

Third, the project requires essential changes to the recruitment, certification and professional development of child protection staff. Governor Rick Scott has included $9.8 million in his budget to enable the CPI workforce to hire investigators-in-training who will enable the creation of a tiered workforce to ultimately attract and retain highly qualified and committed child protection professionals. An additional $20 million will be requested in FY 2013-2014 to further address to continue the redesign. Creating levels of expertise in child protection and adopting the law enforcement model of field supervision will transform the protection of children and create a way of work that focuses on outcomes that lead to independence of families.

Fast Impact

World class is never built in a day. Building the best child protective services in the world will take years. However, part of DCF's success will be achieving major change quickly. In doing this, it will define an effective change process, showing the way for other Florida agencies, and for other child protection agencies globally. This will be based on building momentum quickly, achieving sustainable change, and demonstrating positive outcomes through measurement:

World class is never built in a day, but building momentum, sustainable change, and demonstrating positive outcomes through measurement must start today.

FY 2012	FY 2013	FY 2014 and Beyond
Establishing momentum	***Developing measureable results***	***Stakeholder improvements***
• Better quality reporting capabilities through web enhancements at the Hotline • Hotline improves accuracy of intake process through standardization of assessment of calls to Hotline • Hotline creates new presentation of case history information for CPI ability to easily obtain information on family and child • Child Welfare Program Office implements business function re-design in each region to create baseline for transforming current practice with existing resources • Performance incentives for CBCs – provide a new system of rewards (penalties) based on outcomes CBCs achieve in their casework. The focus shifts to outcomes and increased motivation to high levels of performance	• Technical solutions fully implemented in Hotline, on-time and on-budget • Increase web reporting from 1% to 10% • Reduce time to complete a phone report from 27 to 24 minutes, and to 18 minutes for a web report • Reduce abandoned calls from 8% to near zero • New Hotline screens launched that allow Hotline counselors to access more complete information about families and history – to improve completeness of package to CPI • Investigations as a percent of reports reduced 10% • CPI achieves 10% reduction in turnover by (1) adding staffing pool that takes some heat off of caseload (2) increasing wages • CPI introduces the best national safety framework and practice model • CPI launches tablet computers and improves the usage through rigorous feedback and iterative improvement • Business function re-design of new CPI practice evaluated positively in interviews with stakeholders • Statewide roll-out begins for standardized new practice model, staffing changes and technology	• People, process and technology solutions supporting CPIs and case managers fully implemented statewide • Quality improvement system in place for Hotline, CPI and case management statewide *First measurable outcome results* • Key federal compliance metrics improve • Repeat investigations drop by 15% compared to 2012 • Repeat maltreatment rates drop by 2% compared to 2012 • QSR evaluates of CPI and case management improved significantly in every category of performance and family status • In school and at-grade levels improved • Compliance with safety plan improved

Aggressive, Balanced Benefits

These changes will produce world class child protective services by achieving measurable improvement:

Today	Tomorrow
Financial	
37% Child Protection Investigator turnover	20% Child Protection Investigator turnover
2% Abuse Hotline counselor turnover	20% Abuse Hotline counselor turnover
"2%" Supervisor turnover (Hotline and Investigator combined)	10% Supervisor turnover (Hotline and Investigator combined)
Process/Practice	
8% Hotline abandonment rate for calls not answered	Near zero abandonment rate
27 minutes per report call	24 minutes per report call and 18 minutes per web report handling
1% web reporting capacity	10% web reporting utility
65% investigations that result from reports to Hotline	55% investigations for reports through refined assessment
All investigations require full investigation	25% of investigations lead to "no finding" and are terminated early
	10% of investigations include steps beyond the minimum –adding to child safety
33% CPI time in the field engaged with families	50% CPI time in the field engaged with families and assessing children
20% CPI Supervisor time in the field	80% Supervisor time in the field to coach and mentor CPI
Average CPI case level of 1:20	Average CPI case ratio of 1:12
Learning	
No formal tracking of professional development	Professional development is part of every employees performance expectation
Professional development - Hotline and CPI personnel spend little time learning	Experienced Hotline and CPIs invest 10% of time in professional development through real-time learning and other opportunities
No measurement of educational impact	All training is assessed for application to work, and impact on work performance (levels 3 & 4 of Kirkpatrick's schema)
Child & Family Outcomes	
55% investigations result in repeat calls to Hotline with new allegations	25% repeat investigations through family engagement practices
No quality review system for monitoring individual case practices with CBCs.	Quality reviews conducted on investigations in every circuit focusing on CBC outcomes for services

Child Protection Transformation Project Review

The Child Protection Transformation Advisory Board was established by Secretary Wilkins in June 2011 to provide independent, expert observation and monitoring of the goals of the project. Representation includes, the legislature, judicial branch, sheriff offices, CBC lead agencies, child advocates, medical authorities, the philanthropic community, attorneys, sister agency experts and a foster/adoptive parent. Comprised of a broad array of authorities on children's issues, they convene quarterly to review the project and offer consultation on progress made. Information about the Board, their activities and upcoming meetings can be found on the DCF website.

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 Budget Subcommittee on Health and Human Services Appropriations

BILL:	CS/CS/SB 208
INTRODUCER:	Criminal Justice Committee; Health Regulation Committee; and Senator Joyner
SUBJECT:	Health Care Fraud
DATE:	January 20, 2012 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	**Fav/CS**
2.	Erickson	Cannon	CJ	**Fav/CS**
3.	Bradford	Hendon	BHA	**Favorable**
4.			BC	
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	X	Statement of Substantial Changes
B. AMENDMENTS.....		Technical amendments were recommended
		Amendments were recommended
		Significant amendments were recommended

I. Summary:

The bill amends current law relating to the licensure responsibility and authority of the Department of Health (DOH) over health professions and occupations. The bill also amends current law relating to the grounds for a board, or the DOH if there is no applicable board, to refuse to admit certain candidates seeking licensure to any examination and refuse to issue or renew a license, certificate, or registration to certain applicants.

The bill will result in a recurring increase in workload to the DOH to implement and in non-recurring costs for rulemaking. The bill will also result in a recurring increase in workload and costs to the Agency for Health Care Administration (AHCA) concerning data sharing infrastructure with the DOH. Costs are indeterminate.

This bill substantially amends sections 456.036 and 456.0635, Florida Statutes.

This bill has an effective date of July 1, 2012.

II. Present Situation:

The Legislature created s. 456.0635, F.S., in 2009 with the enactment of CS/CS/CS/SB 1986, a comprehensive bill designed to address systemic health care fraud in Florida. That bill increased the Medicaid program's authority to address fraud, particularly as it relates to home health services; increased health care facility and health care practitioner licensing standards to keep fraudulent actors from obtaining a health care license in Florida; and created disincentives to commit Medicaid fraud by increasing the administrative penalties for committing such fraud, posting sanctioned and terminated Medicaid providers on the AHCA website, and creating additional criminal felonies for committing health care fraud; among other anti-fraud provisions.[1]

Health Care Practitioner Licensure Authority of the Department of Health
The DOH is responsible for the licensure of most health care practitioners in the state. Chapter 456, F.S., provides general provisions for the regulation of health care professions in addition to the regulatory authority in specific practice acts for each profession or occupation. Section 456.001, F.S., defines "health care practitioner" as any person licensed under:

- Chapter 457 (acupuncture)
- Chapter 458 (medical practice)
- Chapter 459 (osteopathic medicine)
- Chapter 460 (chiropractic medicine)
- Chapter 461 (podiatric medicine)
- Chapter 462 (naturopathy)
- Chapter 463 (optometry)
- Chapter 464 (nursing)
- Chapter 465 (pharmacy)
- Chapter 466 (dentistry)
- Chapter 467 (midwifery)
- Part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468 (speech-language pathology and audiology; nursing home administration; occupational therapy; respiratory therapy; dietetics and nutrition practice; athletic trainers; and orthotics, prosthetics, and pedorthics)
- Chapter 478 (electrolysis)
- Chapter 480 (massage practice)
- Part III or part IV of chapter 483 (clinical laboratory personnel and medical physicists)
- Chapter 484 (dispensing of optical devices and hearing aids)
- Chapter 486 (physical therapy practice)
- Chapter 490 (psychological services)
- Chapter 491 (clinical, counseling, and psychotherapy services)

Current law[2] prohibits the DOH and the medical boards within the DOH from allowing any person to sit for an examination who has been:

[1] *See* ch. 2009-223, L.O.F.
[2] *See* s. 456.0635, F.S.

- Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under ch. 409, F.S.,[3] ch. 817, F.S.,[4] ch. 893, F.S.,[5] 21 U.S.C. ss. 801-970,[6] or 42 U.S.C. ss. 1395-1396,[7] unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
- Terminated for cause from the Florida Medicaid program, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years; or
- Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program or the federal Medicare program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination occurred at least 20 years prior to the date of application.

The DOH and the medical boards must refuse to issue or renew a license, certificate, or registration if an applicant or person affiliated with that applicant has violated any of the provisions listed above.

Implementation of Current Law by the Department of Health
Neither the DOH nor the boards deny licensure based on an applicant's termination for cause from the federal Medicare program because federal law does not implement such terminations "for cause." The DOH does not deny licensure renewal based on an applicant's termination for cause from the federal Medicare program for the same reason.

The DOH applies the denial of renewals to offenses occurring after July 1, 2009, when s. 456.0635, F.S., took effect.

III. Effect of Proposed Changes:

Section 1 amends s. 456.0635, F.S. The catch line is changed from "Medicaid fraud; disqualification for license, certificate, or registration," to "Health care fraud; disqualification for license, certificate, or registration." Other references in the statute to the general subject of "Medicaid fraud" are changed to "health care fraud." References to "candidate" vs. "candidate or applicant" are also standardized throughout the bill.

The bill separates the disqualifications for licensure, certification, or registration from those relating to licensure renewal into two different statutory subsections.

The bill requires a board or the DOH to refuse to admit a candidate to any examination and to refuse to issue a license to any applicant who has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under ch. 409, F.S., ch. 817, F.S., ch. 893, F.S., or similar felony offenses committed in another state or jurisdiction. The bill

[3] Ch. 409, F.S., "Social and Economic Assistance," is in Title XXX, "Social Welfare," and includes the Florida Medicaid and Kidcare programs, among other programs.
[4] Ch. 817, F.S., "Fraudulent Practices," is in Title XLVI, "Crimes."
[5] Ch. 893, F.S., "Drug Abuse Prevention and Control," is in Title XLVI, "Crimes."
[6] 21 U.S.C. ss. 801-970 create the Controlled Substances Act, which regulates the registration of manufacturers, distributors, and dispensers of controlled substances at the federal level.
[7] 42 U.S.C. ss. 1395-1396 create the federal Medicare, Medicaid, and Children's Health Insurance programs.

deletes the provision in current law that nullifies the prohibition if the sentence and probation period ended more than 15 years prior to the date of application, and replaces it with the following provisions:

- For felonies of the first or second degree, the prohibition expires when the sentence and probation period have ended more than 15 years before the date of application.
- For felonies of the third degree, the prohibition expires when the sentence and probation period have ended more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a), F.S.[8]
- For felonies of the third degree under s. 893.13(6)(a), F.S., the prohibition expires when the sentence and probation period have ended more than 5 years before the date of application.

An applicant or candidate who has been convicted of or pled guilty or nolo contendere to any state felony listed above is eligible for initial licensure without any prohibition if he or she successfully completes a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.[9] As a result of this provision and a similar provision relevant to renewals (described below), the DOH or the board will have statutory authority to not deny licensure or renewal based upon the original plea. This change will also allow the DOH to not rule on applications filed while the applicant is enrolled in the drug court program.

The bill moves into a new paragraph the requirement for a board or the DOH to refuse to admit a candidate to any examination and to refuse to issue a license to any applicant who has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396, unless the sentence and any probation period for such conviction or plea ended more than 15 years before the date of the application.

The bill deletes reference to "terminated for cause" from the federal Medicare program as a ground for which a board or the DOH is required to deny a license and creates a new standard to exclude applicants currently listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

[8] Section 893.13(6)(a), F.S. makes it unlawful for any person to be in actual or constructive possession of a controlled substance unless such controlled substance was lawfully obtained from a practitioner or pursuant to a valid prescription or order of a practitioner while acting in the course of his or her professional practice, or to be in actual or constructive possession of a controlled substance except as otherwise authorized by ch. 893, F.S.

[9] This provision and a somewhat similar provision included in the section relevant to licensure renewals are intended to address individuals who have pled guilty or nolo contendere in order to avail these individuals of the transfer provisions of s. 910.035, F.S. Section 910.035(1), F.S., which applies in cases where an indictment or information is pending, provides that "a defendant arrested or held in a county other than that in which an indictment or information is pending against him or her may state in writing that he or she wishes to plead guilty or nolo contendere, to waive trial in the county in which the indictment or information is pending." Section 910.035(2), F.S., which applies in cases where an indictment or information is not pending, provides that "a defendant arrested on a warrant issued upon a complaint in a county other than the county of arrest may state in writing that he or she wishes to plead guilty or nolo contendere, to waive trial in the county in which the warrant was issued, and to consent to disposition of the case in the county in which the defendant was arrested, subject to the approval of the prosecuting attorney of the court in which the indictment or information is pending." Finally, s. 910.035(5), F.S., provides any person eligible for participation in a drug court treatment program pursuant to s. 948.08(6), F.S., may be eligible to have the case transferred to a county other than that in which the charge arose if the drug court program agrees and several conditions are met.

The bill specifies that the prohibitions above relating to examination, licensure, certification, or registration do not apply to applicants for initial licensure or certification who were enrolled in a DOH- or board-recognized educational or training program on or before July 1, 2009, and who applied for licensure after July 1, 2012.

The bill creates a new statutory subsection relating to license *renewal* that requires a board or the DOH to deny renewal to applicants who, after July 1, 2009, have been convicted of or pled guilty or nolo contendere to the same felony offenses listed under the subsection on initial licensure. The same 5, 10, and 15-year prohibition periods apply concerning eligibility for relicensure after a felony as for initial licensure after a felony. Applicants who have been convicted of or pled guilty or nolo contendere to specified state felonies are eligible for license renewal without any prohibition period if they are currently enrolled in a drug court program that allows the withdrawal of the plea for that felony upon successful completion of the program.

The bill also includes the same provisions for denying licensure renewal as those described above for initial examination, licensure, certification, and registration, relative to exclusion from the Medicare program and termination from Medicaid programs in Florida or in other states.

Section 2 amends s. 456.036, F.S. Any person who has been denied renewal of licensure, certification, or registration under s. 456.0635(3), F.S., may only regain licensure, certification, or registration by undergoing the procedure for initial licensure as defined by a board or the department. However, a person who was denied renewal between July 1, 2009 and June 30, 2012 is not required to retake any examinations which would otherwise be necessary for initial licensure.

Section 3 provides that the effective date of the bill is July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill will affect the ability of certain applicants to become licensed or to renew a license, thereby affecting their ability to qualify or remain qualified for gainful employment within certain occupations regulated by the DOH. The bill will apply the statutory licensure prohibitions to persons with felony convictions or pleas effective in other states the same as they are applied to persons with felony convictions or pleas effective in Florida. This will create more equity in the application of the law and should result in more mandatory denials among persons within that demographic. However, the bill also relaxes the standards in other ways, such as the "sliding scale" for the prohibition's duration based on the type of felony, which should result in fewer mandatory denials under those circumstances.

C. Government Sector Impact:

The DOH will experience a recurring increase in workload to implement the bill and non-recurring costs for rulemaking, the costs of which are indeterminate. Increased workload will derive from the additional screening procedures that the DOH will conduct on applicants and re-applicants, including:[10]

- Analyzing the laws of other states to determine which are similar to chs. 409, 817, or 893, F.S., and which applicants have violated such laws.
- Verifying that the applicants have not committed Medicaid fraud in other states or federal health care fraud.
- Determining whether enough time has passed between applicants' criminal convictions under chs. 409, 817, or 893, F.S., and their requests for licensure.

The AHCA will also experience a recurring increase in workload and costs to build and maintain an information sharing infrastructure with the department for the additional data which will be collected by the DOH under this bill. The exact fiscal impact is indeterminate.[11]

VI. Technical Deficiencies:

Under the bill, persons who have been convicted of or pled guilty or nolo contendere to certain state felonies are eligible for initial licensure, certification, or registration without a prohibition period if they successfully complete a pretrial intervention or drug diversion program for that

[10] Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 208*. A copy of this analysis is on file with the Senate Health Regulation Committee.
[11] Agency for Health Care Administration, *2012 Bill Analysis and Economic Impact Statement for SB 208*. A copy of this analysis is on file with the Senate Health Regulation Committee.

felony. There is also a somewhat similar provision concerning pretrial intervention or drug diversion programs in the section relevant to licensure renewals.

According to the department, while pretrial intervention programs cover many of the offenses that disqualify a person from licensure, they do not require a plea or conviction, and therefore, participation in pretrial intervention programs currently is not disqualifying and need not be addressed in statute.

VII. Related Issues:

Since s. 456.0635, F.S., was enacted, 21 U.S.C. Subchapter 13, the Controlled Substances Act, has been amended to include a s. 971, regarding notification, suspension of shipment, and penalties with respect to importation and exportation of certain chemicals. The bill as currently written does not authorize initial or renewal license disqualification of health care professionals for violations of this section; only felonies under 21 U.S.C. ss. 801-970 may result in denial of licensure.

The bill does not contain any guidance or standards for determining what constitutes a "similar felony offense committed in another state or jurisdiction." Criminal statutes are different in every state. When licensure or renewal is denied based on a "similar" felony committed in another state or jurisdiction, the applicant may be encouraged to challenge the denial and argue that without specific standards within Florida law, the characteristics of the out-of-state felony cannot be justified by the DOH in keeping with legislative intent as being adequately "similar" to any certain offense within chs. 409, 817, or 893, F.S. However, a counterargument is that there are numerous statutes which require a determination of whether an offense in another jurisdiction is similar to a Florida offense and which do not provide any guidance or standards for making that determination.[12]

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 Criminal Justice on January 12, 2012:
The CS clarifies provisions relating to pleas. An applicant or candidate who has been convicted of or pled guilty or nolo contendere to a specified state felony is eligible for initial licensure without any prohibition if he or she successfully completes a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Applicants who have been convicted of or pled guilty or nolo contendere to a specified state felony are eligible for license renewal without any prohibition period if they are currently enrolled in a drug court program that allows the withdrawal of the plea for that felony upon successful completion the program.

CS by Health Regulation on November 3, 2011:
The CS clarifies that persons who have been convicted of or pled guilty or nolo

[12] *See e.g.*, ss. 39.0139, 311.12, 322.03, 373.6055, 393.0655, 408.809, 430.0402, 435.03, 435.04, 464.018, 468.3101, 744.474, 775.21, 943.0435, 948.30, 985.644, and 1012.467, F.S.

contendere to certain state felonies are eligible for initial licensure, certification, or registration without a prohibition period if they successfully complete a pretrial intervention or drug diversion program for that felony. A similar provision concerning pretrial intervention or drug diversion programs has been clarified in the subsection of the CS concerning license renewals.

The CS alters the time frame for an exemption to the above provisions for students. Students who were enrolled in a department-approved training program before July 1, 2009 and who applied for initial licensure after July 1, 2012 are eligible regardless of the presence or timing of past state or federal felonies. Both of these dates were July 1, 2011 in SB 208.

The CS amends the effective dates relating to license renewals for applicants with felony convictions or plea of guilty or nolo contendere (both effective dates are changed to July 1, 2009). It also applies the tiered waiting periods described under the initial licensure provisions to renewals as well.

The CS replaces section 2 of SB 208 with a provision that any person who was denied license renewal under s. 456.0635(3), F.S., may only regain his or her license by undergoing the initial licensure procedures defined by the relevant board or the department. The CS provides an exception for persons who were denied renewal between July 1, 2009 and June 30, 2012; these applicants are not required to retake any examinations normally needed for initial licensure.

B. Amendments:

None.

By the Committees on Criminal Justice; and Health Regulation; and Senator Joyner

591-01857-12 2012208c2

A bill to be entitled

An act relating to health care fraud; amending s. 456.0635, F.S.; revising the grounds under which the Department of Health or corresponding board is required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner; providing an exception; amending s. 456.036, F.S.; providing that all persons who were denied renewal of licensure, certification, or registration under s. 456.0635(3), F.S., may regain licensure, certification, or registration only by completing the application process for initial licensure; providing an exception; providing an effective date.

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

Section 1. Section 456.0635, Florida Statutes, is amended to read:

456.0635 Health care ~~Medicaid~~ fraud; disqualification for license, certificate, or registration.—

(1) Health care ~~Medicaid~~ fraud in the practice of a health care profession is prohibited.

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue ~~or renew~~ a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent,

591-01857-12 2012208c2

managing employee, or affiliated person of the applicant~~, has been~~:

(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration ~~21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396,~~ unless the sentence and any subsequent period of probation for such conviction or plea ~~pleas~~ ended: ~~more than 15 years prior to the date of the application;~~

1. For felonies of the first or second degree, more than 15 years before the date of application.

2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).

3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;

(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;

(c) ~~(b)~~ Has been terminated for cause from the Florida

Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

(d) ~~(c)~~ Has been terminated for cause, pursuant to the appeals procedures established by the state ~~or Federal Government~~, from any other state Medicaid program ~~or the federal Medicare program~~, unless the candidate or applicant has been in good standing with a state Medicaid program ~~or the federal Medicare program~~ for the most recent 5 years and the termination occurred at least 20 years before ~~prior to~~ the date of the application; or~~.~~

(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

This subsection does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

(3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the

applicant is currently enrolled in a drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:

1. For felonies of the first or second degree, more than 15 years before the date of application.

2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).

3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.

(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.

(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.

(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of

the application.

(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

(4)~~(3)~~ Licensed health care practitioners shall report allegations of health care ~~Medicaid~~ fraud to the department, regardless of the practice setting in which the alleged health care ~~Medicaid~~ fraud occurred.

(5)~~(4)~~ The acceptance by a licensing authority of a licensee's ~~candidate's~~ relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care ~~Medicaid~~ fraud or similar charges constitutes the permanent revocation of the license.

Section 2. Present subsections (14) and (15) of section 456.036, Florida Statutes, are renumbered as subsections (15) and (16), respectively, and a new subsection (14) is added to that section, to read:

456.036 Licenses; active and inactive status; delinquency.—

(14) A person who has been denied renewal of licensure, certification, or registration under s. 456.0635(3) may regain licensure, certification, or registration only by meeting the qualifications and completing the application process for initial licensure as defined by the board, or the department if there is no board. However, a person who was denied renewal of licensure, certification, or registration under s. 24 of chapter 2009-223, Laws of Florida, between July 1, 2009, and June 30, 2012, is not required to retake and pass examinations applicable for initial licensure, certification, or registration.

Section 3. This act shall take effect July 1, 2012.

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 Budget Subcommittee on Health and Human Services Appropriations

BILL:	CS/SB 478
INTRODUCER:	Health Regulation Committee and Senator Margolis
SUBJECT:	Department of Health
DATE:	January 20, 2012
REVISED:	1/26/12

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	O'Callaghan	Stovall	HR	**Fav/CS**
2.	Bradford	Hendon	BHA	**Fav/1 amendment**
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	X	Statement of Substantial Changes
B. AMENDMENTS.....		Technical amendments were recommended
	X	Amendments were recommended
		Significant amendments were recommended

I. Summary:

This committee substitute (CS) for SB 478 repeals s. 381.00325, F.S., which requires the Department of Health (department) to develop a Hepatitis A awareness program. This program requires the department to work with private businesses and associations to develop the program and disseminate information to educate the public about, and the availability of, the Hepatitis A vaccine.

This bill will have minimal fiscal impact on the Department of Health because it will still continue to provide education and outreach of the Hepatitis A vaccine under the authority of s. 381.003(1)(e), F.S.

This CS repeals s. 381.00325, F.S.

The effective date of this bill is July 1, 2012.

II. Present Situation:

Hepatitis Awareness

The department is required under s. 381.00325, F.S., to develop a Hepatitis A awareness program and work with private businesses and associations to develop the program and disseminate information to educate the public about, and the availability of, the Hepatitis A vaccine. Under s. 381.003, F.S., the department is required to conduct a communicable disease prevention and control program as part of fulfilling its public health mission. The program is required to include programs for the prevention and control of vaccine-preventable diseases, including Hepatitis A.

To fulfill the requirements of s. 381.00325 and s. 381.003, F.S., the department's Division of Disease Control administers a Hepatitis Prevention Program, which seeks to educate the public about Hepatitis A and Hepatitis B vaccines and recommends such vaccines.[1]

The department's Hepatitis Prevention Program provides on its website a vaccine information statement from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention which provides information about Hepatitis A and the Hepatitis A vaccine. The vaccine information statement explains that Hepatitis A is a serious liver disease caused by the Hepatitis A virus, which is found in the stool of people with hepatitis A and spread by close personal contact or by eating food or drinking water containing the virus. The symptoms of Hepatitis A include "flu-like" illness, jaundice (yellow skin or eyes and dark urine), and severe stomach pains and diarrhea in children. People with Hepatitis A often have to be hospitalized and adults with the virus are often too ill to work for up to a month. Hepatitis A can also cause death, but can be prevented with a vaccine.[2]

Under the department's Hepatitis Prevention Program, the department:

- Provides Hepatitis A and B vaccines each year to over 30,000 at-risk adults who are 18 years of age or older.
- Provides Hepatitis A, B and C panel tests to more than 29,000 at-risk adults each year.
- Provides referrals for treatment for infected individuals.
- Directly funds 15 county health departments for specific Hepatitis prevention programs (Miami-Dade, Collier, Monroe, Pinellas, Polk, Broward, Escambia, Lee, Seminole, Okeechobee, Palm Beach, Bay, Alachua, Duval, and Orange counties).
- Collects and analyzes surveillance data based on reported cases of viral Hepatitis.
- Distributes educational information materials.
- Oversees the Viral Hepatitis Council, which is made up of county health department and non-governmental community members who advise the Hepatitis Prevention Program and write a comprehensive plan.

[1] Florida Department of Health, Division of Disease Control, *Hepatitis Prevention Program: Hepatitis Vaccine and Laboratory Testing*, available at: http://www.doh.state.fl.us/disease_ctrl/aids/hep/index.html (Last visited on January 6, 2012).

[2] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Vaccine Information Statement, Hepatitis A Vaccine, *What You Need to* Know, available at: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hep-a.pdf (Last visited on January 6, 2012). Additional information about Hepatitis A is provided on the department's website at: http://www.doh.state.fl.us/disease_ctrl/aids/hep/hep_a.htm (Last visited on January 6, 2012).

- Provides technical assistance, training, and quality assurance.
- Provides webinar training to all healthcare providers and any interested groups or individuals.
- Collects and analyzes client risk assessment and other data.[3]

III. Effect of Proposed Changes:

This CS repeals s. 381.00325, F.S., which requires the department to develop a Hepatitis A awareness program. This program requires the department to work with private businesses and associations to develop the program and disseminate information to educate the public about, and the availability of, the Hepatitis A vaccine.

The department reports that, even if the Hepatitis A awareness program under s. 381.00325, F.S., is repealed, the department will continue to provide education and outreach of the Hepatitis A vaccine under the authority of s. 381.003(1)(e), F.S. Therefore, the repeal of s. 381.00325, F.S., will have minimal impact on the department.[4]

The effective date of the CS is July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this CS have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this CS have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this CS have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

[3] Department of Health, *Bill Analysis, Economic Statement and Fiscal Note: SB 478*, December 7, 2011, on file with the Health Regulation Committee.
[4] Department of Health, *Bill Analysis, Economic Statement and Fiscal Note: SB 478*, December 7, 2011, on file with the Health Regulation Committee.

B. Private Sector Impact:

The department will continue to provide education and outreach of the Hepatitis A vaccine under the authority of s. 381.003(1)(e), F.S.

C. Government Sector Impact:

Since the department will continue to provide education and outreach of the Hepatitis A, there will be no costs savings due to the repeal of s. 381.00325, F.S.

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.)

CS by Health Regulation on January 12, 2012:
The CS differs from the bill in that it removes the repeal of the Public Cord Blood Tissue Bank by removing the repeal of s. 381.06015, F.S.

B. Amendments:

Barcode 368304 by Budget Subcommittee on Health and Human Services Appropriations on January 26, 2012:
This amendment creates section 381.9815 mandating the Department of Health to carry out surveillance, education, and testing programs with respect to hepatitis B and hepatitis C virus infections.

The department will be required to carry out the program directly and through grants to public and nonprofit private entities. There currently are no resources appropriated to implement this program. The fiscal impact of this amendment seems to be significant but is indeterminate.

368304

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
01/27/2012	.	
	.	
	.	
	.	

The Committee on Budget Subcommittee on Health and Human Services Appropriations (Sobel) recommended the following:

Senate Amendment (with title amendment)

Between lines 10 and 11
insert:

Section 2. Section 381.9815, Florida Statutes, is created to read:

381.9815 Hepatitis virus; surveillance, education, and testing.—

(1) SHORT TITLE.—This act may be cited as the "Viral Hepatitis Testing Act."

(2) HEPATITIS B AND HEPATITIS C SURVEILLANCE, EDUCATION, AND TESTING PROGRAMS.—The Department of Health shall, in

accordance with this section, carry out surveillance, education, and testing programs with respect to hepatitis B and hepatitis C virus infections. The department may carry out such programs directly and through grants to public and nonprofit private entities, including counties, political subdivisions, and public-private partnerships.

(3) STATEWIDE GOALS.—In carrying out the duties prescribed in subsection (2), the department shall cooperate with counties and other public or nonprofit private entities to seek to establish a statewide system of surveillance, education, and testing with respect to hepatitis B and hepatitis C with the following goals:

(a) To determine the incidence and prevalence of such infections, including providing for the reporting of chronic cases.

(b) With respect to the population of individuals who have such an infection, to carry out testing programs to increase the number of individuals who are aware of their infection to 50 percent by 2014 and 75 percent by 2016.

(c) To develop and disseminate public information and education programs for the detection and control of hepatitis B and hepatitis C infections, with priority given to changing behaviors that place individuals at risk of infection.

(d) To provide appropriate referrals for counseling and medical treatment of infected individuals and to ensure, to the extent practicable, the provision of appropriate followup services.

(e) To improve the education, training, and skills of health professionals in the detection, control, and treatment of

hepatitis B and hepatitis C infections, with priority given to pediatricians and other primary care physicians, and obstetricians and gynecologists.

(4) HIGH-RISK POPULATIONS; CHRONIC CASES.—The department shall determine the populations that, for purposes of this section, are considered at high risk for hepatitis B or hepatitis C. The department shall include the following among those considered at high risk:

(a) For hepatitis B, individuals born in counties in which 2 percent or more of the population has hepatitis B.

(b) For hepatitis C, individuals born between 1945 and 1965.

(c) Those who have been exposed to the blood of infected individuals or of high-risk individuals, are family members of such individuals, or are sexual partners of such individuals.

(5) PROGRAM PRIORITY.—In providing for programs under this section, the department shall give priority to:

(a) Early diagnosis of chronic cases of hepatitis B or hepatitis C in high-risk populations; and

(b) Education, and referrals for counseling and medical treatment, for individuals diagnosed under paragraph (a) in order to:

1. Reduce their risk of dying from end-stage liver disease and liver cancer and of transmitting the infection to others.

2. Determine the appropriateness for treatment to reduce the risk of progression to cirrhosis and liver cancer.

3. Receive ongoing medical management, including regular monitoring of liver function and screenings for liver cancer.

4. Receive, as appropriate, drug, alcohol abuse, and mental

health treatment.

5. In the case of women of childbearing age, receive education on how to prevent hepatitis B perinatal infection and alleviate fears associated with pregnancy or raising a family.

6. Receive such other services as the department determines to be appropriate.

(6) CULTURAL CONTEXT.—In providing for services for individuals who are diagnosed under paragraph (5)(a), the department shall seek to ensure that the services are provided in a culturally and linguistically appropriate manner.

(7) REPORT.—The department shall prepare a report on the implementation of the programs required under this section, the effectiveness of such programs, and the progress made in achieving the statewide goals established under this section. The report shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the committees having jurisdiction over issues relating to public health no later than January 31 of each year. The report must also address:

(a) Effectiveness issues with respect to current guidelines of the Centers for Disease Control and Prevention for screenings for hepatitis virus infection.

(b) The importance of responding to the perception that receiving such screenings may be stigmatizing.

(c) Whether age-based screenings would be effective, considering the use of age-based screenings with respect to breast and colon cancer.

(d) New and improved treatments for hepatitis virus infection.

368304

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

And the title is amended as follows:

Delete line 5

and insert:

awareness program; creating s. 381.9815, F.S.; creating the "Viral Hepatitis Testing Act"; providing a short title; requiring that the Department of Health carry out surveillance, education, and testing programs with respect to hepatitis B and hepatitis C virus infections; requiring that the department establish a statewide system for such surveillance, education, and testing; specifying goals of the system; requiring that the department determine populations within the state which are considered at high risk for hepatitis B or hepatitis C; providing for priority of programs; requiring that the department seek to ensure that specified services are provided in a culturally and linguistically appropriate manner; requiring an annual report to the Legislature; providing an effective date.

WHEREAS, approximately 5.3 million Americans are chronically infected with the hepatitis B virus, referred to in this preamble as "HBV," the hepatitis C virus, referred to in this preamble as "HCV," or both, and

WHEREAS, in the United States, chronic HBV and HCV are the most common causes of liver cancer, one of the most lethal and fastest growing cancers in the United States. Chronic HBV and

HCV are the most common causes of chronic liver disease, liver cirrhosis, and the most common indication for liver transplantation. Chronic HCV is also a leading cause of death in Americans living with HIV/AIDS, many of whom are coinfected with chronic HBV, HCV, or both. At least 15,000 deaths per year in the United States can be attributed to chronic HBV and HCV, and

WHEREAS, according to the Centers for Disease Control and Prevention, referred to in this preamble as the "CDC," approximately 2 percent of the population of the United States is living with chronic HBV, HCV, or both. The CDC has recognized HCV as the nation's most common chronic bloodborne virus infection and HBV as the deadliest vaccine-preventable disease, and

WHEREAS, HBV is easily transmitted and is 100 times more infectious than HIV. According to the CDC, HBV is transmitted percutaneously, by puncture through the skin, or through mucosal contact with infectious blood or body fluids. HCV is transmitted by percutaneous exposures to infectious blood, and

WHEREAS, the CDC conservatively estimates that in 2008, approximately 18,000 Americans were newly infected with HCV and more than 38,000 Americans were newly infected with HBV, and

WHEREAS, there were 10 outbreaks reported to the CDC for investigation in 2009 related to healthcare acquired infection of HBV and HCV. There were another 6,748 patients potentially exposed to one of the viruses, and

WHEREAS, chronic HBV and chronic HCV usually do not cause symptoms early in the course of the disease but, after many years of a clinically "silent" phase, CDC estimates show that more than 33 percent of infected individuals develop cirrhosis,

end-stage liver disease, or liver cancer. Since most individuals with chronic HBV, HCV, or both are unaware of their infection, they do not know to take precautions to prevent the spread of their infection and can unknowingly exacerbate their own disease progression, and

WHEREAS, HBV and HCV disproportionately affect certain populations in the United States. Although representing only 5 percent of the population, Asian and Pacific Islanders account for more than half of the 1.4 million domestic chronic HBV cases. Baby boomers born between 1945 and 1965 account for more than 75 percent of domestic chronic HCV cases. In addition, African-Americans, Latinos and Latinas, American Indians, and Native Alaskans are among the groups that have disproportionately high rates of HBV infections, HCV infections, or both in the United States, and

WHEREAS, for both chronic HBV and chronic HCV, behavioral changes can slow disease progression if diagnosis is made early. Early diagnosis, which is determined through simple diagnostic tests, can reduce the risk of transmission and disease progression through education and vaccination of household members and other susceptible persons at risk, and

WHEREAS, advancements have led to the development of improved diagnostic tests for viral hepatitis. These tests, including rapid, point-of-care testing and other forms of testing in development can facilitate diagnosis, notification of results, post-test counseling, and referral to care at the time of the testing visit. In particular, these tests are also advantageous because they can be used simultaneously with HIV rapid testing for persons at risk for both HCV and HIV

infections, and

WHEREAS, for those chronically infected with HBV or HCV, regular monitoring can lead to the early detection of liver cancer at a stage at which a cure is still possible. Liver cancer is the second deadliest cancer in the United States. However, liver cancer has received little funding for research, prevention, or treatment, and

WHEREAS, treatment for chronic HCV can eradicate the disease in approximately 75 percent of those currently treated. The treatment of chronic HBV can effectively suppress viral replication in the overwhelming majority, or more than 80 percent, of those treated, thereby reducing the risk of transmission and progression to liver scarring or liver cancer, even though a complete cure is much less common than for HCV, and

WHEREAS, to combat the viral hepatitis epidemic in the United States, in May 2011, the United States Department of Health and Human Services released, "Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care & Treatment of Viral Hepatitis." The Institute of Medicine of the National Academies produced a 2010 report on the federal response to HBV and HCV titled "Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C." The recommendations and guidelines provide a framework for HBV and HCV prevention, education, control, research, and medical management programs, and

WHEREAS, the annual health care costs attributable to viral hepatitis in the United States are significant. For HBV, it is estimated to be approximately $2.5 billion, or $2,000 per

infected person. In 2000, the lifetime cost of HBV, before the availability of most of the current therapies, was approximately $80,000 per chronically infected person, or more than $100 billion. For HCV, medical costs for patients are expected to increase from $30 billion in 2009 to more than $85 billion in 2024. Avoiding these costs by screening and diagnosing individuals earlier and connecting them to appropriate treatment and care will save lives and critical health care dollars. Currently, without a comprehensive screening, testing, and diagnosis program, most patients are diagnosed too late when they need a liver transplant costing at least $314,000 for uncomplicated cases or, when the patient has liver cancer or end-stage liver disease, costing between $30,980 and $110,576 per hospital admission. As health care costs continue to grow, it is critical that the Federal Government make investments in effective mechanisms to avoid documented cost drivers, and

WHEREAS, according to the Institute of Medicine report in 2010, chronic HBV and HCV infections cause substantial morbidity and mortality despite being preventable and treatable. Deficiencies in the implementation of established guidelines for the prevention, diagnosis, and medical management of chronic HBV and HCV infections perpetuate personal and economic burdens. Existing grants are not sufficient for the scale of the health burden presented by HBV and HCV, and

WHEREAS, screening and testing for chronic HBV and HCV are aligned with the United States Department of Health and Human Services' Healthy People 2020 goal to increase immunization rates and reduce preventable infectious diseases. Awareness of disease and access to prevention and treatment remain essential

368304

components for reducing infectious disease transmission, and

WHEREAS, support is necessary to increase knowledge and awareness of HBV and HCV and to assist both federal and local prevention and control efforts in reducing the morbidity and mortality of these epidemics, NOW, THEREFORE,

By the Committee on Health Regulation; and Senator Margolis

588-01853-12 2012478c1

A bill to be entitled

An act relating to the Department of Health; repealing s. 381.00325, F.S., relating to department authorization for the development of a Hepatitis A awareness program; providing an effective date.

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

Section 1. Section 381.00325, Florida Statutes, is repealed.

Section 2. This act shall take effect July 1, 2012.

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 Budget Subcommittee on Health and Human Services Appropriations

BILL:	CS/SB 510
INTRODUCER:	Health Regulation Committee and Senator Rich and Others
SUBJECT:	Florida Kidcare Program
DATE:	January 20, 2012 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	**Fav/CS**
2.	Hendon	Hendon	BHA	**Favorable**
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	X	Statement of Substantial Changes
B. AMENDMENTS.....		Technical amendments were recommended
		Amendments were recommended
		Significant amendments were recommended

I. Summary:

The bill amends the law that establishes eligibility requirements for the Florida Kidcare program (Kidcare) to make children of public employees who are eligible to participate in the state group insurance program and who meet other eligibility requirements eligible for the subsidized portion of Kidcare. Children of these employees are currently prohibited from obtaining health insurance coverage through Kidcare, even if the family would otherwise be financially eligible. To the extent that state employees currently receiving family coverage under the State Group Health Insurance program enroll their children in the Kidcare program, the state will see a positive fiscal impact on the State Group Health Insurance Plan in the Department of Management Services. According to the Social Services Estimating Conference, the bill is expected to save $626,704 in general revenue and cost an additional $14,316 in trust funds.

The bill has an effective date of July 1, 2012.

This bill substantially amends the following sections of the Florida Statutes: 409.8132, and 409.814.

II. Present Situation:

Florida Kidcare Program

The Kidcare program was created by the Florida Legislature in 1998 in response to the federal enactment of the State Children's Health Insurance Program in 1997, later known more simply as the Children's Health Insurance Program (CHIP). The federal authority for the CHIP is located in Title XXI of the Social Security Act.[1] Initially authorized for 10 years and then recently re-authorized[2] through 2019 with federal funding through 2015, the CHIP provides subsidized health insurance coverage to uninsured children who do not qualify for Medicaid but who meet other eligibility requirements. The state statutory authority for Kidcare is found in part II of ch. 409, F.S.

Kidcare encompasses four programs: Medicaid for children, the Medikids program, the Children's Medical Services Network, and the Florida Healthy Kids program. Kidcare coverage is funded by state and federal funds through Title XIX (Medicaid) and Title XXI (CHIP) of the federal Social Security Act. Families also contribute to the cost of the coverage under the Title XXI-funded components of Kidcare based on their household size, income, and other eligibility factors. For families with incomes above the income limits for premium assistance or who do not otherwise qualify for assistance, Kidcare also offers an option under the Healthy Kids component and the Medikids component for the family to obtain coverage for their children by paying the full premium.

Eligibility for the Kidcare components that are funded by Title XXI is determined in part by age and household income as follows:[3]

- Medicaid for Children: Title XXI funding is available from birth until age 1 for family incomes between 185 percent and 200 percent of the Federal Poverty Level (FPL).
- Medikids: Title XXI funding is available from age 1 until age 5 for family incomes between 133 percent and 200 percent of the FPL.
- Healthy Kids: Title XXI funding is available from age 5 until age 6 for family incomes between 133 percent and 200 percent of the FPL. For age 6 until age 19, Title XXI funding is available for family incomes between 100 percent and 200 percent of the FPL.
- Children's Medical Services Network: Title XXI and Title XIX funds are available from birth until age 19 for family incomes up to 200 percent of the FPL for children with special health care needs. The Department of Health assesses whether children meet the program's clinical requirements.

Kidcare is administered jointly by the Agency for Health Care Administration, the Department of Children and Families, the Department of Health, and the Florida Healthy Kids Corporation. Each entity has specific duties and responsibilities under Kidcare as detailed in part II of ch. 409,

---

[1] Title XXI – State Children's Health Insurance Program. Found at: <http://www.ssa.gov/OP_Home/ssact/title21/2100.htm> (Last visited on January 12, 2012).

[2] Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3. Found at: <http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ003.111.pdf%20> (Last visited on January 12, 2012).

[3] Florida Kidcare Eligibility. Found at: <http://www.doh.state.fl.us/alternatesites/kidcare/images/data/FKC-eligibilityflag-accessible.pdf> (Last visited on January 12, 2012).

F.S. The Department of Children and Families determines eligibility for Medicaid, and the Florida Healthy Kids Corporation processes all Kidcare applications and determines eligibility for the CHIP, which includes a Medicaid screening and referral process to the Department of Children and Families, as appropriate.

To enroll in Kidcare, families utilize a form that is both a Medicaid and CHIP application. Families may apply using the paper application or an online application. Both formats are available in English, Spanish, and Creole. Income eligibility is determined through electronic data matches with available databases or, in cases where income cannot be verified electronically, through submission of current pay stubs, tax returns, or W-2 forms.

The 2011-2012 General Appropriations Act appropriated $520,962,322 for Kidcare, including $61,436,037 in General Revenue.[4] The Social Services Estimating Conference convened on December 12, 2011, to adopt a caseload and expenditure forecast for Kidcare through June 2015. For the current fiscal year the program is projected to end the year with a surplus of $39.4 million with $12.8 million of the surplus being General Revenue.[5] For FY 2012-2013, the projected expenditures for General Revenue are $6.2 million below the current year appropriation.

Eligibility of Children of State Employees

Title XXI of the Social Security Act, as established in the Balanced Budget Act of 1997, excluded from the definition of "targeted low-income child" a "child who is a member of a family that is eligible for health benefits coverage under a State health benefits plan on the basis of a family member's employment with a public agency in the State." When Florida enacted Kidcare in 1998, a similar exclusion was included in s. 409.814, F.S. The effect of this exclusion is that children of public employees who would otherwise be eligible for Kidcare have been unable to enroll in Kidcare and receive premium assistance through Title XXI.

In 2010, Congress amended Title XXI of the Social Security Act to provide states the option to receive Federal matching funds for coverage of children of public employees through the CHIP.[6] A state may receive Federal funding to extend CHIP eligibility to otherwise eligible children of public employees in cases where the state has maintained its contribution levels for health coverage for employees with dependent coverage, or can demonstrate that the state employees' health benefits plan's out-of-pocket costs pose a financial hardship for families. The Agency for Health Care Administration has indicated that Florida would meet one or both of these conditions.[7]

On April 4, 2011, the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services issued a letter providing guidance on implementation of the new

[4] *See* ch. 2011-69, L.O.F., line item 151.
[5] Social Services Estimating Conference – Kidcare Program, December 12, 2011. Found at: <http://edr.state.fl.us/Content/conferences/kidcare/index.cfm> (Last visited on January 12, 2012).
[6] *See* s. 10203(b)(2)(D) of the Patient Protection and Affordable Care Act (Public Law 111-148) as amended by s. 205 of the Medicare and Medicaid Extenders Act of 2010 (Public Law 111-309).
[7] *See* Agency for Health Care Administration 2012 Bill Analysis and Economic Impact Statement for SB 510 – on file with the Senate Health Regulation Committee.

state option for CHIP coverage of children of public employees.[8] The letter addresses how states can demonstrate that they meet either the maintenance of agency contribution condition or the hardship condition. States wishing to elect this coverage option may submit a CHIP State Plan amendment at any time.

On average, 2,702 dependents of state employees apply for Title XXI Kidcare each year and 177 enroll in the full-pay coverage option. This implies that 2,525 dependents of state employees are either without health care coverage or the family elected to purchase state employee family coverage.[9]

III. Effect of Proposed Changes:

Section 1 amends s. 409.8132, F.S., relating to the Medikids program component of Kidcare, to change a cross-reference to make all the eligibility requirements of s. 409.814, F.S., applicable to the Medikids program. This includes (by removal of an exclusion from eligibility in section 2 of the bill) the addition of the children of public employees who are eligible for coverage under a state health benefit plan as a category of children eligible for Title XXI-funded components of Kidcare. The effect of the cross-reference change is to include children of state employees and other employees of public agencies participating in the state benefits program as being eligible for the Medikids program component of Kidcare.

Section 2 amends s. 409.814, F.S., relating to eligibility for Kidcare, to remove the exclusion from eligibility for Kidcare of a child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state (children of state employees and other employees of public agencies participating in the state benefits program). The effect is that children of these employees would be treated like other children applying for Kidcare coverage. They would be eligible for subsidized insurance if they meet the general eligibility requirements for Title XXI-funded Kidcare.

The bill also moves the requirement for an application for enrollment in the Children's Medical Services Network to include the medical or behavioral health screening from the introductory paragraph of s. 409.814, F.S., to subsection (9) which deals with application requirements.

Section 3 provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

---

[8] Letter to State Health Officials from the Centers for Medicare and Medicaid Services regarding CHIP coverage of children of public employees. Found at: <http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/2009%20schip%20reauth/sho-4-04-11.pdf> (Last visited on January 12, 2012).

[9] *See* Agency for Health Care Administration 2012 Bill Analysis and Economic Impact Statement for SB 510 – on file with the Senate Health Regulation Committee.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Social Services Estimating Conference reviewed the bill January 13, 2012 and estimated that as many as 2,702 dependents of state employees could enroll in the Kidcare program. This would result in an increase in the cost of the Kidcare program of $466,228. The estimated impact to the State Group Health Insurance Plan would be a savings of $1,078,616. The bill would have an overall positive impact to general revenue of $626,704 and a negative impact on state trust funds of $14,316. See table below.

Fiscal Impact	General Revenue	State Trust Funds	Total
State Group Health Ins	($755,031)	($323,585)	($1,078,616)
Kidcare (Title XXI)	$128,327	$337,901	$466,228
Total	($626,704)	$14,316	($612,388)

According to the Florida Healthy Kids Corporation, there would be minimal costs associated with the reprogramming needed to stop the current practice of checking applications to see if a child is a dependent of a state employee.

VI. Technical Deficiencies:

None.

VII. Related Issues:

If this bill becomes a law, the change in the eligibility status of children of public employees may be considered a qualifying event that would permit families to enroll their children in Kidcare by dropping family coverage and going to single coverage outside of the annual open enrollment period. If it is not considered a qualifying event families could enroll their children in Kidcare by dropping family coverage and going to single coverage during the open enrollment period. In

either case the question is whether the 60-day waiting period established in s. 409.814, F.S., before a child could obtain coverage under Kidcare should apply.

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 Regulation on February 12, 2012:
The CS does not create a new eligibility category for children of state employees, but simply removes the exclusion from eligibility of children of public employees participating in the state benefits program. The CS moves certain requirements for applications for the Children's Medical Services Network from the introductory paragraph of s. 409.814, F.S., to the subsection within that section dealing with applications for Kidcare.

B. Amendments:

None.

By the Committee on Health Regulation; and Senators Rich, Lynn, and Sobel

588-01852-12 2012510c1

A bill to be entitled

An act relating to the Florida Kidcare program; amending s. 409.8132, F.S.; revising a cross-reference; amending s. 409.814, F.S.; deleting a prohibition preventing children who are eligible for coverage under a state health benefit plan from being eligible for services provided through the subsidized program; providing an effective date.

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

Section 1. Paragraph (b) of subsection (6) of section 409.8132, Florida Statutes, is amended to read:

409.8132 Medikids program component.—

(6) ELIGIBILITY.—

(b) The provisions of s. 409.814 apply ~~409.814(3), (4), (5), and (6) shall be applicable~~ to the Medikids program.

Section 2. Section 409.814, Florida Statutes, is amended to read:

409.814 Eligibility.—A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida Kidcare program as provided in this section. ~~For enrollment in the Children's Medical Services Network, a complete application includes the medical or behavioral health screening.~~ If~~,~~ ~~subsequently,~~ an enrolled individual is determined to be ineligible for coverage, he or she must be immediately ~~be~~ disenrolled from the respective Florida Kidcare program component.

588-01852-12 2012510c1

(1) A child who is eligible for Medicaid coverage under s. 409.903 or s. 409.904 must be enrolled in Medicaid and is not eligible to receive health benefits under any other health benefits coverage authorized under the Florida Kidcare program.

(2) A child who is not eligible for Medicaid, but who is eligible for the Florida Kidcare program, may obtain health benefits coverage under any of the other components listed in s. 409.813 if such coverage is approved and available in the county in which the child resides.

(3) A Title XXI-funded child who is eligible for the Florida Kidcare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be assigned to and may opt out of the Children's Medical Services Network.

(4) The following children are not eligible to receive Title XXI-funded premium assistance for health benefits coverage under the Florida Kidcare program, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

~~(a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state.~~

(a)~~(b)~~ A child who is covered under a family member's group health benefit plan or under other private or employer health insurance coverage, if the cost of the child's participation is not greater than 5 percent of the family's income. If a child is otherwise eligible for a subsidy under the Florida Kidcare program and the cost of the child's participation in the family

member's health insurance benefit plan is greater than 5 percent of the family's income, the child may enroll in the appropriate subsidized Kidcare program.

(b) ~~(c)~~ A child who is seeking premium assistance for the Florida Kidcare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 60 days before the family submitted ~~prior to the family's submitting~~ an application for determination of eligibility under the program.

(c) ~~(d)~~ A child who is an alien, but who does not meet the definition of qualified alien, in the United States.

(d) ~~(e)~~ A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(e) ~~(f)~~ A child who is otherwise eligible for premium assistance for the Florida Kidcare program and has had his or her coverage in an employer-sponsored or private health benefit plan voluntarily canceled in the last 60 days, except those children whose coverage was voluntarily canceled for good cause, including, but not limited to, the following circumstances:

1. The cost of participation in an employer-sponsored health benefit plan is greater than 5 percent of the family's income;

2. The parent lost a job that provided an employer-sponsored health benefit plan for children;

3. The parent who had health benefits coverage for the child is deceased;

4. The child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;

5. The employer of the parent canceled health benefits coverage for children;

6. The child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;

7. The child has exhausted coverage under a COBRA continuation provision;

8. The health benefits coverage does not cover the child's health care needs; or

9. Domestic violence led to loss of coverage.

(5) A child who is otherwise eligible for the Florida Kidcare program and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (4)(a) ~~(4)(b)~~ which would have disqualified the child for the Florida Kidcare program if the child were able to enroll in the plan is ~~shall be~~ eligible for Florida Kidcare coverage when enrollment is possible.

(6) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the Florida Kidcare program as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy Kids program, subject to the following ~~provisions~~:

(a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.

(b) The board of directors of the Florida Healthy Kids Corporation may offer a reduced benefit package to these children in order to limit program costs for such families.

(7) Once a child is enrolled in the Florida Kidcare

program, the child is eligible for coverage ~~under the program~~ for 12 months without a redetermination or reverification of eligibility~~,~~ if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act terminates ~~shall terminate~~ when a child attains the age of 19. A child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

(8) When determining or reviewing a child's eligibility under the Florida Kidcare program, the applicant shall be provided with reasonable notice of changes in eligibility which may affect enrollment in one or more of the program components. If ~~When~~ a transition from one program component to another is authorized, there shall be cooperation between the program components and the affected family which promotes continuity of health care coverage. Any authorized transfers must be managed within the program's overall appropriated or authorized levels of funding. Each component of the program shall establish a reserve to ensure that transfers between components will be accomplished within current year appropriations. These reserves shall be reviewed by each convening of the Social Services Estimating Conference to determine the adequacy of such reserves to meet actual experience.

(9) In determining the eligibility of a child, an assets test is not required. Each applicant shall provide documentation during the application process and the redetermination process, including, but not limited to, the following:

(a) ~~Each applicant's~~ Proof of family income, which must

~~shall~~ be verified electronically to determine financial eligibility for the Florida Kidcare program. Written documentation, which may include wages and earnings statements or pay stubs, W-2 forms, or a copy of the applicant's most recent federal income tax return, is ~~shall be~~ required only if ~~the~~ electronic verification is not available or does not substantiate the applicant's income.

(b) ~~Each applicant shall provide~~ A statement from all applicable, employed family members that:

1. Their employers do not sponsor health benefit plans for employees;

2. The potential enrollee is not covered by an employer-sponsored health benefit plan; or

3. The potential enrollee is covered by an employer-sponsored health benefit plan and the cost of the employer-sponsored health benefit plan is more than 5 percent of the family's income.

(c) To enroll in the Children's Medical Services Network, a completed application, including a clinical screening.

(10) Subject to paragraph (4)(a) ~~(4)(b)~~, the Florida Kidcare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 working days after the date of notice, to discuss and

resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

(11) The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program if ~~when~~ the applicant knows or should have known that the potential enrollee does not qualify for the ~~Florida Kidcare~~ program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida Kidcare program if ~~when~~ the individual knows or should have known that the potential enrollee does not qualify for the ~~Florida Kidcare~~ program.

Section 3. This act shall take effect July 1, 2012.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR ARTHENIA L. JOYNER
Democratic Leader Pro Tempore
18th District

COMMITTEES:
Budget - Subcommittee on Criminal and Civil Justice Appropriations, *Vice Chair*
Judiciary, *Vice Chair*
Budget
Budget - Subcommittee on Higher Education Appropriations
Communications, Energy, and Public Utilities
Rules - Subcommittee on Ethics and Elections
Reapportionment
Transportation

SELECT COMMITTEE:
Protecting Florida's Children, *Vice Chair*

JOINT COMMITTEE:
Legislative Auditing Committee

January 20, 2012

Senator Joe Negron, Chair
Budget Subcommittee on Health and Human Services Appropriations
201 Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Mr. Chairman:

This is to request that CS/CS/Senate Bill 208 related to Health Care Fraud be placed on the agenda for the Budget Subcommittee on Health and Human Services Appropriations. Your consideration of this request is greatly appreciated.

Sincerely,

Arthenia L. Joyner

ALJ/rr

REPLY TO:
❒ 508 W Dr. Martin Luther King Jr. Blvd, Suite C, Tampa, Florida 33603-3415 (813) 233-4277
❒ 202 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5059

Senate's Website: *www.flsenate.gov*

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

W

1/26/12
Meeting Date

478
Bill Number (if applicable)

368304
Amendment Barcode (if applicable)

Topic Viral Hepatitis

Name Monica Rodriguez

Job Title Attorney

Address 106 E College Ave Ste 1200
Street

Phone 305 898 2892

Tallahassee fl 32301
City *State* *Zip*

E-mail monica.rodriguez@akerman.com

Speaking: ☑ For ☐ Against ☐ Information

Representing Vertex Pharmaceuticals

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.

For officially noticed committee meetings, 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 _____ to _____

This form is part of the public record for this meeting.

S-001 (08/24/11)

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 208
(if applicable)

Name Cassandra Pasly

Amendment Barcode _____
(if applicable)

Job Title Bureau Chief

Address DOH
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.

This form is part of the public record for this meeting.

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)

W

Meeting Date

Topic Kidcare — Bill Number 510 *(if applicable)*

Name Karen Woodall — Amendment Barcode *(if applicable)*

Job Title

Address 545 E. Tennessee St. — Phone 850-321-9386

Street

Tallahassee FL 32308 — E-mail fcfep@yahoo.com

City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information

Representing Florida Center for Fiscal + Economic Policy

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.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

W

1/26/12 — (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

⊗ to waive in support

Topic Kidcare bill — Bill Number 510 *(if applicable)*

Name Michael Sheedy — Amendment Barcode *(if applicable)*

Job Title Assoc. Director

Address 201 W. Park Ave. — Phone 850-222-3803

Street

Tall. FL 32301 — E-mail

City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information

Representing FL Catholic Conference

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.

This form is part of the public record for this meeting.

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)

W

01/26/12
Meeting Date

Topic Florida KidCare

Bill Number CS/SB 510 *(if applicable)*

Name Michael Garner

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@fahpinet

Speaking: ☑ For ☐ Against ☐ Information

Representing FL Association of Health Plans

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.

This form is part of the public record for this meeting.

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)

W

1/26/2012
Meeting Date

Topic Support State Worker Eligibility

Bill Number 510 *(if applicable)*

Name John Ratliff

Amendment Barcode *(if applicable)*

Job Title Public Policy Coordinator, SEIU Local 1991

Address 18441 NW 2d Ave, #502 *Street*

Phone 3056206555

Miami Gdns FL 33169 *City State Zip*

E-mail john@seiu1991.org

Speaking: ☑ For ☐ Against ☐ Information

Representing SEIU Healthcare FL Local 1991

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.

This form is part of the public record for this meeting.

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)

W

1/26/12
Meeting Date

Topic Kid Care — Bill Number 510 *(if applicable)*

Name Doug Martin — Amendment Barcode _____ *(if applicable)*

Job Title Legislative Dir.

Address 3064 Highland Oaks Terr. — Phone 850-212-7447
Street

Tallahassee, FL 32301 — E-mail dmartin@afscmefl.org
City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information

Representing AFSCME Florida Council 79

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.

This form is part of the public record for this meeting.

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)

W

1-25-12
Meeting Date

Topic Kid Care — Bill Number 510 *(if applicable)*

Name LINDA AMERELL — Amendment Barcode _____ *(if applicable)*

Job Title Consultant

Address _____ — Phone _____
Street

_____ — E-mail _____
City *State* *Zip*

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.

This form is part of the public record for this meeting.

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)

1/26/12
Meeting Date

Topic DCF Budget Request
Bill Number _____ *(if applicable)*

Name David Wilkins
Amendment Barcode _____ *(if applicable)*

Job Title Secretary

Address 1319 Winewood
Street
Tallahassee FL 32399
City *State* *Zip*

Phone 921-8533

E-mail _____

Speaking: ☐ For ☐ Against ☑ Information

Representing DCF

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.

This form is part of the public record for this meeting.

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)

1/26/12
Meeting Date

Topic Governors & Senate Budget Rec's.
Bill Number _____ *(if applicable)*

Name Paul Belcher
Amendment Barcode _____ *(if applicable)*

Job Title Sr. V.P.

Address 306 E. College Ave.
Street
Tallahassee Fla 32301
City *State* *Zip*

Phone 850.222.9800

E-mail paul@fha.org

Speaking: ☐ For ☐ Against ☑ Information

Representing Florida Hospital 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.

This form is part of the public record for this meeting.

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)

1/26/12
Meeting Date

Topic GOVERNOR'S & SENATE BUDGET REC'S Bill Number GOV Budget Recs *(if applicable)*

Name TONY CARVALHO Amendment Barcode *(if applicable)*

Job Title PRESIDENT SAFETY NET HOSP ALLIANCE

Address *Street* Phone (850) 201-2096

City *State* *Zip* E-mail Tony@SNHAF.N

Speaking: ☐ For ☑ Against ☐ Information

Representing ~~GOVS BUDGET Rec / Rate~~ SAFETY NET Hospital ALLIANC

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.

This form is part of the public record for this meeting.

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)

1/ /12
Meeting Date

Topic APD Bill Number SB2012/APD *(if applicable)*

Name Diana Flenard Amendment Barcode *(if applicable)*

Job Title Executive Director

Address 6800 Maloney Ave #44 Phone 305-296-3151
Street

Key West, FL 33040 E-mail Boomdi.I@AOL.COM
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Monroe Association for ReMARCable Citizens

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.

This form is part of the public record for this meeting.

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)

1/26/12
Meeting Date

Schrot

Topic EARLY STEPS

Bill Number _____ *(if applicable)*

Name Ellie Schrot

Amendment Barcode _____ *(if applicable)*

Job Title Browards Director

Address 1401 S. Federal Hwy
Street
Ft. Lauderdale FL 33316
City *State* *Zip*

Phone (954) 895-3228

E-mail ESchrot@Browards Health.org

Speaking: ☒ For ☐ Against ☐ Information

Representing Florida Early Steps

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.

This form is part of the public record for this meeting.

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)

_____
Meeting Date

Topic Independent Living Cuts

Bill Number _____ *(if applicable)*

Name Christina Spudeas

Amendment Barcode _____ *(if applicable)*

Job Title Ex. Dir - Florida's Children First

Address 1801 N. University Drive
Street
Coral Springs FL. 33071
City *State* *Zip*

Phone 954-326-8923

E-mail Christina.Spudeas@FloridasChildrenFirst.org

Speaking: ☐ For ☒ Against ☐ Information

Representing Florida's Children First

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.

This form is part of the public record for this meeting.

S-001 (10/20/11)

CourtSmart Tag Report

Room: EL 110 **Case:** **Type:**
Caption: Senate Budget Subcommitee on Health and Human Services Appropriations **Judge:**

Started: 1/26/2012 8:36:19 AM
Ends: 1/26/2012 10:02:39 AM Length: 01:26:21

8:36:23 AM	Meeting called to order
8:36:25 AM	Roll call
8:36:52 AM	Opening remarks
8:36:57 AM	Chairman Negron
8:37:41 AM	Tab 3 - CS/SB 478 by Health Regulation/Margolis - Department of Health
8:37:44 AM	Presented by Jeff Branch, Legislative Assistant
8:38:01 AM	Motion to consider late-filed amendment by Sobel (Fav)
8:45:44 AM	Barcode 368304 (Fav)
8:46:08 AM	Roll call
8:46:37 AM	Bill reported Fav/1 amendment
8:46:46 AM	Chair to Senator Gaetz
8:47:14 AM	Tab 2 - CS/CS/SB 208 by Criminal Justice/Health Regulation/Joyner - Health Care Fraud
8:47:26 AM	Presented by Randi Rosete, Legislative Assistant
8:53:21 AM	Cassandra Pasly, Bureau Chief, DOH
8:58:27 AM	Chair to Chairman Negron
9:02:22 AM	Roll Call
9:03:38 AM	Bill reported Favorable
9:03:45 AM	Tab 4 - CS/SB 510 by Health Regulation/Rich - Florida Kidcare Program
9:03:52 AM	Senator Rich
9:10:05 AM	Roll Call
9:11:19 AM	Bill reported Favorable
9:11:33 AM	Tab 1 - Review and Discussion of Fiscal Year 2012-2013 Budget Issues Relating to:
9:12:23 AM	Secretary David Wilkins, DCF
9:39:51 AM	Senator Storms
9:50:50 AM	Senator Garcia made motion to vote Yea after roll call on SB 208 (Fav)
9:51:50 AM	Senator Oelrich made motion to vote Yea after roll call on SB 510 (Fav)
9:52:11 AM	Public testimonies:
9:52:19 AM	Paul Belcher, Florida Hospital Association
9:55:32 AM	Tony Carvalho, Safety Net Hospital Alliance
9:56:32 AM	Diana Flenard, Monroe Association for ReMARCable Citizens
9:57:33 AM	Ellie Schnot, Florida Early Steps
9:58:18 AM	Christina Spudess, Florida's Children First
10:02:25 AM	Adjourned