

Tab 6 SB 68 by Book; (Similar to H 00163) Homelessness

902548	A	S	RCS	AHS, Book	Delete L.121 - 180.	02/13 02:34 PM
360936	A	S	RCS	AHS, Book	Delete L.390:	02/13 02:34 PM

Tab 3 CS/SB 922 by CM, Gruters; (Compare to CS/CS/CS/H 00647) Economic Development

166450	A	S	WD	AHS, Gruters	Delete L.121 - 154.	02/13 02:34 PM
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Tab 5 CS/SB 1482 by CF, Bean; (Identical to CS/H 01087) Domestic Violence Services

729738	A	S	RCS	AHS, Bean	Delete L.479:	02/13 02:34 PM
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Tab 2 SB 1542 by Stargel; (Similar to CS/H 00835) Alzheimer's Disease

Tab 1 SB 1742 by Mayfield; (Similar to H 01183) Home Medical Equipment Providers

Tab 4 SB 7012 by CF; (Compare to CS/H 00577) Mental Health

515506	A	S	RCS	AHS, Hooper	btw L.113 - 114:	02/13 02:34 PM
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES**

Senator Bean, Chair
Senator Harrell, Vice Chair

MEETING DATE: Thursday, February 13, 2020
TIME: 12:30—2:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Harrell, Vice Chair; Senators Book, Diaz, Farmer, Flores, Hooper, Passidomo, Rader, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 1742 Mayfield (Similar H 1183)	Home Medical Equipment Providers; Exempting allopathic, osteopathic, and chiropractic physicians who sell or rent electrostimulation medical equipment and supplies in the course of their practice from certain licensure requirements, etc. HP 01/28/2020 Favorable AHS 02/13/2020 Favorable AP	Favorable Yeas 9 Nays 0
2	SB 1542 Stargel (Similar CS/H 835)	Alzheimer's Disease; Requiring state agencies to provide assistance to the Alzheimer's Disease Advisory Committee, upon request; creating the position of Dementia Director within the Department of Elderly Affairs; revising incentive funding criteria for memory disorder clinics; revising the information the department must consider when developing the allocation formula for respite care, etc. CF 01/21/2020 Favorable AHS 02/13/2020 Favorable AP	Favorable Yeas 9 Nays 0
3	CS/SB 922 Commerce and Tourism / Gruters (Compare H 779, CS/CS/S 772)	Economic Development; Authorizing a qualified target industry business located in a county affected by Hurricane Michael to submit a request to the Department of Economic Opportunity for an economic recovery extension in lieu of a tax refund claim scheduled to be submitted during a specified timeframe; authorizing the department to waive certain requirements during a specified timeframe; providing that certain businesses are eligible for a specified tax refund payment, etc. CM 01/21/2020 Fav/CS AHS 02/13/2020 Favorable AP	Favorable Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
 Thursday, February 13, 2020, 12:30—2:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 7012 Children, Families, and Elder Affairs (Compare CS/H 577, H 939, S 704, S 706, S 920)	Mental Health; Providing additional duties for the Statewide Office for Suicide Prevention; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; requiring specified persons to complete certain suicide prevention education courses by a specified date; providing that persons providing certain emergency care are not liable for civil damages or penalties under certain circumstances, etc. AHS 02/13/2020 Fav/CS AP	Fav/CS Yeas 9 Nays 0
5	CS/SB 1482 Children, Families, and Elder Affairs / Bean (Identical CS/H 1087)	Domestic Violence Services; Revising the duties of the Department of Children and Families in relation to the domestic violence program; repealing a provision relating to the duties and functions of the Florida Coalition Against Domestic Violence with respect to domestic violence; revising the requirements of domestic violence centers; removing the coalition from the capital improvement grant program process, etc. CF 01/28/2020 Fav/CS AHS 02/13/2020 Fav/CS AP	Fav/CS Yeas 9 Nays 0
6	SB 68 Book (Similar H 163)	Homelessness; Requiring that certain taxes of a specified amount be transferred annually to the Grants and Donations Trust Fund within the Department of Children and Families for the purpose of funding challenge grants; expanding the membership of the Council on Homelessness to include a representative of the Florida Housing Coalition and the Secretary of the Department of Elderly Affairs or his or her designee; increasing the maximum amount of grant awards per continuum of care lead agency; requiring each continuum of care, pursuant to federal law, to designate a collaborative applicant that is responsible for submitting the continuum of care funding application for the designated catchment area to the United States Department of Housing and Urban Development, etc. CF 10/22/2019 Favorable AHS 02/13/2020 Fav/CS AP	Fav/CS Yeas 9 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: PCS/SB 68 (415562)

INTRODUCER: Appropriations Subcommittee on Health and Human Services and Senator Book

SUBJECT: Homelessness

DATE: February 17, 2020

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Delia</u>	<u>Hendon</u>	<u>CF</u>	Favorable
2.	<u>Sneed</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Fav/CS
3.	<u> </u>	<u> </u>	<u>AP</u>	<u> </u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/SB 68 makes a number of changes to chapter 420, F.S., relating to homelessness, to bring state laws in line with corresponding federal statutes in order to eliminate outdated provisions and allow sources of federal funding matches to be accessed on an expedited basis. The bill adds two members to the Council on Homelessness. Additionally, the bill makes several changes to challenge grants provided by the State Office on Homelessness within the Department of Children and Families (DCF or department) to the local homeless continuums of care (CoC), which are dedicated to preventing and ending homelessness throughout the state. The bill increases the amount of challenge grant funds each CoC lead agency may receive annually from \$500,000 to \$750,000, and requires each CoC lead agency to document the commitment of local government or private organizations to provide matching funds or in-kind support in an amount equal to 25 percent of the grant requested.

The bill will have an insignificant fiscal impact on state government expenditures.

The bill takes effect July 1, 2020.

II. Present Situation:

Housing for Individuals with Lower Incomes

In 1986¹ the Legislature found that:

- Decent, safe, and sanitary housing for individuals of very low income, low income, and moderate income is a critical need in the state;
- New and rehabilitated housing must be provided at a cost affordable to such persons in order to alleviate this critical need;
- Special programs are needed to stimulate private enterprise to build and rehabilitate housing in order to help eradicate slum conditions and provide housing for very-low-income persons, low-income persons, and moderate-income persons as a matter of public purpose; and
- Public-private partnerships are an essential means of bringing together resources to provide affordable housing.²

As a result of these findings, the Legislature determined that legislation was urgently needed to alleviate crucial problems related to housing shortages for individuals with very low,³ low⁴ and moderate⁵ incomes. In 1986, part VI of ch. 420, F.S., was titled as the “Florida Affordable Care Act of 1986”⁶ and programs and funding mechanisms were created over the years to help remedy low-income housing issues.

State Office on Homelessness

In 2001, the Legislature created the State Office on Homelessness within the Department of Children and Families (DCF) to serve as a central point of contact within state government on homelessness. The State Office on Homelessness is responsible for coordinating resources and programs across all levels of government, and with private providers that serve the homeless. It also manages targeted state grants to support the implementation of local homeless service continuum of care plans.⁷

¹ Chapter 86-192, Laws of Fla.

² Section 420.6015, F.S.

³ “Very-low-income persons” means one or more persons or a family, the total annual adjusted gross household income of which does not exceed 50 percent of the median annual adjusted gross income for households within the state, or 50 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the person or family resides, whichever is greater.

⁴ “Low-income persons” means one or more persons or a family, the total annual adjusted gross household income of which does not exceed 80 percent of the median annual adjusted gross income for households within the state, or 80 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the person or family resides, whichever is greater.

⁵ “Moderate-income persons” means one or more persons or a family, the total annual adjusted gross household income of which is less than 120 percent of the median annual adjusted gross income for households within the state, or 120 percent of the median annual adjusted gross income for households within the metropolitan statistical area (MSA) or within the county in which the household is located, whichever is greater.

⁶ Chapter 86-192, Laws of Fla., Part VI, was subsequently renamed the “Affordable Housing Planning and Community Assistance Act” in Chapter 92-317, Laws of Fla.

⁷ Section 420.622(1), F.S.

Council on Homelessness

The inter-agency Council on Homelessness was also created in 2001. The 17-member council is charged with developing recommendations on how to reduce homelessness statewide and advising the State Office on Homelessness.⁸ The council includes:

- The Secretary of the DCF, or his or her designee;
- The Executive Director of the Department of Economic Opportunity, or his or her designee, who shall advise the Council on issues related to rural development;
- The State Surgeon General, or his or her designee;
- The Executive Director of the Department of Veterans' Affairs, or his or her designee;
- The Secretary of the Department of Corrections, or his or her designee;
- The Secretary of the Agency for Health Care Administration, or his or her designee;
- The Commissioner of Education, or his or her designee;
- The Director of CareerSource Florida, Inc., or his or her designee;
- The Executive Director of the Florida Housing Finance Corporation, or his or her designee;
- A representative of the Florida Association of Counties;
- A representative of the Florida League of Cities;
- A representative of the Florida Supportive Housing Coalition;
- A representative of the Florida Coalition for the Homeless; and
- Four members appointed by the Governor.⁹

The council members serve as nonpaid volunteers and are reimbursed only for travel expenses. The council members are appointed to staggered 2-year terms. The council is required to meet at least four times per year.¹⁰

Local Coalitions for the Homeless

The DCF is required to establish local coalitions to plan, network, coordinate, and monitor the delivery of services to the homeless.¹¹ Groups and organizations provided the opportunity to participate in such coalitions include:

- Organizations and agencies providing mental health and substance abuse services;
- County health departments and community health centers;
- Organizations and agencies providing food, shelter, or other services targeted to the homeless;
- Local law enforcement agencies;
- Local workforce development boards;
- County and municipal governments;
- Local public housing authorities;
- Local school districts;
- Local organizations and agencies serving specific subgroups of the homeless population such as veterans, victims of domestic violence, persons with HIV/AIDS, and runaway youth; and

⁸ *Id.*

⁹ Section 420.622, F.S.

¹⁰ *Id.*

¹¹ Section 420.623, F.S.

- Local community-based care alliances.¹²

Continuum of Care

A local coalition serves as the lead agency for the local homeless assistance continuum of care (CoC).¹³ A local CoC is a framework for a comprehensive and seamless array of emergency, transitional, and permanent housing, and services to address the various needs of the homeless and those at risk of homelessness.¹⁴ The purpose of a CoC is to help communities or regions envision, plan, and implement comprehensive and long-term solutions.¹⁵

The DCF interacts with the state's 27 CoCs through the State Office on Homelessness, which serves as the state's central point of contact on homelessness. The State Office on Homelessness has designated local entities to serve as lead agencies for local planning efforts to create homeless assistance CoC systems. The State Office on Homelessness has made these designations in consultation with the local homeless coalitions and the Florida offices of the federal Department of Housing and Urban Development (HUD).

The CoC planning effort is an ongoing process that addresses all subpopulations of the homeless. The development of a local CoC plan is a prerequisite to applying for federal housing grants through HUD. The plan also makes the community eligible to compete for the state's Challenge Grants and Homeless Housing Assistance Grants.¹⁶

Challenge Grants

The State Office on Homelessness is authorized to accept and provide moneys appropriated for Challenge Grants annually to designated lead agencies of homeless assistance CoCs.¹⁷ The State Office on Homelessness may award grants in an amount of up to \$500,000 per lead agency.¹⁸ A lead agency may spend a maximum of 5 percent of its funding on administrative costs. To qualify for the grant, a lead agency must develop and implement a local homeless assistance continuum of care plan for its designated area.¹⁹ There is no dedicated revenue for these grants which in the past have been funded by the Sadowski State and Local Housing Trust Funds, the General Revenue Fund, and state trust funds.

Pursuant to s. 420.624, F.S., the DCF provides funding for the local homeless assistance CoCs, which serve as the framework for providing an array of emergency, transitional, and permanent housing, and services to address the various needs of homeless persons and persons at risk of becoming homeless.

¹² *Id.*

¹³ *Id.*

¹⁴ Section 420.624, F.S.

¹⁵ *Id.*

¹⁶ Florida Department of Children and Families, *Lead Agencies*, available at: <http://www.myflfamilies.com/service-programs/homelessness/lead-agencies> (last visited October 18, 2019).

¹⁷ "Section 420.621(1), F.S., defines "Continuum of Care" to mean the community components needed to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."

¹⁸ Section 420.622, F.S.

¹⁹ *Id.*

In 2017, the Collier homeless coalition used challenge grant funding to help the Shelter for Abused Women & Children with staffing of two case managers who work in outreach and transitional housing, and the remainder of the funds provided emergency rental or utility assistance to nearly 89 adults and 129 children.²⁰ The Volusia/Flagler coalition used challenge grant funding to help lower-income residents pay rent following job losses, car accidents, and other costly expenses.²¹ The Tampa-Hillsborough Homeless Initiative used challenge grant money to establish a financial incentive program for developers, landlords, and property owners which has successfully reduced homelessness in Hillsborough County.²²

Rapid ReHousing

Rapid ReHousing is a model for providing housing for individuals and families who are homeless. The model places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, hopefully within 30 days of a client becoming homeless and entering a program. While originally focused primarily on people experiencing homelessness due to short-term financial crises, programs across the country have begun to assist individuals and families who are traditionally perceived as more difficult to serve. This includes people with limited or no income, survivors of domestic violence, and those with substance abuse issues. Although the duration of financial assistance may vary, many programs find that, on average, four to six months of financial assistance is sufficient to stably re-house a household.²³

Since federal funding for rapid re-housing programs first became available in 2008, a number of communities, including Palm Beach County that prioritized rapid re-housing as a response to homelessness, have seen decreases in the amount of time that households spend homeless, less recidivism, and improved permanent housing outcomes relative to other available interventions.²⁴

There are three core components of Rapid ReHousing programs:

- Housing identification services: Households are matched to appropriate and affordable housing in the community.
- Financial assistance for housing related expenses: Time-limited financial assistance is provided to get individuals and families back on their feet.
- Case management services: Case management services are provided to help households address barriers that prevent access to or stable housing.²⁵

While all three components are found in effective rapid rehousing programs, there are instances where the components are provided by different entities or agencies, or where a household does

²⁰ <https://www.news-press.com/story/news/2018/07/04/gov-rick-scott-acts-resolve-homeless-grant-funding-southwest-florida-agencies/757846002/> (last visited October 18, 2019).

²¹ <https://www.gainesville.com/news/20180703/state-moves-to-fund-homeless-programs> (last visited October 18, 2019).

²² The University of Tampa, *Cypress Landing Cost-Benefit Analysis Report*, (2015). On file with the Senate Children, Families, and Elder Affairs Committee.

²³ National Alliance to End Homelessness, *Rapid Re-Housing: A History and Core Components*, (2014), available at: <http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components> (last visited October 9, 2019).

²⁴ *Id.*

²⁵ *Id.*

not utilize all three.²⁶ A key element of rapid rehousing is the “Housing First” philosophy, which offers housing without preconditions such as employment, income, lack of a criminal background, or sobriety. If issues such as these need to be addressed, the household can address them most effectively once they are in housing.²⁷

III. Effect of Proposed Changes:

Section 1 amends s. 420.621, F.S., modifying the definition of ‘continuum of care’ to mean a group organized to carry out responsibilities imposed under ch. 420, F.S., to coordinate, plan, and pursue ending homelessness in a designated catchment area. The bill provides that a CoC should be comprised of local community organizations to the extent that they are represented within the catchment area and available to participate.

The bill defines ‘continuum of care lead agency’ or ‘continuum of care collaborative applicant’ as the organization designated by a CoC pursuant to s. 420.6225, F.S.

The bill also redefines ‘homeless’ to mean either:

- An individual or family who lacks a fixed, regular, and adequate nighttime residence as defined under ‘homeless’ in federal statute; or
- An individual or family who will immediately lose their primary nighttime residence as defined under ‘homeless’ in federal statute.

Section 2 amends s. 420.622, F.S., adding to the Council on Homelessness the Secretary of the Department of Elder Affairs, or his or her designee; and a representative of the Florida Housing Coalition. The bill clarifies that only the members appointed by the Governor are to serve staggered 2-year terms and encourages the Governor to appoint individuals that have experience in administering or providing resources, services, or housing that address the needs of persons experiencing homelessness.

The bill replaces the term ‘regionally developed plans’ with the term ‘local continuum of care plans’ to bring state law in line with federal law. The bill also requires the State Office on Homelessness to collect, maintain, and make available information concerning persons who are homeless, including summary demographics information drawn from the local continuum of care Homeless Management Information System or the annual Point-In-Time Count and the local continuum of care Housing Inventory Chart required by HUD. The bill specifies that all entities receiving state funding that provide the council with data on homelessness must provide summary aggregated data, and no individual identifying information. The bill replaces in statute all instances of the term ‘local homeless continuum of care’ and ‘local homeless assistance coalition’ with ‘continuum of care.’

The bill revises the goals of the State Office on Homelessness to promote a federal policy agenda that is responsive to the needs of those who are homeless or at risk of homelessness, rather than only the current homeless population. The bill modifies policy objectives to reflect an emphasis on ending homelessness in the state, as opposed to meeting the needs of the homeless.

²⁶ *Id.*

²⁷ The Florida Legislature expressed the intent to encourage homeless continuums of care to adopt the Housing First approach to ending homelessness for individuals and families in 2009. See s. 420.6275, F.S.

The bill increases the maximum amount of challenge grant awards available to each CoC lead agency from \$500,000 to \$750,000, and requires each lead agency to document in writing the commitment of local government or private organizations to provide matching funds or in-kind support in an amount equal to 25 percent of the grant requested. Grant applicants will be ranked competitively based on criteria determined by the State Office on Homelessness. Challenge grant funding for Fiscal Year 2019-2020 was \$3.2 million in recurring funds from the General Revenue Fund.²⁸

The bill changes the requirement that projects reserve for a minimum of 20 years rather than 10 years, the number of housing units acquired, constructed, or rehabilitated through homeless housing assistance grant funds.

The bill also increases the cap on administrative costs for the State Office on Homelessness, and CoC lead agencies who administer the grant to 10 percent.

Section 3 creates s. 420.6225, F.S., to provide that the purpose of a CoC is to coordinate community efforts to prevent and end homelessness in its catchment area. The bill requires each CoC to designate a collaborative applicant that is responsible for submitting a CoC funding application for the designated catchment area to HUD. The bill provides that the collaborative applicant shall serve as the point of contact to the State Office on Homelessness. The bill also requires the State Office on Homelessness to designate and revise as necessary CoC catchment areas which must be consistent with the catchment areas recognized by HUD. The bill requires the State Office on Homelessness to recognize only one CoC lead agency for each catchment area.

The bill requires each CoC to create a ‘continuum of care plan,’ that includes outreach to unsheltered individuals and families, a coordinated entry system for services, identification of emergency shelters, identification of permanent supportive housing, Rapid ReHousing as specified in ch. 420, F.S., and an ongoing planning mechanism to end homelessness for all populations of persons experiencing homelessness.

The bill also requires CoCs to promote participation by all interested individuals and organizations and may not exclude anyone on the basis of race, color, national origin, sex, handicap, familial status, or religion. The bill also provides for coordination of these individuals and organizations, to the extent possible, with other mainstream health and social services.

Section 4 creates s. 420.6227, F.S., to align the state grant-in-aid program language and requirements²⁹ with federal laws pertaining to homelessness³⁰, which will allow the state to apply for federal matching dollars more efficiently. The bill replaces references to ‘local agencies’ with references to ‘continuums of care’.

Section 5 repeals s. 420.623, F.S., relating to local coalitions for the homeless.

²⁸ Specific Appropriation 346 s. 3, Chapter 2019-115, Laws of Fla.

²⁹ Section 420.625, F.S.

³⁰ See 24 C.F.R. § 576, 24 C.F.R. § 578, 42 U.S.C. § 11383, and 42 U.S.C. § 11360.

Section 6 repeals s. 420.624, F.S., relating to local homeless assistance continuums of care.

Section 7 repeals s. 420.625, F.S., relating to the grant-in-aid program.

Section 8 amends s. 420.626, F.S., making technical revisions to discharge guidelines for homelessness facilities and institutions.

Section 9 amends s. 420.6265, F.S., to revise legislative intent with respect to the Rapid ReHousing strategy. The bill expands legislative intent to provide that Rapid ReHousing is a cost effective approach to ending homelessness and is proven to be more cost effective than alternative approaches. The approach uses temporary financial assistance to quickly move families and individuals into permanent housing and help them remain housed using housing stabilization support services.

Section 10 amends s. 420.6275, F.S., to revise legislative intent with respect to the Housing First methodology. The bill provides findings that the Housing First strategy is a cost effective approach to ending homelessness and reducing the length of time individuals or families are homeless. The bill also provides legislative intent to emphasize maintaining stable housing under the housing first approach.

Section 11 amends s. 420.507, F.S., to correct two cross references.

Section 12 provides an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

PCS/SB 68 will have an insignificant fiscal impact on state government expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 420.621, 420.622, 420.626, 420.6265, 420.6275, and 420.507.

This bill creates the following sections of the Florida Statutes: 420.6225 and 420.6227.

This bill repeals the following sections of the Florida Statutes: 420.623, 420.624, and 420.625.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

Recommended CS by Appropriations Subcommittee on Health and Human Services on February 13, 2020:

The committee substitute removes the requirement that \$10 million of all documentary stamp tax money collected annually by the state be dedicated to funding the Grants and Donations Trust Fund within the Department of Children and Families for the challenge grant program.

B. Amendments:

None.



902548

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2020	.	
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Appropriations Subcommittee on Health and Human Services (Book)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 121 - 180.

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

And the title is amended as follows:

Delete lines 2 - 7

and insert:

An act relating to homelessness; amending s. 420.621,
F.S.; revising, adding,



360936

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2020	.	
	.	
	.	
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Appropriations Subcommittee on Health and Human Services (Book)
recommended the following:

Senate Amendment (with title amendment)

Delete line 390
and insert:
moneys appropriated to it to provide

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

And the title is amended as follows:

Delete lines 23 - 24
and insert:



360936

11 grants to continuums of care lead agencies; increasing
12 the

By Senator Book

32-00059-20

202068__

1 A bill to be entitled
 2 An act relating to homelessness; amending s. 201.15,
 3 F.S.; requiring that certain taxes of a specified
 4 amount be transferred annually to the Grants and
 5 Donations Trust Fund within the Department of Children
 6 and Families for the purpose of funding challenge
 7 grants; amending s. 420.621, F.S.; revising, adding,
 8 and deleting defined terms; amending s. 420.622, F.S.;
 9 expanding the membership of the Council on
 10 Homelessness to include a representative of the
 11 Florida Housing Coalition and the Secretary of the
 12 Department of Elderly Affairs or his or her designee;
 13 providing that the Governor is encouraged to appoint
 14 council members who have certain experience; revising
 15 the duties of the State Office on Homelessness;
 16 revising requirements for the state's homeless
 17 programs; requiring entities that receive state
 18 funding to provide summary aggregated data to assist
 19 the council in providing certain information; removing
 20 the requirement that the office have the concurrence
 21 of the council to accept and administer moneys
 22 appropriated to it to provide certain annual challenge
 23 grants to continuums of care lead agencies; clarifying
 24 the source of such appropriation; increasing the
 25 maximum amount of grant awards per continuum of care
 26 lead agency; conforming provisions to changes made by
 27 the act; revising requirements for the use of grant
 28 funds by continuum of care lead agencies; revising
 29 preference criteria for certain grants; increasing the

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

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30 maximum percentage of its funding which a continuum of
 31 care lead agency may spend on administrative costs;
 32 requiring such agencies to submit a final report to
 33 the Department of Children and Families documenting
 34 certain outcomes achieved by grant-funded programs;
 35 removing the requirement that the office have the
 36 concurrence of the council to administer moneys given
 37 to it to provide homeless housing assistance grants
 38 annually to certain continuum of care lead agencies to
 39 acquire, construct, or rehabilitate permanent housing
 40 units for homeless persons; conforming a provision to
 41 changes made by the act; requiring grant applicants to
 42 be ranked competitively based on criteria determined
 43 by the office; deleting preference requirements;
 44 increasing the minimum number of years for which
 45 projects must reserve certain units acquired,
 46 constructed, or rehabilitated; increasing the maximum
 47 percentage of funds the office and each applicant may
 48 spend on administrative costs; revising certain
 49 performance measure requirements; authorizing, instead
 50 of requiring, the Department of Children and Families,
 51 with input from the council, to adopt rules relating
 52 to certain grants and related issues; revising
 53 requirements for an annual report the council must
 54 submit to the Governor, Legislature, and Secretary of
 55 Children and Families; authorizing the office to
 56 administer moneys appropriated to it for distribution
 57 among certain designated continuum of care lead
 58 agencies and entities; creating s. 420.6225, F.S.;

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

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59 specifying the purposes of a continuum of care;
 60 requiring each continuum of care, pursuant to federal
 61 law, to designate a collaborative applicant that is
 62 responsible for submitting the continuum of care
 63 funding application for the designated catchment area
 64 to the United States Department of Housing and Urban
 65 Development; providing requirements for such
 66 designated collaborative applicants; authorizing the
 67 applicant to be referred to as the continuum of care
 68 lead agency; providing requirements for the office for
 69 the purpose of awarding certain federal funding for
 70 continuum of care programs; requiring that each
 71 continuum of care create a continuum of care plan for
 72 specified purposes; specifying requirements for such
 73 plans; requiring continuums of care to promote
 74 participation by all interested individuals and
 75 organizations, subject to certain requirements;
 76 creating s. 420.6227, F.S.; providing legislative
 77 findings and program purpose; establishing a grant-in-
 78 aid program to help continuums of care prevent and end
 79 homelessness, which may include any aspect of the
 80 local continuum of care plan; requiring continuums of
 81 care to submit an application for grant-in-aid funds
 82 to the office for review; requiring the office to
 83 develop guidelines for the development, evaluation,
 84 and approval of spending plans; requiring grant-in-aid
 85 funds for continuums of care to be administered by the
 86 office and awarded on a competitive basis; requiring
 87 the office to distribute such funds to local agencies

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88 to fund programs that are required by the local
 89 continuum of care plan, based on certain
 90 recommendations; limiting the percentage of the total
 91 state funds awarded under a spending plan which may be
 92 used by the continuum of care lead agency for staffing
 93 and administrative expenditures; requiring entities
 94 that contract with local agencies to provide services
 95 and that receive certain financial assistance to
 96 provide a specified minimum percentage of the funding
 97 necessary for the support of project operations;
 98 authorizing in-kind contributions to be evaluated and
 99 counted as part or all of the required local funding,
 100 at the discretion of the office; repealing s. 420.623,
 101 F.S., relating to local coalitions for the homeless;
 102 repealing s. 420.624, F.S., relating to local homeless
 103 assistance continuums of care; repealing s. 420.625,
 104 F.S., relating to a grant-in-aid program; amending s.
 105 420.626, F.S.; revising procedures that certain
 106 facilities and institutions are encouraged to develop
 107 and implement to reduce the discharge of persons into
 108 homelessness when such persons are admitted to or
 109 housed for a specified period at such facilities or
 110 institutions; amending s. 420.6265, F.S.; revising
 111 legislative findings and intent for Rapid ReHousing;
 112 revising the Rapid ReHousing methodology; amending s.
 113 420.6275, F.S.; revising legislative findings relating
 114 to Housing First; revising the Housing First
 115 methodology to reflect current practice; amending s.
 116 420.507, F.S.; conforming cross-references; providing

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117 an effective date.

118

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

120

121 Section 1. Paragraph (c) of subsection (4) of section
122 201.15, Florida Statutes, is amended, and subsection (5) of that
123 section is republished, to read:

124 201.15 Distribution of taxes collected.—All taxes collected
125 under this chapter are hereby pledged and shall be first made
126 available to make payments when due on bonds issued pursuant to
127 s. 215.618 or s. 215.619, or any other bonds authorized to be
128 issued on a parity basis with such bonds. Such pledge and
129 availability for the payment of these bonds shall have priority
130 over any requirement for the payment of service charges or costs
131 of collection and enforcement under this section. All taxes
132 collected under this chapter, except taxes distributed to the
133 Land Acquisition Trust Fund pursuant to subsections (1) and (2),
134 are subject to the service charge imposed in s. 215.20(1).
135 Before distribution pursuant to this section, the Department of
136 Revenue shall deduct amounts necessary to pay the costs of the
137 collection and enforcement of the tax levied by this chapter.
138 The costs and service charge may not be levied against any
139 portion of taxes pledged to debt service on bonds to the extent
140 that the costs and service charge are required to pay any
141 amounts relating to the bonds. All of the costs of the
142 collection and enforcement of the tax levied by this chapter and
143 the service charge shall be available and transferred to the
144 extent necessary to pay debt service and any other amounts
145 payable with respect to bonds authorized before January 1, 2017,

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146 secured by revenues distributed pursuant to this section. All
147 taxes remaining after deduction of costs shall be distributed as
148 follows:

149 (4) After the required distributions to the Land
150 Acquisition Trust Fund pursuant to subsections (1) and (2) and
151 deduction of the service charge imposed pursuant to s.
152 215.20(1), the remainder shall be distributed as follows:

153 (c) Eleven and twenty-four hundredths percent of the
154 remainder in each fiscal year shall be paid into the State
155 Treasury to the credit of the State Housing Trust Fund. Of such
156 funds, the first \$35 million shall be transferred annually,
157 subject to any distribution required under subsection (5), to
158 the State Economic Enhancement and Development Trust Fund within
159 the Department of Economic Opportunity. The next \$10 million
160 shall be transferred annually, subject to any distribution
161 required under subsection (5), to the Grants and Donations Trust
162 Fund within the Department of Children and Families for the
163 purpose of funding the challenge grants established in s.
164 420.622(4). The remainder shall be used as follows:

165 1. Half of that amount shall be used for the purposes for
166 which the State Housing Trust Fund was created and exists by
167 law.

168 2. Half of that amount shall be paid into the State
169 Treasury to the credit of the Local Government Housing Trust
170 Fund and used for the purposes for which the Local Government
171 Housing Trust Fund was created and exists by law.

172 (5) Distributions to the State Housing Trust Fund pursuant
173 to paragraphs (4)(c) and (d) must be sufficient to cover amounts
174 required to be transferred to the Florida Affordable Housing

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175 Guarantee Program's annual debt service reserve and guarantee
 176 fund pursuant to s. 420.5092(6) (a) and (b) up to the amount
 177 required to be transferred to such reserve and fund based on the
 178 percentage distribution of documentary stamp tax revenues to the
 179 State Housing Trust Fund which is in effect in the 2004-2005
 180 fiscal year.

181 Section 2. Section 420.621, Florida Statutes, is amended to
 182 read:

183 420.621 Definitions.—As used in ss. 420.621-420.628, the
 184 term:

185 (1) "Continuum of care" means the group organized to carry
 186 out the responsibilities imposed under ss. 420.621-420.628 to
 187 coordinate, plan, and pursue ending homelessness in a designated
 188 catchment area. The group is composed of representatives from
 189 certain organizations, including, but not limited to, nonprofit
 190 homeless providers, victim service providers, faith-based
 191 organizations, governments, businesses, advocates, public
 192 housing agencies, school districts, social service providers,
 193 mental health agencies, hospitals, universities, affordable
 194 housing developers, law enforcement, organizations that serve
 195 homeless and formerly homeless veterans, and organizations that
 196 serve other homeless and formerly homeless persons, to the
 197 extent that these organizations are represented within the
 198 designated catchment area and are available to participate the
 199 community components needed to organize and deliver housing and
 200 services to meet the specific needs of people who are homeless
 201 as they move to stable housing and maximum self-sufficiency. It
 202 includes action steps to end homelessness and prevent a return
 203 to homelessness.

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204 (2) "Continuum of care lead agency" or "continuum of care
 205 collaborative applicant" means the organization designated by a
 206 continuum of care pursuant to s. 420.6225.

207 ~~(3)-(2)~~ "Council on Homelessness" means the council created
 208 in s. 420.622.

209 ~~(4)-(3)~~ "Department" means the Department of Children and
 210 Families.

211 ~~(4) "District" means a service district of the department,~~
 212 ~~as set forth in s. 20.19.~~

213 (5) "Homeless," means an individual who or a family that:

214 (a) Lacks a fixed, regular, and adequate nighttime
 215 residence, as defined under "homeless" in 24 C.F.R. 578.3; or

216 (b) Will imminently lose his, her, or its primary nighttime
 217 residence, as defined under "homeless" in 24 C.F.R. 578.3

218 applied to an individual, or "individual experiencing
 219 homelessness" means an individual who lacks a fixed, regular,
 220 and adequate nighttime residence and includes an individual who:

221 ~~(a) Is sharing the housing of other persons due to loss of~~
 222 ~~housing, economic hardship, or a similar reason;~~

223 ~~(b) Is living in a motel, hotel, travel trailer park, or~~
 224 ~~camping ground due to a lack of alternative adequate~~
 225 ~~accommodations;~~

226 ~~(c) Is living in an emergency or transitional shelter;~~

227 ~~(d) Has a primary nighttime residence that is a public or~~
 228 ~~private place not designed for, or ordinarily used as, a regular~~
 229 ~~sleeping accommodation for human beings;~~

230 ~~(e) Is living in a car, park, public space, abandoned~~
 231 ~~building, bus or train station, or similar setting; or~~

232 ~~(f) Is a migratory individual who qualifies as homeless~~

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233 because he or she is living in circumstances described in
234 paragraphs (a) - (e).

235
236 ~~The terms do not refer to an individual imprisoned pursuant to~~
237 ~~state or federal law or to individuals or families who are~~
238 ~~sharing housing due to cultural preferences, voluntary~~
239 ~~arrangements, or traditional networks of support. The terms~~
240 ~~include an individual who has been released from jail, prison,~~
241 ~~the juvenile justice system, the child welfare system, a mental~~
242 ~~health and developmental disability facility, a residential~~
243 ~~addiction treatment program, or a hospital, for whom no~~
244 ~~subsequent residence has been identified, and who lacks the~~
245 ~~resources and support network to obtain housing.~~

246 (6) "Local coalition for the homeless" means a coalition
247 established pursuant to s. 420.623.

248 (7) "New and temporary homeless" means individuals or
249 families who are homeless due to societal factors.

250 (6)(8) "State Office on Homelessness" means the state
251 office created in s. 420.622.

252 Section 3. Section 420.622, Florida Statutes, is amended to
253 read:

254 420.622 State Office on Homelessness; Council on
255 Homelessness.—

256 (1) The State Office on Homelessness is created within the
257 Department of Children and Families to provide interagency,
258 council, and other related coordination on issues relating to
259 homelessness.

260 (2) The Council on Homelessness is created to consist of 19
261 members ~~17 representatives of public and private agencies who~~

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262 shall develop policy and advise the State Office on
263 Homelessness. The council is composed of the following members
264 ~~shall be:~~ the Secretary of Children and Families, or his or her
265 designee; the executive director of the Department of Economic
266 Opportunity, or his or her designee, who shall advise the
267 council on issues related to rural development; the State
268 Surgeon General, or his or her designee; the Executive Director
269 of Veterans' Affairs, or his or her designee; the Secretary of
270 Corrections, or his or her designee; the Secretary of Health
271 Care Administration, or his or her designee; the Commissioner of
272 Education, or his or her designee; the Director of CareerSource
273 Florida, Inc., or his or her designee; the Executive Director of
274 the Florida Housing Finance Corporation, or his or her designee;
275 the Secretary of the Department of Elderly Affairs, or his or
276 her designee; one representative of the Florida Association of
277 Counties; one representative of the Florida League of Cities;
278 one representative of the Florida Supportive Housing Coalition;
279 one representative of the Florida Coalition for the Homeless;
280 one representative of the Florida Housing Coalition ~~the~~
281 ~~Executive Director of the Florida Housing Finance Corporation,~~
282 ~~or his or her designee; one representative of the Florida~~
283 ~~Coalition for the Homeless;~~ and four members appointed by the
284 Governor, who is encouraged to appoint members who have
285 experience in the administration or the provision of resources
286 or services that address, or of housing that addresses, the
287 needs of persons experiencing homelessness. The council members
288 shall be nonpaid volunteers and shall be reimbursed only for
289 travel expenses. The ~~appointed~~ members of the council appointed
290 by the Governor shall be appointed to staggered 2-year terms.7

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291 ~~and~~ The council shall meet at least four times per year. The
 292 importance of minority, gender, and geographic representation
 293 ~~must shall~~ be considered in appointing members to the council.

294 (3) The State Office on Homelessness, pursuant to the
 295 policies set by the council and subject to the availability of
 296 funding, shall:

297 (a) Coordinate among state, local, and private agencies and
 298 providers to produce a statewide consolidated inventory of ~~for~~
 299 the state's ~~entire system of~~ homeless programs, including local
 300 continuum of care plans which incorporates regionally developed
 301 plans. Such programs include, but are not limited to:

302 1. Programs authorized under the McKinney-Vento Homeless
 303 Assistance Stewart B. McKinney Homeless Assistance Act of 1987,
 304 as amended by the Homeless Emergency Assistance and Rapid
 305 Transition to Housing (HEARTH) Act of 2009, 42 U.S.C. ss. 11302
 306 ~~ss. 11371~~ et seq., and carried out under funds awarded to this
 307 state; and

308 2. Programs, components thereof, or activities that assist
 309 persons who are homeless or at risk for homelessness.

310 (b) Collect, maintain, and make available information
 311 concerning persons who are homeless ~~or at risk for homelessness,~~
 312 including summary demographic demographics information drawn
 313 from the local continuum of care Homeless Management Information
 314 System or the annual Point-in-Time Count and the local continuum
 315 of care Housing Inventory Chart required by the Department of
 316 Housing and Urban Development, current services and resources
 317 available, the cost and availability of services and programs,
 318 and the met and unmet needs of this population. To assist the
 319 council in providing this information, all entities that receive

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320 state funding must provide the council with summary aggregated
 321 ~~access to all data they maintain in summary form, which may not~~
 322 ~~include with no individual identifying information, to assist~~
 323 ~~the council in providing this information.~~ The State Office on
 324 Homelessness, in consultation with the designated lead agencies
 325 for a ~~local homeless~~ continuum of care and with the Council on
 326 Homelessness, shall develop a process by which summary data is
 327 collected the system and process of data collection from all
 328 lead agencies for the purpose of analyzing trends and assessing
 329 impacts in the statewide homeless delivery system for delivering
 330 services to the homeless. Any statewide homelessness survey and
 331 database system must comply with all state and federal statutory
 332 and regulatory confidentiality requirements.

333 (c) Annually evaluate state and continuum of care programs
 334 local services and resources and develop a consolidated plan for
 335 addressing the needs of the homeless or those at risk for
 336 homelessness.

337 (d) Explore, compile, and disseminate information regarding
 338 public and private funding sources for state and local programs
 339 serving the homeless and provide technical assistance in
 340 applying for such funding.

341 (e) Monitor and provide recommendations for coordinating
 342 the activities and programs of continuum of care local
 343 ~~coalitions for the homeless~~ and promote the effectiveness of
 344 programs to prevent and end homelessness in the state addressing
 345 ~~the needs of the homeless.~~

346 (f) Provide technical assistance to facilitate efforts to
 347 support and strengthen establish, maintain, and expand local
 348 ~~homeless assistance~~ continuums of care.

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349 (g) Develop and assist in the coordination of policies and
 350 procedures relating to the discharge or transfer from the care
 351 or custody of state-supported or state-regulated entities
 352 persons who are homeless or at risk for homelessness.

353 (h) Spearhead outreach efforts for maximizing access by
 354 people who are homeless or at risk for homelessness to state and
 355 federal programs and resources.

356 (i) Promote a federal policy agenda that is responsive to
 357 the needs of those who are homeless or at risk of homelessness
 358 the homeless population in this state.

359 (j) Review reports on continuum of care performance
 360 measures and Develop outcome and accountability measures and
 361 promote and use such measures to evaluate program effectiveness
 362 and make recommendations for improving current practices to work
 363 toward ending homelessness in this state in order to best meet
 364 the needs of the homeless.

365 (k) Formulate policies and legislative proposals aimed at
 366 preventing and ending homelessness in this state to address more
 367 effectively the needs of the homeless and coordinate the
 368 implementation of state and federal legislative policies.

369 (l) Convene meetings and workshops of state and local
 370 agencies, continuum of care local coalitions and programs, and
 371 other stakeholders for the purpose of developing and reviewing
 372 policies, services, activities, coordination, and funding of
 373 efforts to end homelessness meet the needs of the homeless.

374 (m) With the input of the continuum of care, conduct or
 375 promote research on the effectiveness of current programs and
 376 propose pilot projects aimed at ending homelessness improving
 377 services.

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378 (n) Serve as an advocate for issues relating to
 379 homelessness.

380 (o) ~~Investigate ways to improve access to participation in~~
 381 ~~state funding and other programs for prevention and alleviation~~
 382 ~~of homelessness to faith based organizations and~~ Collaborate and
 383 coordinate with faith-based organizations, investigate ways to
 384 improve such organizations' access to state funding, and
 385 investigate ways to improve such organizations' participation in
 386 other programs that are intended to prevent and reduce
 387 homelessness.

388 (4) The State Office on Homelessness, ~~with the concurrence~~
 389 ~~of the Council on Homelessness~~, shall accept and administer
 390 moneys appropriated to it pursuant to s. 201.15(4)(c) to provide
 391 annual "challenge grants" to lead agencies of ~~homeless~~
 392 ~~assistance~~ continuums of care designated by the State Office on
 393 Homelessness pursuant to s. 420.6225 ~~s. 420.624~~. The department
 394 shall establish varying levels of grant awards up to \$750,000
 395 ~~\$500,000~~ per continuum of care lead agency. The department, in
 396 consultation with the Council on Homelessness, shall specify a
 397 grant award level in the notice of the solicitation of grant
 398 applications.

399 (a) To qualify for a ~~the~~ grant, a continuum of care lead
 400 agency must develop and implement a local ~~homeless assistance~~
 401 continuum of care plan for its designated catchment area. The
 402 services and housing funded through the grant must be
 403 implemented through the continuum of care's continuum of care
 404 plan must implement a coordinated assessment or central intake
 405 entry system as provided in s. 420.6225(4)(b) and must be
 406 designed to screen, assess, and refer persons seeking assistance

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407 to the appropriate housing intervention and service provider.
 408 The continuum of care lead agency shall also document the
 409 commitment of local government or private organizations to
 410 provide matching funds or in-kind support in an amount equal to
 411 25 percent of the grant requested. Expenditures of leveraged
 412 funds or resources, including third-party cash or in-kind
 413 contributions, ~~may be made~~ ~~are authorized~~ only for eligible
 414 activities carried out in connection with a ~~committed on one~~
 415 project. Such funds or resources may ~~which have not have~~ been
 416 used as leverage or match for any other project or program. The
 417 expenditures ~~and~~ must be certified through a written commitment.
 418 (b) Preference must be given to continuum of care ~~those~~
 419 lead agencies that have demonstrated the ability of their
 420 continuum of care to help households move out of homelessness
 421 ~~provide quality services to homeless persons and the ability to~~
 422 ~~leverage federal homeless assistance funding under the Stewart~~
 423 ~~B. McKinney Act with local government funding or private funding~~
 424 ~~for the provision of services to homeless persons.~~
 425 ~~(c) Preference must be given to lead agencies in catchment~~
 426 ~~areas with the greatest need for the provision of housing and~~
 427 ~~services to the homeless, relative to the population of the~~
 428 ~~catchment area.~~
 429 ~~(c)(d)~~ The grant may be used to fund any of the housing,
 430 program, or service needs included in the local ~~homeless~~
 431 ~~assistance~~ continuum of care plan. The continuum of care lead
 432 agency may allocate the grant to programs, services, or housing
 433 providers that implement the local ~~homeless assistance~~ continuum
 434 of care plan. The lead agency may provide subgrants to a local
 435 agency to implement programs or services or provide housing

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436 identified for funding in the lead agency's application to the
 437 department. A lead agency may spend a maximum of 10 ~~8~~ percent of
 438 its funding on administrative costs.
 439 ~~(d)(e)~~ The continuum of care lead agency shall submit a
 440 final report to the department documenting the outcomes achieved
 441 by the grant-funded programs ~~grant~~ in enabling persons who are
 442 homeless to return to permanent housing, thereby ending such
 443 person's episode of homelessness.
 444 (5) The State Office on Homelessness, ~~with the concurrence~~
 445 ~~of the Council on Homelessness,~~ may administer moneys given
 446 ~~appropriated~~ to it to provide homeless housing assistance grants
 447 annually to continuum of care lead agencies ~~for local homeless~~
 448 ~~assistance continuum of care,~~ as recognized by the State Office
 449 on Homelessness, to acquire, construct, or rehabilitate
 450 ~~transitional or~~ permanent housing units for homeless persons.
 451 These moneys shall consist of any sums that the state may
 452 appropriate, as well as money received from donations, gifts,
 453 bequests, or otherwise from any public or private source, which
 454 are intended to acquire, construct, or rehabilitate ~~transitional~~
 455 ~~or~~ permanent housing units for homeless persons.
 456 (a) Grant applicants shall be ranked competitively based on
 457 criteria determined by the State Office on Homelessness.
 458 ~~Preference must be given to applicants who leverage additional~~
 459 ~~private funds and public funds, particularly federal funds~~
 460 ~~designated for the acquisition, construction, or rehabilitation~~
 461 ~~of transitional or permanent housing for homeless persons; who~~
 462 ~~acquire, build, or rehabilitate the greatest number of units; or~~
 463 ~~who acquire, build, or rehabilitate in catchment areas having~~
 464 ~~the greatest need for housing for the homeless relative to the~~

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465 ~~population of the catchment area.~~

466 (b) Funding for any particular project may not exceed
467 \$750,000.

468 (c) Projects must reserve, for a minimum of 20 ~~10~~ years,
469 the number of units acquired, constructed, or rehabilitated
470 through homeless housing assistance grant funding to serve
471 persons who are homeless at the time they assume tenancy.

472 (d) No more than two grants may be awarded annually in any
473 given ~~local homeless assistance~~ continuum of care catchment
474 area.

475 (e) A project may not be funded which is not included in
476 the local ~~homeless assistance~~ continuum of care plan, as
477 recognized by the State Office on Homelessness, for the
478 catchment area in which the project is located.

479 (f) The maximum percentage of funds that the State Office
480 on Homelessness and each applicant may spend on administrative
481 costs is 10 ~~5~~ percent.

482 (6) The State Office on Homelessness, in conjunction with
483 the Council on Homelessness, shall establish performance
484 measures related to state funding provided through the State
485 Office on Homelessness and shall utilize those grant-related
486 measures to ~~and specific objectives by which it may~~ evaluate the
487 performance and outcomes of continuum of care lead agencies that
488 receive state grant funds. ~~Challenge Grants made through the~~
489 ~~State Office on Homelessness shall be distributed to lead~~
490 ~~agencies based on their overall performance and their~~
491 ~~achievement of specified objectives. Each lead agency for which~~
492 ~~grants are made under this section shall provide the State~~
493 ~~Office on Homelessness a thorough evaluation of the~~

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494 ~~effectiveness of the program in achieving its stated purpose. In~~
495 ~~evaluating the performance of the lead agencies, the State~~
496 ~~Office on Homelessness shall base its criteria upon the program~~
497 ~~objectives, goals, and priorities that were set forth by the~~
498 ~~lead agencies in their proposals for funding. Such criteria may~~
499 ~~include, but are not limited to, the number of persons or~~
500 ~~households that are no longer homeless, the rate of recidivism~~
501 ~~to homelessness, and the number of persons who obtain gainful~~
502 ~~employment.~~

503 (7) The State Office on Homelessness shall ~~must~~ monitor the
504 challenge grants and homeless housing assistance grants to
505 ensure proper expenditure of funds and compliance with the
506 conditions of the applicant's contract.

507 (8) The Department of Children and Families, with input
508 from the Council on Homelessness, may ~~must~~ adopt rules relating
509 to the challenge grants and the homeless housing assistance
510 grants and related issues consistent with the purposes of this
511 section.

512 (9) ~~The council shall,~~ By June 30 of each year, the council
513 shall provide to the Governor, the Legislature, and the
514 Secretary of Children and Families a report summarizing the
515 extent of homelessness in the state and the council's
516 recommendations for ending ~~reducing~~ homelessness in this state.

517 (10) The State Office on Homelessness may administer moneys
518 appropriated to it for distribution among the continuum of care
519 lead agencies and entities funded in the 2020-2021 state fiscal
520 year which are designated by the office as local coalitions for
521 the homeless ~~28 local homeless continuums of care designated by~~
522 ~~the Department of Children and Families.~~

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523 Section 4. Section 420.6225, Florida Statutes, is created
524 to read:

525 420.6225 Continuum of care.-

526 (1) The purposes of a continuum of care, as defined in s.
527 420.621, are to coordinate community efforts to prevent and end
528 homelessness in its catchment area designated as provided in
529 subsection (3) and to fulfill the responsibilities set forth in
530 this chapter.

531 (2) Pursuant to the Homeless Emergency Assistance and Rapid
532 Transition to Housing (HEARTH) Act of 2009, each continuum of
533 care is required to designate a collaborative applicant that is
534 responsible for submitting the continuum of care funding
535 application for the designated catchment area to the United
536 States Department of Housing and Urban Development. The
537 continuum of care collaborative applicant shall serve as the
538 continuum of care's point of contact to the State Office on
539 Homelessness, is accountable for representations made in the
540 application, and, in carrying out its responsibilities under
541 this chapter, may be referred to as the continuum of care lead
542 agency.

543 (3) For the purpose of awarding federal homeless assistance
544 funding for continuum of care programs, the State Office on
545 Homelessness shall do both of the following:

546 (a) Designate and, as necessary, revise continuum of care
547 catchment areas, which must be consistent with the continuum of
548 care catchment areas recognized by the United States Department
549 of Housing and Urban Development.

550 (b) Recognize a single continuum of care lead agency for
551 each such catchment area, which must be consistent with the

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552 continuum of care collaborative applicant designation recognized
553 by the United States Department of Housing and Urban
554 Development.

555 (4) Each continuum of care shall create a continuum of care
556 plan, the purpose of which is to implement an effective and
557 efficient housing crisis response system to prevent and end
558 homelessness in the continuum of care catchment area. A
559 continuum of care plan must include all of the following
560 components:

561 (a) Outreach to unsheltered individuals and families to
562 link them with appropriate housing interventions.

563 (b) A coordinated entry system, compliant with the
564 requirements of the Homeless Emergency Assistance and Rapid
565 Transition to Housing (HEARTH) Act of 2009, which is designed to
566 coordinate intake, utilize common assessment tools, prioritize
567 households for housing interventions, and refer households to
568 the appropriate housing intervention.

569 (c) Emergency shelter, designed to provide safe temporary
570 shelter while the household is in the process of obtaining
571 permanent housing.

572 (d) Supportive services, designed to maximize housing
573 stability once the household is in permanent housing.

574 (e) Permanent supportive housing, designed to provide long-
575 term affordable housing and support services to persons with
576 disabilities who are moving out of homelessness.

577 (f) Rapid ReHousing, as specified in s. 420.6265.

578 (g) Permanent housing, including linkages to affordable
579 housing, subsidized housing, long-term rent assistance, housing
580 vouchers, and mainstream private sector housing.

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581 (h) An ongoing planning mechanism to end homelessness for
 582 all subpopulations of persons experiencing homelessness.

583 (5) Continuums of care must promote participation by all
 584 interested individuals and organizations and may not exclude
 585 individuals and organizations on the basis of race, color,
 586 national origin, sex, handicap, familial status, or religion.
 587 Faith-based organizations, local governments, and persons who
 588 have experienced homelessness are encouraged to participate. To
 589 the extent possible, these individuals and organizations must be
 590 coordinated and integrated with other mainstream health, social
 591 services, and employment programs for which homeless populations
 592 may be eligible, including, but not limited to, Medicaid, the
 593 State Children's Health Insurance Program, the Temporary
 594 Assistance for Needy Families Program, the Food Assistance
 595 Program, and services funded through the Mental Health and
 596 Substance Abuse Block Grant, the Workforce Innovation and
 597 Opportunity Act, and the welfare-to-work grant program.

598 Section 5. Section 420.6227, Florida Statutes, is created
 599 to read:

600 420.6227 Grant-in-aid program.—

601 (1) LEGISLATIVE FINDINGS.—The Legislature hereby finds and
 602 declares that many services for households experiencing
 603 homelessness have been provided by local communities through
 604 voluntary private agencies and religious organizations and that
 605 these resources have not been sufficient to prevent and end
 606 homelessness in this state. The Legislature recognizes that the
 607 level of need and types of problems associated with homelessness
 608 may vary from community to community, due to the diversity and
 609 geographic distribution of the homeless population and the

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610 resulting differing needs of particular communities.

611 (2) PURPOSE.—The principal purpose of the grant-in-aid
 612 program is to provide needed assistance to continuums of care to
 613 enable them to do all of the following:

614 (a) Assist persons in their communities who have become, or
 615 may likely become, homeless.

616 (b) Help homeless households move to permanent housing as
 617 quickly as possible.

618 (3) ESTABLISHMENT.—There is hereby established a state
 619 grant-in-aid program to help continuums of care prevent and end
 620 homelessness, which may include any aspect of the local
 621 continuum of care plan, as described in s. 420.6225.

622 (4) APPLICATION PROCEDURE.—Continuums of care that intend
 623 to apply for the grant-in-aid program must submit an application
 624 for grant-in-aid funds to the State Office on Homelessness for
 625 review.

626 (5) SPENDING PLANS.—The State Office on Homelessness shall
 627 develop guidelines for the development, evaluation, and approval
 628 of spending plans that are created by local continuum of care
 629 lead agencies.

630 (6) ALLOCATION OF GRANT FUNDS.—The State Office on
 631 Homelessness shall administer state grant-in-aid funds for
 632 continuums of care, which must be awarded on a competitive
 633 basis.

634 (7) DISTRIBUTION TO LOCAL AGENCIES.—The State Office on
 635 Homelessness shall distribute funds awarded under subsection (6)
 636 to local agencies to fund programs that are required by the
 637 local continuum of care plan, as described in s. 420.6225 and
 638 that are authorized under subsection (3), based upon the

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 639 recommendations of the local continuum of care lead agencies, in
 640 accordance with spending plans that are developed by the lead
 641 agencies and approved by the office. Not more than 10 percent of
 642 the total state funds awarded under a spending plan may be used
 643 by the continuum of care lead agency for staffing and
 644 administrative expenditures.

645 (8) LOCAL MATCHING FUNDS.—If an entity contracts with local
 646 agencies to provide services and receives financial assistance
 647 under this section, the entity must provide a minimum of 25
 648 percent of the funding necessary for the support of project
 649 operations. In-kind contributions, including, but not limited
 650 to, materials, commodities, transportation, office space, other
 651 types of facilities, or personal services, may be evaluated and
 652 counted as part or all of the required local funding, at the
 653 discretion of the State Office on Homelessness.

654 Section 6. Section 420.623, Florida Statutes, is repealed.

655 Section 7. Section 420.624, Florida Statutes, is repealed.

656 Section 8. Section 420.625, Florida Statutes, is repealed.

657 Section 9. Subsection (3) of section 420.626, Florida
 658 Statutes, is amended, and subsection (2) of that section is
 659 republished, to read:

660 420.626 Homelessness; discharge guidelines.—

661 (2) The following facilities and institutions are
 662 encouraged to develop and implement procedures designed to
 663 reduce the discharge of persons into homelessness when such
 664 persons are admitted or housed for more than 24 hours at such
 665 facilities or institutions: hospitals and inpatient medical
 666 facilities; crisis stabilization units; residential treatment
 667 facilities; assisted living facilities; and detoxification

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 668 centers.

669 (3) The procedures should include all of the following:

670 (a) Development and implementation of a screening process
 671 or other mechanism for identifying persons to be discharged from
 672 the facility or institution who are at considerable risk for
 673 homelessness or face some imminent threat to health and safety
 674 upon discharge.†

675 (b) Development and implementation of a discharge plan
 676 addressing how identified persons will secure housing and other
 677 needed care and support upon discharge.†

678 (c) Communication with Assessment of the capabilities of
 679 the entities to whom identified persons may potentially be
 680 discharged to determine their capability to serve such persons
 681 and their acceptance of such discharge into their programs, and
 682 selection of the entity determined to be best equipped to
 683 provide or facilitate the provision of suitable care and
 684 support.†

685 (d) Coordination of effort and sharing of information with
 686 entities that are expected to bear the responsibility for
 687 providing care or support to identified persons upon discharge.†
 688 ~~and~~

689 (e) Provision of sufficient medication, medical equipment
 690 and supplies, clothing, transportation, and other basic
 691 resources necessary to assure that the health and well-being of
 692 identified persons are not jeopardized upon their discharge.

693 Section 10. Section 420.6265, Florida Statutes, is amended
 694 to read:

695 420.6265 Rapid ReHousing.—

696 (1) LEGISLATIVE FINDINGS AND INTENT.—

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697 (a) The Legislature finds that Rapid ReHousing is a
 698 strategy of using temporary financial assistance ~~and case~~
 699 ~~management~~ to quickly move an individual or family out of
 700 homelessness and into permanent housing, and using housing
 701 stabilization support services to help them remain stably
 702 housed.

703 (b) The Legislature also finds that public and private
 704 solutions to homelessness in the past have focused on providing
 705 individuals and families who are experiencing homelessness with
 706 emergency shelter, transitional housing, or a combination of
 707 both. While emergency shelter and transitional housing programs
 708 may provide critical access to services for individuals and
 709 families in crisis, the programs often fail to address permanent
 710 housing their long-term needs and may unnecessarily extend their
 711 episodes of homelessness.

712 (c) The Legislature further finds that most households
 713 become homeless as a result of a financial crisis that prevents
 714 individuals and families from paying rent or a domestic conflict
 715 that results in one member being ejected or leaving without
 716 resources or a plan for housing.

717 (d) The Legislature further finds that Rapid ReHousing is a
 718 cost-effective is an alternative approach to ending homelessness
 719 which reduces to the current system of emergency shelter or
 720 transitional housing which tends to reduce the length of time
 721 that a person is homeless and which is demonstrably more ~~has~~
 722 proven to be cost effective than alternative approaches.

723 (e) It is therefore the intent of the Legislature to
 724 encourage ~~homeless~~ continuums of care to adopt the Rapid
 725 ReHousing approach to ending preventing homelessness for

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726 individuals who and families that ~~who~~ do not require the
 727 intensive ~~intense~~ level of supports provided in the permanent
 728 supportive housing model.

729 (2) RAPID REHOUSING METHODOLOGY.—

730 (a) The Rapid ReHousing response to homelessness differs
 731 from traditional approaches to addressing homelessness by
 732 focusing on each individual's or family's barriers to housing.
 733 By using this approach, communities can significantly reduce the
 734 amount of time that individuals and families are homeless and
 735 prevent further episodes of homelessness.

736 (b) In Rapid ReHousing, when an individual or a family is
 737 identified as being homeless, the individual or family is
 738 assessed and prioritized for housing through the continuum of
 739 care's coordinated entry system, temporary assistance is
 740 provided to allow the individual or family to obtain permanent
 741 housing as quickly as possible, and necessary, ~~if needed,~~
 742 assistance is provided to allow the individual or family to
 743 retain housing.

744 (c) The objective of Rapid ReHousing is to provide
 745 assistance for as short a term as possible so that the
 746 individual or family receiving assistance attains stability and
 747 integration into the community as quickly as possible ~~does not~~
 748 ~~develop a dependency on the assistance.~~

749 Section 11. Section 420.6275, Florida Statutes, is amended
 750 to read:

751 420.6275 Housing First.—

752 (1) LEGISLATIVE FINDINGS AND INTENT.—

753 (a) The Legislature finds that many communities plan to
 754 manage homelessness rather than ~~plan to~~ end it.

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755 (b) The Legislature also finds that for nearly most of the
 756 ~~past~~ two decades, public and private solutions to homelessness
 757 ~~have~~ focused on providing individuals and families who ~~were~~ are
 758 experiencing homelessness with emergency shelter, transitional
 759 housing, or a combination of both. This strategy failed to
 760 recognize that, while emergency shelter programs may provide
 761 critical access to services for individuals and families in
 762 crisis, they often fail to address their long-term needs.

763 (c) The Legislature further finds that Housing First is a
 764 cost-effective ~~an alternative approach to the current system of~~
 765 ~~emergency shelter or transitional housing which tends to ending~~
 766 homelessness and reducing ~~reduce~~ the length of time of
 767 homelessness for many individuals and families and has proven to
 768 ~~be cost-effective~~.

769 (d) It is therefore the intent of the Legislature to
 770 encourage ~~homeless~~ continuums of care to adopt the Housing First
 771 approach to ending homelessness for individuals and families.

772 (2) HOUSING FIRST METHODOLOGY.—

773 (a) The Housing First approach to homelessness provides
 774 permanent ~~differs from traditional approaches by providing~~
 775 housing assistance, followed by ~~ease management,~~ and support
 776 services responsive to individual or family needs once ~~after~~
 777 housing is obtained. By using this approach ~~when appropriate,~~
 778 communities can significantly reduce the amount of time that
 779 individuals and families are homeless and prevent further
 780 episodes of homelessness. Housing First emphasizes that social
 781 services provided to enhance individual and family well-being
 782 can be more effective when people are in their own home, and:

- 783 1. The housing is not time-limited.

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784 2. The housing is not contingent on compliance with
 785 services. Instead, participants must comply with a standard
 786 lease agreement.

787 3. Individuals and families ~~and~~ are provided with
 788 individualized ~~the~~ services and support ~~that are~~ necessary to
 789 help them maintain stable housing ~~do so successfully~~.

790 ~~3. A background check and any rehabilitation necessary to~~
 791 ~~combat an addiction related to alcoholism or substance abuse has~~
 792 ~~been completed by the individual for whom assistance or support~~
 793 ~~services are provided.~~

794 (b) The Housing First approach addresses the societal
 795 causes of homelessness and advocates for the immediate return of
 796 individuals and families into housing and communities. Housing
 797 First links affordable housing with community-based social
 798 service and health care organizations ~~Housing First provides a~~
 799 ~~critical link between the emergency and transitional housing~~
 800 ~~system and community-based social service, educational, and~~
 801 ~~health care organizations~~ and consists of four components:

- 802 1. Crisis intervention and short-term stabilization.
 803 2. Screening, intake, and needs assessment.
 804 3. Provision of housing resources.
 805 4. Provision of case management.

806 Section 12. Paragraph (d) of subsection (22) of section
 807 420.507, Florida Statutes, is amended to read:

808 420.507 Powers of the corporation.—The corporation shall
 809 have all the powers necessary or convenient to carry out and
 810 effectuate the purposes and provisions of this part, including
 811 the following powers which are in addition to all other powers
 812 granted by other provisions of this part:

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813 (22) To develop and administer the State Apartment
814 Incentive Loan Program. In developing and administering that
815 program, the corporation may:

816 (d) In counties or rural areas of counties that do not have
817 existing units set aside for homeless persons, forgive
818 indebtedness for loans provided to create permanent rental
819 housing units for persons who are homeless, as defined in s.
820 420.621 ~~s. 420.621(5)~~, or for persons residing in time-limited
821 transitional housing or institutions as a result of a lack of
822 permanent, affordable housing. Such developments must be
823 supported by a ~~local homeless assistance~~ continuum of care
824 developed under s. 420.6225 ~~s. 420.624~~, be developed by
825 nonprofit applicants, be small properties as defined by
826 corporation rule, and be a project in the local housing
827 assistance continuum of care plan recognized by the State Office
828 on Homelessness.

829 Section 13. This act shall take effect July 1, 2020.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Children, Families, and Elder Affairs, *Chair*
Appropriations
Appropriations Subcommittee on Education
Appropriations Subcommittee on Health and Human
Services
Health Policy
Rules

JOINT COMMITTEE:

Joint Legislative Budget Commission

SENATOR LAUREN BOOK

32nd District

October 28, 2019

Chair Aaron Bean
Appropriations Subcommittee on Health and Human Services
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Bean,

I respectfully request that **SB 68 - Homelessness** be placed on the agenda for the next Appropriations Subcommittee on Health and Human Services meeting.

Should you have any questions or concerns, please feel free to contact my office or me. Thank you in advance for your consideration.

Thank you,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book
Senate District 32

Cc: Tonya Kidd, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 967 Nob Hill Road, Plantation, Florida 33324 (954) 424-6674
- 202 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

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

2-13-20

Meeting Date

68

Bill Number (if applicable)

Topic SB 68

Amendment Barcode (if applicable)

Name Bryan Cherry

Job Title Consultant

Address 150 S. Monroe St., STE 303

Phone (850) 544-5673

Street

Tall. FL. 32301

Email bryan@pinpointresult

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL. Coalition to End Homelessness

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 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 922

INTRODUCER: Commerce and Tourism Committee and Senator Gruters

SUBJECT: Economic Development

DATE: February 12, 2020 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Reeves</u>	<u>McKay</u>	<u>CM</u>	Fav/CS
2.	<u>Howard</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	<u> </u>	<u> </u>	<u>AP</u>	<u> </u>

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 922 provides that certain businesses that relocate to, or expand into, a county affected by Hurricane Michael are eligible to receive an increased tax refund under the Qualified Target Industry Tax Refund Program, and authorizes certain businesses located in a county affected by Hurricane Michael to apply for an economic recovery extension. The bill removes the scheduled repeal date for the tax refund program.

The bill also exempts specified surf pools from supervision by the Department of Health if the surf pool meets certain investment requirements and is permitted by a local government pursuant to a special use permit process.

The bill has a significant yet indeterminate fiscal impact on state expenditures.

The bill takes effect on July 1, 2020.

II. Present Situation:

Qualified Target Industry Tax Refund Program

The Qualified Target Industry (QTI) Tax Refund Program was created by the Legislature in 1994¹ to encourage the creation and retention of high-quality, high-wage jobs by providing state

¹ Ch. 94-136, s. 76, Laws of Fla.

tax refunds² to eligible businesses creating jobs in certain target industries.³ Tax refunds awarded through the program are determined by the number of jobs created by, the average annual wages paid by, and the location of the eligible business. Under current law, the tax refund program will expire on June 30, 2020.⁴

In order to be eligible to receive a tax refund, a business must apply to be certified as a qualified target industry business with the Department of Economic Opportunity (DEO).⁵ Businesses must be engaged in one of Florida's target industries as identified by the DEO and Enterprise Florida, Inc. (EFI).⁶ The current qualified target industries are aviation and aerospace; life sciences; manufacturing; defense and homeland security; information technology; financial and professional services; logistics and distribution; research and development; cleantech; and corporate headquarters.⁷

Qualified target industry businesses are eligible to receive a tax refund equal to \$3,000 per newly created job. If a business is located in a rural community or an enterprise zone, the refund amount is increased to \$6,000 per created job.⁸ Qualified target industry businesses may also be eligible for the following additional tax refund payments:⁹

- \$1,000 per created job if such jobs pay an average annual wage of at least 150 percent of the average private sector wage in a business's area;
- \$2,000 per created job if such jobs pay an average annual wage of at least 200 percent of the average private sector wage in a business's area;
- \$1,000 per created job if a business's local financial support is equal to the state's incentive award; and
- \$2,000 per created jobs if a business falls within one of the designated high-impact sectors¹⁰ or increases exports of its goods through a seaport¹¹ or airport in the state by at least 10 percent by value or tonnage in each of the years the business receives a tax refund.

² Tax refunds may be claimed for the following taxes paid: sales and use taxes, corporate income taxes, insurance premium taxes, intangible personal property taxes, excise taxes, ad valorem taxes, certain state communication services taxes, excise taxes on documents. *See* s. 288.106(3)(9), F.S.

³ Section 288.106(1), F.S.

⁴ Section 288.106(9), F.S.

⁵ Section 288.106(4), F.S.

⁶ Section 288.106(2)(q), F.S. Every three years, beginning January 1, 2011, DEO must consult with EFI, economic development organizations, the State University System, local governments, employee and employer organizations, market analysts, and economists to review and revise the list of target industries. Target industries are determined according to criteria found in statute.

⁷ Enterprise Florida, Inc., *Qualified Targeted Industries for Incentives*, available at https://www.enterpriseflorida.com/wp-content/uploads/SI_Targeted_Industries.pdf (last visited Jan. 22, 2020).

⁸ Section 288.106(3)(b)1., F.S.

⁹ Section 288.106(3)(b), F.S.

¹⁰ Pursuant to s. 288.108(6), F.S., EFI must consult with the DEO, economic development organizations, the State University System, local governments, employee and employer organizations, market analysts, and economists every three years, beginning January 1, 2011, to review the designated high-impact sectors. The sectors currently designated as high impact are transportation equipment (including aviation and aerospace), information technology, life sciences, financial services, corporate headquarters, and clean energy. *See* Office of Program Policy Analysis and Government Accountability, *Florida Economic Development Program Evaluations – Year 7*, 17 (2019), available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1916rpt.pdf> (last visited Jan. 22, 2020).

¹¹ Section 288.106(3)(b)4.b., F.S., limits seaports to the ports of Jacksonville, Tampa, Port Everglades, Miami, Port Canaveral, Ft. Pierce, Palm Beach, Port Manatee, Port St. Joe, Panama City, St. Petersburg, Pensacola, Fernandina, and Key West.

A qualified target industry business cannot receive more than \$1.5 million in tax refunds in any fiscal year, or more than \$2.5 million in any fiscal year if the business is located in an enterprise zone.¹² The total state share of tax refund payments may not exceed \$35 million.¹³

To date, 1,360 businesses have been approved to participate in the QTI program and over \$260 million has been awarded in tax refunds. In Fiscal Year 2018-2019, 7,462 jobs were created by 321 businesses actively participating in the program. The total number of jobs created exceeded the number of total new jobs expected to be created by 3,184.¹⁴

Tax Refund Agreement

Each qualified target industry business must enter into a written agreement with the DEO that specifies certain criteria that must be met in order to be eligible for the tax refund.¹⁵ Compliance with the terms and conditions of the agreement is a condition precedent for the receipt of a tax refund each year unless the department grants the business an economic recovery extension.¹⁶

In the event of negative economic conditions in a business's industry, a named hurricane or tropical storm, or specific acts of terrorism, a qualified target industry business may request an economic recovery extension. The request must provide evidence detailing how the aforementioned conditions have prevented a business from carrying out the terms of its tax refund agreement.¹⁷ Upon approval, the DEO will renegotiate a business's tax refund agreement. Agreements may not be extended for more than 2 years, and a business that receives an extension may not receive a tax refund for the period covered by the extension.¹⁸ Requests for an economic recovery extension were permitted in lieu of any tax refund claim scheduled between January 1, 2009, and July 1, 2012.¹⁹

Disproportionally Affected Counties

In response to the Deepwater Horizon oil spill, the Legislature enacted a special incentive within the QTI program to encourage business investment in the counties disproportionately affected by the oil spill.²⁰ The DEO was authorized to waive any or all wage or local financial support requirements between July 1, 2011, and June 30, 2014, for a business located in a Disproportionally Affected County Bay. Disproportionally Affected Counties are currently defined as Bay County, Escambia County, Franklin County, Gulf County, Okaloosa County, Santa Rosa County, Walton County, or Wakulla County. During this period, a qualified target industry business that relocated all or part of its business to one of such counties from another state was eligible for a tax refund of \$6,000 per job created.²¹

¹² Section 288.106(3)(c), F.S.

¹³ Section 288.095(3)(a), F.S.

¹⁴ Florida Department of Economic Opportunity, 2019 Incentives Report, 7-8, available at http://www.floridajobs.org/docs/default-source/reports-and-legislation/2018-2019-annual-incentives-report---final.pdf?sfvrsn=c2a340b0_2 (last visited February 4, 2020).

¹⁵ Section 288.106(5)(a), F.S.

¹⁶ Section 288.106(5)(b), F.S.

¹⁷ Section 288.106(5)(b)1., F.S.

¹⁸ Section 288.106(5)(b)3., F.S.

¹⁹ Section 288.106(5)(b)1., F.S.

²⁰ Ch. 2011-142, s. 150, Laws of Fla.

²¹ Section 288.106(8), F.S.

Hurricane Michael

Hurricane Michael made landfall in the Florida Panhandle as a Category 5 Hurricane on October 10, 2018. The storm, the fourth most powerful hurricane to hit the country, remained at category 3 strength as it traveled into southwest Georgia. Storm surge and 160 mph winds caused destruction and losses of almost \$7 billion along the hurricane's path.²² In the year following the storm, FEMA has provided \$1.9 billion in federal funds for housing assistance, disaster loans, public assistance grants, and hazard mitigation grants.²³ Businesses have been slow to reopen, largely due to a shortage of workers worsened by the lack of affordable housing in the area.²⁴

Regulation of Public Swimming Pools²⁵

The DOH is required to protect the health, safety and welfare of persons by setting sanitation and safety standards for public swimming pools (and bathing places). These standards are limited to matters relating to source of water supply; microbiological, chemical, and physical quality of the water in the pool; method of water purification, treatment, and disinfection; lifesaving apparatus; and measures to ensure safety of bathers.

The DOH is not authorized to regulate the design, alteration, modification, or repair of public swimming pools, which has no impact on sanitation and safety of persons using such pools; or regulate the construction, erection, or demolition of such pools. Those functions are preempted to the Florida Building Commission.²⁶

The DOH is required to assign to county health departments that are staffed with qualified engineering personnel the functions of reviewing applications and plans for the construction, development, or modification of public swimming pools; of conducting inspections, and of issuing all permits. The DOH is responsible for such functions if a county health department determines that qualified staff are not available. County health departments are responsible for routine surveillance of water quality in all public swimming pools, including routine inspections, complaint investigations, enforcement procedures, and operating permits.²⁷

²² "A year after Michael, Florida community still in crisis" *Associated Press*, October 9, 2019, available at <https://apnews.com/0d260a9ec44545458ab1f25b6f969a5a> (last visited February 4, 2020).

²³ Federal Emergency Management Agency, *Florida Hurricane Michael*, available at <https://www.fema.gov/disaster/4399> (last visited February 4, 2020).

²⁴ National Public Radio, *Recovery is Slow in the Florida Panhandle a Year After Hurricane Michael* (October 10, 2019), available at: <https://www.npr.org/2019/10/10/768722573/recovery-is-slow-in-the-florida-panhandle-a-year-after-hurricane-michael> (last visited February 4, 2020).

²⁵ Section 514.011, F.S., defines "public swimming pool" or "pool" as a watertight structure of concrete, masonry, or other approved materials which is located either indoors or outdoors, used for bathing or swimming by humans, and filled with a filtered and disinfected water supply, together with buildings, appurtenances, and equipment used in connection therewith. A public swimming pool or public pool shall mean a conventional pool, spa-type pool, wading pool, special purpose pool, or water recreation attraction, to which admission may be gained with or without payment of a fee and includes, but is not limited to, pools operated by or serving camps, churches, cities, counties, day care centers, group home facilities for eight or more clients, health spas, institutions, parks, state agencies, schools, subdivisions, or the cooperative living-type projects of five or more living units, such as apartments, boardinghouses, hotels, mobile home parks, motels, recreational vehicle parks, and townhouses.

²⁶ Section 514.021(2), F.S.

²⁷ Section 514.025, F.S.

The DOH is authorized to deny an application for a permit, suspend or revoke a permit, or impose an administrative fine upon the failure to comply with the provisions of ch. 514, F.S.²⁸ The DOH may, at any reasonable time, enter any and all parts of a public swimming pool to examine and investigate the pool's sanitary and safety conditions.²⁹ Any public swimming pool that presents a significant risk to public health by failing to meet sanitation and safety standards is declared a public nuisance. Such nuisances may be abated in an action brought by the DOH or a county health department.³⁰

The DOH is authorized to grant variances from any rules adopted under ch. 514, F.S., and the provisions of the Florida Building Code, for public swimming pools to relieve certain hardship cases. Additionally, s. 514.0115, F.S., exempts certain pools from the supervision and regulation of public swimming pools and bathing facilities.

III. Effect of Proposed Changes:

Qualified Target Industry Tax Refund Program (Sections 1 and 4)

The bill amends s. 288.106(5)(b)4, F.S., to allow a qualified target industry business located in a county affected by Hurricane Michael to request an economic recovery extension in lieu of any tax refund claim scheduled to be submitted after January 1, 2021, but before July 1, 2023.

The bill amends s. 288.106(8), F.S., to replace references to a "Disproportionally Affected County" with a "county affected by Hurricane Michael." The bill defines a "county affected by Hurricane Michael" as Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Wakulla, Walton, or Washington County.

The bill allows the DEO to waive wage and local financial support requirements for businesses that locate or expand in a county affected by Hurricane Michael and updates the period during which the DEO may waive such requirements to between July 1, 2020, and June 30, 2023. The bill requires that DEO's decision to waive such requirements be stated in writing. The bill clarifies that a business that "relocates from another state to, or establishes its business or expands its existing business in, a county affected by Hurricane Michael" is eligible to a tax refund of \$10,000 per job created, rather than \$6,000 per job created.

The bill removes the QTI tax refund program's expiration date of June 30, 2020, and permanently reauthorizes the program.

The bill amends s. 189.033, F.S., to remove a cross-reference and provides that, as used in s. 189.033, F.S., the term "disproportionally affected county" retains its original definition of Bay, Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, Walton, or Wakulla County.

²⁸ Section 514.05, F.S.

³¹ *Santos v. State*, 380 So.2d 1284 (Fla. 1980).

³¹ *Santos v. State*, 380 So.2d 1284 (Fla. 1980).

Swimming and Bathing Facilities (Sections 2 and 3)

The bill amends s. 514.0115, F.S., to create an exemption from the supervision of public swimming and bathing facilities by the Department of Health (DOH) for certain surf pools. Under the bill, a surf pool that is larger than 4 acres and certified by the DEO as part of a new development with an investment value of at least \$100 million is exempt from supervision under ch. 514, F.S., provided that it is permitted by a local government pursuant to a special use permit process in which the local government asserts regulatory authority over the construction of the surf pool, and in consultation with the DOH, establishes the conditions for the surf pool's operation, water quality, and necessary lifesaving equipment. These provisions do not affect the DOH's or a county health department's authority to enter, or to seek an injunction, to restrain the operations of a surf pool if it presents significant public health risk.

The bill defines "surf pool" as a pool designed to generate waves dedicated to the activity of surfing on a surfboard or analogous surfing device commonly used in the ocean and intended for sport, as opposed to general play intent for wave pools, other large-scale public swimming pools, or other public bathing places."

The bill corrects a cross-reference in s. 553.77, F.S.

Section 5. The bill takes effect on July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

Article III, s. 6 of the State Constitution requires every law to "embrace but one subject and matter properly connected therewith." This single subject requirement is intended to prohibit logrolling, in which multiple unrelated measures are combined in one bill in order to secure passage of a measure that is unlikely to pass on its own merits.³¹ An act may be as broad as the Legislature chooses, provided the matters included in the act have

³¹ *Santos v. State*, 380 So.2d 1284 (Fla. 1980).

a natural or logical connection.³² The requirement is violated if an act is written to accomplish separate and disassociated objects of legislative intent.³³ The Florida Supreme Court has opined that the single subject clause contains three requirements. First, each law shall embrace only one subject. Second, the law may include any matter that is properly connected with the subject. The third requirement, related to the first, is that the subject shall be briefly expressed in the title.³⁴

The subject matter which should be considered when determining whether an act embraces a single subject is the subject expressed in the title.³⁵ The test is whether the bill is designed to accomplish separate objectives which have no natural or logical connection to each other.³⁶ An act that contains subjects designed to accomplish separate and disassociated objects of legislative effort violates single subject.³⁷

The bill is entitled “an act relating to economic development.” Section 1 of the bill amends the qualified target industry program in ch. 288, F.S., relating to commercial development and capital improvements. Section 2 of the bill amends ch. 514, F.S., relating to public swimming and bathing facilities, to exempt from DOH supervision the construction of a surf pool certified by the DEO as part of a new development with an investment value of at least \$100 million, if a local government has permitted the surf pool pursuant to a special use permit process.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

The Revenue Estimating Conference has not yet met regarding the bill.

CS/SB 922 increases the amount of tax refunds that certain qualified target industry businesses in specified counties are eligible to receive. However, the annual funding cap of \$35 million, pursuant to s. 288.095(3)(a), F.S., would still apply.

B. Private Sector Impact:

The amount of tax refunds available to a qualified target industry business that relocates to or expands into to a county affected by Hurricane Michael is increased from \$6,000 to \$10,000 per created job, which could incentivize certain businesses to relocate to or expand into those areas.

³² *Chenoweth v. Kemp*, 396 So.2d 1122 (Fla. 1981).

³³ *State ex rel. Landis v. Thompson*, 163 So. 270 (Fla. 1935).

³⁴ *Franklin v. State*, 887 So.2d 1063, 1072 (Fla. 2004).

³⁵ *Ex parte Knight*, 41 So. 786 (Fla. 1906).

³⁶ *Board of Pub. Instruction v. Doran*, 224 So.2d 693 (Fla. 1969).

³⁷ *State ex rel. Landis v. Thompson*, 163 So. 270, 283 (Fla. 1935).

C. Government Sector Impact:

The bill has a significant yet indeterminate fiscal impact on state expenditures due to the provisions that increase tax refunds from \$6,000 to \$10,000 per employee for QTI projects within a county affected by Hurricane Michael.³⁸

The bill is expected to have an indeterminate fiscal impact on the DOH. The bill may increase the number of safety or water quality complaints, which could require a DOH investigation.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill authorizes the DEO to certify a surf pool larger than 4 acres to be part of a new development with an investment value of at least \$100 million. The bill does not specify the certification process or give the DEO rulemaking authority to specify the certification process.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 189.003, 288.106, 514.0115, and 553.77.

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

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

CS by Commerce and Tourism on January 21, 2020:

- Deletes a cross-reference to the definition of “disproportionally affected county”;
- Defines “disproportionally affected county” in place of the cross-reference;
- Defines “surf pool”;
- Provides that certain surf pools are exempt from supervision established in ch. 514, F.S., if a local government has permitted such a surf pool through a special use permit process; and
- Updates a reference to a redesignated statute.

B. Amendments:

None.

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

³⁸ Department of Economic Opportunity, *Senate Bill 922 Fiscal Analysis* (November 18, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).



166450

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/13/2020	.	
	.	
	.	
	.	

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

1 **Senate Amendment (with title amendment)**

2

3 Delete lines 121 - 154.

4

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

6 And the title is amended as follows:

7 Delete lines 18 - 22

8 and insert:

9 189.033, F.S.; conforming a

By the Committee on Commerce and Tourism; and Senator Gruters

577-02404-20

2020922c1

1 A bill to be entitled
 2 An act relating to economic development; amending s.
 3 288.106, F.S.; authorizing a qualified target industry
 4 business located in a county affected by Hurricane
 5 Michael to submit a request to the Department of
 6 Economic Opportunity for an economic recovery
 7 extension in lieu of a tax refund claim scheduled to
 8 be submitted during a specified timeframe; authorizing
 9 the department to waive certain requirements during a
 10 specified timeframe; requiring the department to state
 11 any waiver in writing; providing that certain
 12 businesses are eligible for a specified tax refund
 13 payment; defining the term "county affected by
 14 Hurricane Michael"; deleting obsolete provisions;
 15 deleting a provision relating to the future expiration
 16 of certification for the tax refund program for
 17 qualified target industry businesses; amending s.
 18 514.0115, F.S.; exempting certain surf pools from
 19 supervision under ch. 514, F.S.; providing exceptions,
 20 defining the term "surf pool"; amending s. 553.77,
 21 F.S.; conforming a cross-reference to changes made by
 22 the act; amending s. 189.033, F.S.; conforming a
 23 cross-reference to changes made by the act; providing
 24 an effective date.

25
 26 Be It Enacted by the Legislature of the State of Florida:

27
 28 Section 1. Paragraph (b) of subsection (5) and subsections
 29 (8) and (9) of section 288.106, Florida Statutes, are amended to

Page 1 of 7

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

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2020922c1

30 read:
 31 288.106 Tax refund program for qualified target industry
 32 businesses.—
 33 (5) TAX REFUND AGREEMENT.—
 34 (b) Compliance with the terms and conditions of the
 35 agreement is a condition precedent for the receipt of a tax
 36 refund each year. The failure to comply with the terms and
 37 conditions of the tax refund agreement results in the loss of
 38 eligibility for receipt of all tax refunds previously authorized
 39 under this section and the revocation by the department of the
 40 certification of the business entity as a qualified target
 41 industry business, unless the business is eligible to receive
 42 and elects to accept a prorated refund under paragraph (6)(e) or
 43 the department grants the business an economic recovery
 44 extension.
 45 1. A qualified target industry business may submit a
 46 request to the department for an economic recovery extension.
 47 The request must provide quantitative evidence demonstrating how
 48 negative economic conditions in the business's industry, the
 49 effects of a named hurricane or tropical storm, or specific acts
 50 of terrorism affecting the qualified target industry business
 51 have prevented the business from complying with the terms and
 52 conditions of its tax refund agreement.
 53 2. Upon receipt of a request under subparagraph 1., the
 54 department has 45 days to notify the requesting business, in
 55 writing, whether its extension has been granted or denied. In
 56 determining whether an extension should be granted, the
 57 department shall consider the extent to which negative economic
 58 conditions in the requesting business's industry have occurred

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59 in the state or the effects of a named hurricane or tropical
60 storm or specific acts of terrorism affecting the qualified
61 target industry business have prevented the business from
62 complying with the terms and conditions of its tax refund
63 agreement. The department shall consider current employment
64 statistics for this state by industry, including whether the
65 business's industry had substantial job loss during the prior
66 year, when determining whether an extension shall be granted.

67 3. As a condition for receiving a prorated refund under
68 paragraph (6) (e) or an economic recovery extension under this
69 paragraph, a qualified target industry business must agree to
70 renegotiate its tax refund agreement with the department to, at
71 a minimum, ensure that the terms of the agreement comply with
72 current law and the department's procedures governing
73 application for and award of tax refunds. Upon approving the
74 award of a prorated refund or granting an economic recovery
75 extension, the department shall renegotiate the tax refund
76 agreement with the business as required by this subparagraph.
77 When amending the agreement of a business receiving an economic
78 recovery extension, the department may extend the duration of
79 the agreement for a period not to exceed 2 years.

80 4. A qualified target industry business located in a county
81 affected by Hurricane Michael, as defined in subsection (8), may
82 submit a request for an economic recovery extension to the
83 department in lieu of any tax refund claim scheduled to be
84 submitted after January 1, 2021 ~~2009~~, but before July 1, 2023
85 ~~2012~~.

86 5. A qualified target industry business that receives an
87 economic recovery extension may not receive a tax refund for the

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88 period covered by the extension.

89 (8) SPECIAL INCENTIVES.—If the department determines it is
90 in the best interest of the public for reasons of facilitating
91 economic development, growth, or new employment opportunities
92 within a ~~Disproportionally Affected~~ county affected by Hurricane
93 Michael, the department ~~may~~, between July 1, 2020 ~~2011~~, and June
94 30, 2023 ~~2014~~, may waive any or all wage or local financial
95 support eligibility requirements. If the department elects to
96 wave wage or financial support eligibility requirements, the
97 waiver must be stated in writing, and allow A qualified target
98 industry business that relocates from another state to, or
99 establishes which relocates all or a portion of its business or
100 expands its existing business in, a to a Disproportionally
101 Affected county affected by Hurricane Michael is eligible to
102 receive a tax refund payment of up to \$10,000 ~~\$6,000~~ multiplied
103 by the number of jobs specified in the tax refund agreement
104 under subparagraph (5) (a)1. over the term of the agreement.
105 ~~Prior to granting such waiver, the executive director of the~~
106 ~~department shall file with the Governor a written statement of~~
107 ~~the conditions and circumstances constituting the reason for the~~
108 ~~waiver.~~ Such business shall be eligible for the additional tax
109 refund payments specified in subparagraph (3) (b)4. if it meets
110 the criteria. As used in this section, the term
111 "~~Disproportionally Affected~~ county affected by Hurricane
112 Michael" means Bay County, Calhoun County ~~Escambia County~~,
113 Franklin County, Gadsden County, Gulf County, Holmes County,
114 Jackson County, Jefferson County, Leon County, Liberty County,
115 Okaloosa County, ~~Santa Rosa County~~, ~~Walton County~~, ~~or~~ Wakulla
116 County, Walton County, or Washington County.

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2020922c1

117 ~~(9) EXPIRATION. An applicant may not be certified as~~
 118 ~~qualified under this section after June 30, 2020. A tax refund~~
 119 ~~agreement existing on that date shall continue in effect in~~
 120 ~~accordance with its terms.~~

121 Section 2. Present subsection (7) of section 514.0115,
 122 Florida Statutes, is redesignated as subsection (8), and a new
 123 subsection (7) is added to that section, to read:

124 514.0115 Exemptions from supervision or regulation;
 125 variances.—

126 (7) A surf pool that is larger than 4 acres and is
 127 certified by the Department of Economic Opportunity to be a part
 128 of a new development with an investment value of at least \$100
 129 million is exempt from supervision under this chapter provided
 130 that it is permitted by a local government pursuant to a special
 131 use permit process in which the local government asserts
 132 regulatory authority over the construction of the surf pool and,
 133 in consultation with the department, establishes through the
 134 local government's special use permitting process the conditions
 135 for the surf pool's operation, water quality, and necessary
 136 lifesaving equipment. This subsection does not affect the
 137 department's or a county health department's right of entry
 138 pursuant to s. 514.04 or its authority to seek an injunction
 139 pursuant to s. 514.06 to restrain the operation of a surf pool
 140 permitted and operated under this subsection if it presents
 141 significant risks to public health. For the purposes of this
 142 subsection, the term "surf pool" means a pool designed to
 143 generate waves dedicated to the activity of surfing on a
 144 surfboard or analogous surfing device commonly used in the ocean
 145 and intended for sport, as opposed to general play intent for

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146 wave pools, other large-scale public swimming pools, or other
 147 public bathing places.

148 Section 3. Subsection (7) of section 553.77, Florida
 149 Statutes, is amended to read:

150 553.77 Specific powers of the commission.—

151 (7) Building officials shall recognize and enforce variance
 152 orders issued by the Department of Health pursuant to s.
 153 514.0115(8) ~~s. 514.0115(7)~~, including any conditions attached to
 154 the granting of the variance.

155 Section 4. Section 189.033, Florida Statutes, is amended to
 156 read:

157 189.033 Independent special district services in
 158 disproportionately affected county; rate reduction for providers
 159 providing economic benefits.—If the governing body of an
 160 independent special district that provides water, wastewater,
 161 and sanitation services in a disproportionately affected county,
 162 ~~as defined in s. 288.106(8)~~, determines that a new user or the
 163 expansion of an existing user of one or more of its utility
 164 systems will provide a significant benefit to the community in
 165 terms of increased job opportunities, economies of scale, or
 166 economic development in the area, the governing body may
 167 authorize a reduction of its rates, fees, or charges for that
 168 user for a specified period of time. A governing body that
 169 exercises this power must do so by resolution that states the
 170 anticipated economic benefit justifying the reduction as well as
 171 the period of time that the reduction will remain in place. As
 172 used in this section, the term "disproportionally affected
 173 county" means Bay County, Escambia County, Franklin County, Gulf
 174 County, Okaloosa County, Santa Rosa County, Walton County, or

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2020922c1

175 Wakulla County.

176 Section 5. This act shall take effect July 1, 2020.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Commerce and Tourism, *Chair*
Finance and Tax, *Vice Chair*
Appropriations Subcommittee on Criminal
and Civil Justice
Banking and Insurance

JOINT COMMITTEE:

Joint Committee on Public Counsel Oversight

SENATOR JOE GRUTERS

23rd District

January 27, 2020

The Honorable Aaron Bean, Chair
Appropriations Subcommittee on Health and Human Services
201 The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Bean:

I am writing to request that Senate Bill 922, Economic Development to be placed on the agenda of the next Appropriations Subcommittee on Health and Human Services meeting.

Should you have any questions regarding this bill, please do not hesitate to reach out to me. Thank you for your time and consideration.

Warm regards,

A handwritten signature in black ink that reads "Joe Gruters". The signature is written in a cursive, flowing style.

Joe Gruters

cc: Tonya Kidd, Staff Director
Robin Jackson, Committee Administrative Assistant

REPLY TO:

- 381 Interstate Boulevard, Sarasota, Florida 34240 (941) 378-6309
- 324 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5023

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/20

Meeting Date

922

Bill Number (if applicable)

Topic Economic Development

Amendment Barcode (if applicable)

Name Brewster Bevis

Job Title Senior Vice President

Address 516 N Adams St

Phone 224-7173

Street

Tallahassee

FL

32301

Email bbevis@aif.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Associated Industries of Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/20

Meeting Date

922

Bill Number (if applicable)

Topic Economic Development

Amendment Barcode (if applicable)

Name Nicholas Alvarez

Job Title Legislative Affairs Director

Address 107 E Madison St.

Phone 850-245-7370

Street

Tallahassee

City

FL

State

32399

Zip

Email nicholas.alvarez@leo.myflorida.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of Economic Opportunity

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 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/2020
Meeting Date

SB 922
Bill Number (if applicable)

Topic Economic Development

Amendment Barcode (if applicable)

Name Lauren Storch

Job Title Government Affairs

Address 601 E. Kennedy Blvd.
Street

Phone 813-274-6831

Tampa
City

FL
State

33602
Zip

Email storchla@HCFL.gov
net

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Hillsborough County

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.

THE FLORIDA SENATE
APPEARANCE RECORD

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

02/13/20

Meeting Date

SB 922

Bill Number (if applicable)

Topic Economic Development

Amendment Barcode (if applicable)

Name Carolyn Johnson

Job Title Policy Director

Address 136 S. Bronough St.

Phone (850) 521-1200

Street

Tallahassee

FL

32301

City

State

Zip

Email cjohnson@flchamber.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Chamber of Commerce

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 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: PCS/CS/SB 1482 (319360)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Bean

SUBJECT: Domestic Violence Services

DATE: February 17, 2020

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Preston</u>	<u>Hendon</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Sneed</u>	<u>Kidd</u>	<u>AHS</u>	<u>Recommend: Fav/CS</u>
3.	<u> </u>	<u> </u>	<u>AP</u>	<u> </u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 1482 makes a number of changes to Florida law relating to the domestic violence program and the provision of domestic violence services statewide. Specifically, the bill:

- Removes the requirement for the Florida Department of Children and Families (DCF or department) to contract with the Florida Coalition Against Domestic Violence (FCADV or coalition) for the delivery and management of domestic violence services statewide.
- Retains the ability of the department to contract with the coalition in the future.
- Shifts the responsibilities and duties currently required of the coalition to the department including, but not limited to, certifying domestic violence centers and implementing, administering, and evaluating all domestic violence services provided by certified domestic violence centers.

The bill will have an insignificant, yet indeterminate fiscal impact on state government. See Section V.

The bill takes effect upon becoming law.

II. Present Situation:

Domestic Violence

Current law defines the term “domestic violence” as any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.¹ The term “family or household member” means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.²

The National Coalition Against Domestic Violence recognizes a broader definition that includes the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse. While the frequency and severity of domestic violence can vary dramatically, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.³

In Florida, domestic violence is tracked specifically for a number of offenses.⁴ While Florida’s population has increased 43.4% since 1998, the number of reported domestic violence offenses has been on a steady decline from 133,345 reported in 1998 to 104,914 being reported in 2018.⁵

Domestic Violence Program in Florida

The Department of Children and Families (department) is responsible for operating the domestic violence program and, in collaboration with the coalition, coordinating and administering statewide activities related to the prevention of domestic violence.⁶ Those responsibilities include certifying and monitoring reports on the state’s certified domestic violence centers.

Florida Coalition Against Domestic Violence (FCADV or coalition)

In 1977 fourteen shelters in Florida formed a network of battered women's advocates known as the Refuge Information Network. Several years later, this same organization was incorporated as the Florida Coalition Against Domestic Violence. Today, the FCADV serves as the professional association for Florida's domestic violence centers located throughout the state. The mission of

¹ Section 741.28, F.S.

² *Id.*

³ The National Coalition Against Domestic Violence, *Learn More*, available at: <https://ncadv.org/learn-more> (Last visited January 22, 2020).

⁴ Those offenses include Murder, Manslaughter, Rape (includes attempted rape), Forcible Sodomy, Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault, Threat/Intimidation, and Simple Stalking.

⁵ Florida Department of Law Enforcement, Crime Trends – Domestic Violence, available at: <http://www.fdle.state.fl.us/FSAC/Crime-Trends/Domestic-Violence> (Last visited January 22, 2020).

⁶ Section 39.903, F.S.

the coalition is to work towards ending violence through public awareness, policy development, and support for Florida's domestic violence centers.⁷ The FCADV operates Florida's toll-free domestic violence hotline linking callers to the nearest domestic violence center and provides translation assistance when needed.⁸ The coalition is also responsible for overseeing the funding of the state's domestic violence centers. The department operates as the main oversight body for the coalition.

Domestic Violence Centers

The 42 state certified domestic violence centers are required to provide the following core services: temporary emergency shelter, 24-hour hotline, advocacy, community education, crisis counseling, case management, professional training for law enforcement personnel, safety planning, community outreach, and referral. In addition to the core services, most centers provide court/legal advocacy assistance, prevention programming, support groups, and assist individuals with relocation assistance applications. Each center provides a number of specialized services based on the local community needs.^{9,10} While several of Florida's domestic violence centers have kennels and partnerships with local vets, the FCADV helps generate funds to supplement the centers' efforts to ensure survivors have the ability to flee a violent home with their pets.¹¹

The centers are required to maintain a board of directors composed of at least three citizens, one of whom must be a member of a local, municipal, or county law enforcement agency. Each center is certified annually by the DCF.¹² In order to receive state funding, a center must receive at least 25 percent of its funding from local, municipal, or county sources, public or private. All funds collected and appropriated for the centers must be distributed annually according to an allocation formula approved by the department.¹³

DCF and FCADV Contract

Currently, under s. 39.903(7), F.S., the DCF must contract with the FCADV for the management of the delivery of services for the state's domestic violence program.¹⁴ In 2004, the Legislature directed the department to contract with a statewide association to help with the delivery of domestic violence services. As a result, the department contracted with the coalition. In 2012, the Legislature required the department to contract specifically with the coalition for the management of the delivery of services for the state's domestic violence program.¹⁵

⁷ Florida Coalition Against Domestic Violence, *About FCADV*, available at: <https://www.fcadv.org/about/about-fcadv> (Last visited January 22, 2020).

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ Florida Coalition Against Domestic Violence, *Darby Against Domestic Violence*, available at: <https://www.fcadv.org/darby> (Last visited January 22, 2020).

¹² Section 39.905, F.S.

¹³ *Id.*

¹⁴ Section 39.903, F.S.

¹⁵ Chapter 2012-147, L.O.F.

The department and the coalition are required to work in collaboration to coordinate and administer the state's domestic violence program.¹⁶ While the department retains overall authority to certify domestic violence centers, the coalition is responsible for monitoring and evaluating services of the program. Under the contract, coalition responsibilities include, but are not limited to, the administration of contracts and grants, implementation of special projects, provision of training and technical assistance to certified domestic violence centers and allied professionals, prevention, research and evaluation, and educational programs for professionals and the public. The coalition is also required to monitor funding for domestic violence services to ensure the money is spent properly.¹⁷

The FCADV receives funding from the federal and state government, as well as through private funds. In Fiscal Year 2019-2020, the General Appropriations Act appropriated \$46.7 million in the DCF for the FCADV from the following fund sources:

- \$11.1 million from the General Revenue Fund;
- \$8 million from the Domestic Violence Trust Fund;
- \$19.8 million from the Federal Grants Trust Fund;¹⁸ and
- \$7.8 million from the Welfare Transition Trust Fund.¹⁹

The funding is for the implementation of programs and management and delivery of services of the state's domestic violence program, including implementation of statutory directives contained in ch. 39, F.S., implementation of special projects, coordination of a strong families and domestic violence campaign, implementation of the child welfare and domestic violence co-location projects, conducting training and providing technical assistance to certified domestic violence centers and allied professionals, and administration of contracts designated under this appropriation.²⁰

The coalition's Form 990 filing with the IRS for 2017 reported total revenues of \$52.01 million and indicated that 99.75 percent of the revenues come from public funding.²¹

The Department of Children and Families

Despite being the main oversight body for the coalition, the department has reported a number of difficulties in its working relationship with the coalition.

Executive Compensation

The department has reported that media reports have led to recent federal and state investigations of the coalition's funding and expenditures. In 2018, several Florida media outlets published

¹⁶ *Id.*

¹⁷ Section 39.9035, F.S.

¹⁸ Some portion of the appropriation from the Federal Grants Trust Fund is transferred to the Department of Health to contract with the Florida Council Against Sexual Violence to implement portions of the Violence Against Women Act STOP Formula Grant.

¹⁹ Chapter 2019-115, Laws of Fla., Specific Appropriation 316, s. 3.

²⁰ *Id.*

²¹ Form 990, Return of Organization Exempt from Income Tax, 2017, Florida Coalition Against Domestic Violence, <https://pdf.guidestar.org/PDF/Images/2018/592/055/2018-592055476-1099952d-9.pdf> (last viewed February 6, 2020).

reports alleging that the coalition's executive director was receiving an exorbitant salary while domestic violence shelters went understaffed and under-resourced. In response to these reports, the Family Violence Prevention and Services Act Program in the Family and Youth Services Bureau of the federal Administration for Children and Families (ACF) contacted the coalition expressing concern about the executive director's reported compensation of \$761,560 and requesting specified documentation of the compensation.²²

The department also reports that according to letters from the ACF, unless it was satisfied that the executive director's salary complied with federal limits, the ACF would take corrective action, including withholding payment and possible referral to the United States Department of Health and Human Services Inspector General. The coalition provided the ACF with an independent accountant's report on December 3, 2018 that verified federal funding allocated for the salary of the Executive Director was \$137,562, and was within federal compensation requirement limits.²³ The FVPSA determined that no further action was necessary and closed out the compensation inquiry.²⁴

The Executive Committee of the FCADV Board of Directors serves as the Compensation Committee for establishing the salary and benefits package for the President/CEO of the coalition. The Competition Committee conducts a market analysis for comparable President/CEO positions to determine salary and benefit package with each employment contract renewal.²⁵ The coalition provided the department with the amount of the former President and CEO's salary paid for from state appropriated funds under the coalition's contract with the department for Fiscal Years 2016-2017 and 2018-2019 in the amounts of \$59,350 and \$73,279, respectively.²⁶

Background Screenings of Personnel

According to the department, it has been unable to come to an agreement with the FCADV to add provisions to the contract that require coalition employees be subject to the DCF's background screening process.²⁷

The coalition has responded that the department's background screening requirements may not always be appropriate for their employees. For example, some of the best employees working in domestic violence shelters may be survivors of domestic violence and often times those employees have committed crimes in order to meet the demands of their abuser and stay safe.

²² Florida Department of Children and Families, 2020 Agency Legislative Bill Analysis, SB 1482, January 14, 2020.

²³ The compensation limit for the classification of an Executive Level II for a nonprofit organization under the Consolidated Appropriations Act of 2018 is \$189,600.

²⁴ Written correspondence from the Administration for Children and Families, Administration on Children, Youth and Families, to the Florida Coalition Against Domestic Violence, June 4, 2019.

²⁵ Florida Coalition Against Domestic Violence, Board of Directors Policies, *Compensation and Benefits*, Policy No. A-3, October 5, 2009.

²⁶ Written correspondence to the Florida Department of Children and Families from Holland and Knight, outside counsel to the Florida Coalition Against Domestic Violence, September 27, 2019.

²⁷ Email from the Florida Department of Children and Families, Office of Legislative Affairs on January 21, 2020 (on file with the Senate Committee on Children, Families and Elder Affairs).

Those crimes would disqualify those survivors from employment regardless of the circumstances.²⁸

Current law provides background screening exceptions for other areas of employment in the human services arena that may seem to be an appropriate alternative for domestic violence services providers. For example, recognizing that in areas of substance abuse services rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of individuals with substance use disorders, the law provides for exemptions from disqualification from employment for specified crimes.²⁹

Provision of Records

The department and the coalition have also failed to come to an agreement related to the records the coalition must provide to the department.

The department has reported that the coalition has repeatedly failed to provide all records, particularly those related to executive compensation. There were at least four written requests from the department to the coalition from August 27, 2018 to November 7, 2019. The department's Office of the Inspector General (OIG) and Office of Internal Audit (OIA) made three written requests on August 27, 2018, January 31, 2019, and September 11, 2019. The department's Office of the General Counsel made a written request on November 7, 2019 in follow up to the OIG requests and met with coalition representatives on January 7, 2020. In the OIG's estimation, the coalition responses were incomplete. The coalition contends that their responses were sufficient and has supplied all available information pertaining to matters not deemed private, and therefore, not subject to audit by the OIG. The coalition's responses did not assert statutory restrictions nor protections of confidential material.³⁰

The department received two written responses from outside counsel to the coalition. In a letter dated September 27, 2019, it was noted:³¹

- The FCADV is a private, non-profit corporation with operations and activities that are separate and apart from the FCADV's contract with the department and that do not involve department funding. The FCADV is not a state agency or other governmental agency.
- The FCADV has always complied with its obligations under its contract with the department and will continue to do so in the future.
- On August 27, 2018 the department's OIA first notified the FCADV of a consulting engagement at the request of then-Secretary Carroll related to administrative costs and executive compensation to determine the proportion of department funding expended by the FCADV on administrative costs and executive compensation and information provided by the FCADV to the department regarding that funding.³²

²⁸ *Id.*

²⁹ Section 397.4073(4), F.S.

³⁰ *Supra* note 27.

³¹ Written correspondence to the Florida Department of Children and Families from Holland and Knight, outside counsel to the Florida Coalition Against Domestic Violence, September 27, 2019.

³² Written correspondence to the Florida Coalition Against Domestic Violence from the Florida Department of Children and Families, August 27, 2018.

- In a telephone conference with the department's then-Acting General Counsel John Jackson and Assistant General Counsel Jeffrey Richardson on August 31, 2018, the FCADV's legal counsel explained that the August 27, 2018 letter requested records unrelated to the FCADV's contract with the department and beyond the stated scope of the consulting engagement. The FCADV's legal counsel proposed that the coalition respond to the August 27, 2018 letter by producing only those records requested that are public records relating to the FCADV's contract with the department. Mr. Richardson confirmed by e-mail that the coalition should proceed with responding to the August 27, 2018 letter as was discussed. The coalition did so by making records available to the department on September 5, 2018.³³
- The department's Contract Oversight Unit (Unit) routinely monitors the FCADV for compliance with its contractual requirements with the department. The unit monitored the FCADV relating to the contract every year beginning with Fiscal Year 2013-2014 through Fiscal Year 2016-2017 with no findings.

In a follow-up letter dated November 22, 2019, the FCADV's legal counsel noted:³⁴

- In addition to the monitoring by the department, the department's OIA conducted an audit of the department's contractual agreement with the coalition focusing primarily on expenditures and monitoring activities between July 1 to December 31, 2016, and in 2009 conducted an assurance project to determine whether the coalition used American Recovery and Reinvestment Act of 2009 funds for authorized purposes – all with no findings.
- As reflected by the language agreed to by the department and the FCADV in Contract Nos. LN967 and LJ990, whether or not records are the coalition's private records or records relating to the coalition's contract with the department is relevant. The contracts do not require disclosure of records unrelated to the coalition's contracts with the department regardless of whether such records may involve other government ("tax-payer") funds or matters that the department thinks are of "public concern." Moreover, the duties and responsibility of an agency inspector general involve the programs, actions and activities carried out or financed by the state agency, not all matters that may be paid for with tax-payer funds or that are of "public concern," and certainly not private matters paid for with private funds.

III. Effect of Proposed Changes:

Section 1 amends s. 39.902, F.S., relating to definitions, to remove the definition of the term "coalition."

Section 2 amends s. 39.903, F.S., relating to duties and functions of the department regarding domestic violence, to allow the department to contract with one or more entities for the provision of domestic violence related services if the department determines that it would be in the best interest of the state to do so.

Section 3 repeals s. 39.9035, F.S., relating to duties and functions of the coalition regarding domestic violence.

³³ *Supra* note 28.

³⁴ Written correspondence to the Florida Department of Children and Families from Holland and Knight, outside counsel to the Florida Coalition Against Domestic Violence, November 22, 2019.

Section 4 amends s. 39.904, F.S., relating to a report to the Legislature on the status of domestic violence cases, to require the department, rather than the coalition, to submit the annual report to the Legislature on the status of domestic violence cases statewide.

Section 5 amends s. 39.905, F.S., relating to domestic violence centers, to remove references to the coalition and require domestic violence centers to submit information to and receive certification directly from the department.

Section 6 amends s. 39.9055, F.S., relating to certified domestic violence centers and the capital improvement grant program, which provides funding to certified domestic violence centers for projects to construct, acquire, repair, improve, or upgrade systems, facilities, or equipment, to remove the coalition from the collaboration process to determine criteria for awarding the funding.

Section 7 amends s. 39.8296, relating to the Guardian Ad Litem Office, to remove the coalition from the training curriculum committee.

Section 8 amends s. 381.006, F.S., relating to environmental health, to remove the coalition from monitoring food service inspections for certified domestic violence centers.

Section 9 amends s. 381.0072, F.S., relating to food service protection, to conform to changes made by section 8 of the act.

Section 10 amends s. 383.402, F.S., relating to child abuse death reviews, to remove specific reference to the coalition as a member to the State Child Abuse Death Review Committee appointed by the Surgeon General.

Section 11 amends s. 402.40, F.S., relating to child welfare training and certification, to remove the coalition from the collaborative effort to develop core competencies and specializations for child welfare professional training.

Section 12 amends s. 741.316, F.S., relating to domestic violence fatality review teams, to reassign the review teams to the department rather than to the coalition.

Section 13 amends s. 753.03, F.S., relating to standards for supervised visitation and supervised exchange programs, to remove the coalition from the advisory board of the Clearinghouse on Supervised Visitation.

Section 14 amends s. 943.1701, F.S., relating to uniform statewide policies and procedures for the Criminal Justice Standards and Training Commission, to remove the coalition from advising the commission on matters relating to injunctions for protection against domestic violence.

Section 15 amends s. 1004.615, F.S., relating to the Florida Institute for Child Welfare, to remove the coalition from the list of entities the Florida Institute for Child Welfare is required to work with.

Section 16 provides that the bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

If the department and the coalition do not contract for the provision of domestic violence services in the future, the coalition will lose the state funding it is provided through the contract but will also no longer have the responsibilities that the contract required.

C. Government Sector Impact:

The department has reported that the fiscal impact to the agency is indeterminate. This is due to the fact that no decisions have been finalized as to whether the domestic violence program's responsibilities would be fulfilled by the department, or through a contract or contracts, or by some combination of these.³⁵

VI. Technical Deficiencies:

None.

³⁵ Florida Department of Children and Families, 2020 Agency Legislative Bill Analysis, SB 1482, January 14, 2020.

VII. Related Issues:

By simply going through the statutes and removing all references to the coalition and either replacing the coalition with the department or naming no replacement, the department may be depriving entities that provide input and service to a number of areas of the health and human service arena of necessary expertise from the domestic violence community.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.8296, 39.902, 39.903, 39.904, 39.905, 39.9055, 39.8296, 381.006, 381.0072, 383.402, 402.40, 741.316, 753.03, 943.1701, and 1004.615.

This bill repeals section 39.9035 of the Florida Statutes.

IX. Additional Information:

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

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on February 13, 2020:

The committee substitute changes the effective date of the bill from July 1, 2020 to “upon becoming law.”

CS by Children, Families, and Elder Affairs on January 28, 2020:

- Removes the provision related to including “victims of domestic violence” within the definition of “care” under s. 943.0542(1)(a), F.S., to allow access to national background checks for those employees/volunteers working with domestic violence victims.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2020	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 479
and insert:
Section 16. This act shall take effect upon becoming a law.

By the Committee on Children, Families, and Elder Affairs; and
Senator Bean

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1 A bill to be entitled
2 An act relating to domestic violence services;
3 amending s. 39.902, F.S.; deleting the definition of
4 the term "coalition"; amending s. 39.903, F.S.;

5 revising the duties of the Department of Children and
6 Families in relation to the domestic violence program;
7 repealing s. 39.9035, F.S., relating to the duties and
8 functions of the Florida Coalition Against Domestic
9 Violence with respect to domestic violence; amending
10 s. 39.904, F.S.; requiring the department to provide a
11 specified report; amending s. 39.905, F.S.; revising
12 the requirements of domestic violence centers;
13 amending s. 39.9055, F.S.; removing the coalition from
14 the capital improvement grant program process;
15 amending ss. 39.8296, 381.006, 381.0072, 383.402,
16 402.40, 741.316, 753.03, 943.1701, and 1004.615, F.S.;

17 conforming provisions to changes made by the act;
18 providing an effective date.

19

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

21

22 Section 1. Subsection (1) of section 39.902, Florida
23 Statutes, is amended to read:

24 39.902 Definitions.—As used in this part, the term:

25 ~~(1) "Coalition" means the Florida Coalition Against~~
26 ~~Domestic Violence.~~

27 Section 2. Subsections (1), (2), (7), and (8) of section
28 39.903, Florida Statutes, are amended to read:

29 39.903 Duties and functions of the department with respect

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30 to domestic violence.—The department shall:

31 (1) Operate the domestic violence program and, ~~in~~
32 ~~collaboration with the coalition,~~ shall coordinate and
33 administer statewide activities related to the prevention of
34 domestic violence.

35 (2) Receive and approve or reject applications for initial
36 certification of domestic violence centers, ~~and~~. ~~The department~~
37 ~~shall~~ annually renew the certification thereafter ~~upon receipt~~
38 ~~of a favorable monitoring report by the coalition.~~

39 (7) Contract with an entity or entities ~~the coalition~~ for
40 the delivery and management of services for the state's domestic
41 violence program if the department determines that doing so is
42 in the best interest of the state. ~~Services under this contract~~
43 ~~include, but are not limited to, the administration of contracts~~
44 ~~and grants.~~

45 (8) Consider applications from certified domestic violence
46 centers for capital improvement grants and award those grants in
47 accordance with ~~pursuant to~~ s. 39.9055.

48 Section 3. Section 39.9035, Florida Statutes, is repealed.

49 Section 4. Section 39.904, Florida Statutes, is amended to
50 read:

51 39.904 Report to the Legislature on the status of domestic
52 violence cases.—On or before January 1 of each year, the
53 ~~department coalition~~ shall furnish to the President of the
54 Senate and the Speaker of the House of Representatives a report
55 on the status of domestic violence in this state, which must
56 include, but need not be limited to, the following:

57 (1) The incidence of domestic violence in this state.

58 (2) An identification of the areas of the state where

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59 domestic violence is of significant proportions, indicating the
60 number of cases of domestic violence officially reported, as
61 well as an assessment of the degree of unreported cases of
62 domestic violence.

63 (3) An identification and description of the types of
64 programs in the state which assist victims of domestic violence
65 or persons who commit domestic violence, including information
66 on funding for the programs.

67 (4) The number of persons who receive services from local
68 certified domestic violence programs that receive funding
69 through the department coalition.

70 (5) The incidence of domestic violence homicides in the
71 state, including information and data collected from state and
72 local domestic violence fatality review teams.

73 Section 5. Paragraphs (f) and (g) of subsection (1),
74 subsections (2) and (4), paragraph (a) of subsection (6), and
75 subsections (7) and (8) of section 39.905, Florida Statutes, are
76 amended to read:

77 39.905 Domestic violence centers.—

78 (1) Domestic violence centers certified under this part
79 must:

80 (f) Comply with rules adopted under pursuant to this part.

81 (g) File with the department coalition a list of the names
82 of the domestic violence advocates who are employed or who
83 volunteer at the domestic violence center who may claim a
84 privilege under s. 90.5036 to refuse to disclose a confidential
85 communication between a victim of domestic violence and the
86 advocate regarding the domestic violence inflicted upon the
87 victim. The list must include the title of the position held by

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88 the advocate whose name is listed and a description of the
89 duties of that position. A domestic violence center must file
90 amendments to this list as necessary.

91 (2) If the department finds that there is failure by a
92 center to comply with the requirements established, or rules
93 adopted, under this part ~~or with the rules adopted pursuant~~
94 ~~thereto~~, the department may deny, suspend, or revoke the
95 certification of the center.

96 (4) The domestic violence centers shall establish
97 procedures to facilitate ~~pursuant to which~~ persons subject to
98 domestic violence to may seek services from these centers
99 voluntarily.

100 (6) In order to receive state funds, a center must:

101 (a) Obtain certification under pursuant to this part.
102 However, the issuance of a certificate does not obligate the
103 department coalition to provide funding.

104 (7) (a) All funds collected and appropriated to the domestic
105 violence program for certified domestic violence centers shall
106 be distributed annually according to an allocation formula
107 approved by the department. In developing the formula, the
108 factors of population, rural characteristics, geographical area,
109 and the incidence of domestic violence must shall be considered.

110 (b) A contract between the department coalition and a
111 certified domestic violence center shall contain provisions
112 ensuring the availability and geographic accessibility of
113 services throughout the service area. For this purpose, a center
114 may distribute funds through subcontracts or to center
115 satellites, if such arrangements and any subcontracts are
116 approved by the department coalition.

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117 ~~(8) If any of the required services are exempted from~~
 118 ~~certification by the department under this section, the center~~
 119 ~~may not receive funding from the coalition for those services.~~

120 Section 6. Section 39.9055, Florida Statutes, is amended to
 121 read:

122 39.9055 Certified domestic violence centers; capital
 123 improvement grant program.—There is established a certified
 124 domestic violence center capital improvement grant program.

125 (1) A certified domestic violence center as defined in s.
 126 39.905 may apply to the department ~~of Children and Families~~ for
 127 a capital improvement grant. The grant application must provide
 128 information that includes:

129 (a) A statement specifying the capital improvement that the
 130 certified domestic violence center proposes to make with the
 131 grant funds.

132 (b) The proposed strategy for making the capital
 133 improvement.

134 (c) The organizational structure that will carry out the
 135 capital improvement.

136 (d) Evidence that the certified domestic violence center
 137 has difficulty in obtaining funding or that funds available for
 138 the proposed improvement are inadequate.

139 (e) Evidence that the funds will assist in meeting the
 140 needs of victims of domestic violence and their children in the
 141 certified domestic violence center service area.

142 (f) Evidence of a satisfactory recordkeeping system to
 143 account for fund expenditures.

144 (g) Evidence of ability to generate local match.

145 (2) Certified domestic violence centers as defined in s.

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146 39.905 may receive funding subject to legislative appropriation,
 147 upon application to the department ~~of Children and Families~~, for
 148 projects to construct, acquire, repair, improve, or upgrade
 149 systems, facilities, or equipment, subject to availability of
 150 funds. An award of funds under this section must be made in
 151 accordance with a needs assessment developed by the ~~Florida~~
 152 ~~Coalition Against Domestic Violence~~ and the department ~~of~~
 153 ~~Children and Families~~. The department annually shall perform
 154 this needs assessment and shall rank in order of need those
 155 centers that are requesting funds for capital improvement.

156 (3) The department ~~of Children and Families~~ shall, ~~in~~
 157 ~~collaboration with the Florida Coalition Against Domestic~~
 158 ~~Violence~~, establish criteria for awarding the capital
 159 improvement funds that must be used exclusively for support and
 160 assistance with the capital improvement needs of the certified
 161 domestic violence centers, as defined in s. 39.905.

162 (4) The department ~~of Children and Families~~ shall ensure
 163 that the funds awarded under this section are used solely for
 164 the purposes specified in this section. The department will also
 165 ensure that the grant process maintains the confidentiality of
 166 the location of the certified domestic violence centers, as
 167 required under ~~pursuant to~~ s. 39.908. The total amount of grant
 168 moneys awarded under this section may not exceed the amount
 169 appropriated for this program.

170 Section 7. Paragraph (b) of subsection (2) of section
 171 39.8296, Florida Statutes, is amended to read:

172 39.8296 Statewide Guardian Ad Litem Office; legislative
 173 findings and intent; creation; appointment of executive
 174 director; duties of office.—

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175 (2) STATEWIDE GUARDIAN AD LITEM OFFICE.—There is created a
 176 Statewide Guardian Ad Litem Office within the Justice
 177 Administrative Commission. The Justice Administrative Commission
 178 shall provide administrative support and service to the office
 179 to the extent requested by the executive director within the
 180 available resources of the commission. The Statewide Guardian Ad
 181 Litem Office shall not be subject to control, supervision, or
 182 direction by the Justice Administrative Commission in the
 183 performance of its duties, but the employees of the office shall
 184 be governed by the classification plan and salary and benefits
 185 plan approved by the Justice Administrative Commission.

186 (b) The Statewide Guardian Ad Litem Office shall, within
 187 available resources, have oversight responsibilities for and
 188 provide technical assistance to all guardian ad litem and
 189 attorney ad litem programs located within the judicial circuits.

190 1. The office shall identify the resources required to
 191 implement methods of collecting, reporting, and tracking
 192 reliable and consistent case data.

193 2. The office shall review the current guardian ad litem
 194 programs in Florida and other states.

195 3. The office, in consultation with local guardian ad litem
 196 offices, shall develop statewide performance measures and
 197 standards.

198 4. The office shall develop a guardian ad litem training
 199 program. The office shall establish a curriculum committee to
 200 develop the training program specified in this subparagraph. The
 201 curriculum committee shall include, but not be limited to,
 202 dependency judges, directors of circuit guardian ad litem
 203 programs, active certified guardians ad litem, a mental health

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204 professional who specializes in the treatment of children, a
 205 member of a child advocacy group, a representative of a domestic
 206 violence advocacy group ~~the Florida Coalition Against Domestic~~
 207 ~~Violence~~, and a social worker experienced in working with
 208 victims and perpetrators of child abuse.

209 5. The office shall review the various methods of funding
 210 guardian ad litem programs, shall maximize the use of those
 211 funding sources to the extent possible, and shall review the
 212 kinds of services being provided by circuit guardian ad litem
 213 programs.

214 6. The office shall determine the feasibility or
 215 desirability of new concepts of organization, administration,
 216 financing, or service delivery designed to preserve the civil
 217 and constitutional rights and fulfill other needs of dependent
 218 children.

219 7. In an effort to promote normalcy and establish trust
 220 between a court-appointed volunteer guardian ad litem and a
 221 child alleged to be abused, abandoned, or neglected under this
 222 chapter, a guardian ad litem may transport a child. However, a
 223 guardian ad litem volunteer may not be required or directed by
 224 the program or a court to transport a child.

225 8. The office shall submit to the Governor, the President
 226 of the Senate, the Speaker of the House of Representatives, and
 227 the Chief Justice of the Supreme Court an interim report
 228 describing the progress of the office in meeting the goals as
 229 described in this section. The office shall submit to the
 230 Governor, the President of the Senate, the Speaker of the House
 231 of Representatives, and the Chief Justice of the Supreme Court a
 232 proposed plan including alternatives for meeting the state's

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233 guardian ad litem and attorney ad litem needs. This plan may
 234 include recommendations for less than the entire state, may
 235 include a phase-in system, and shall include estimates of the
 236 cost of each of the alternatives. Each year the office shall
 237 provide a status report and provide further recommendations to
 238 address the need for guardian ad litem services and related
 239 issues.

240 Section 8. Subsection (18) of section 381.006, Florida
 241 Statutes, is amended to read:

242 381.006 Environmental health.—The department shall conduct
 243 an environmental health program as part of fulfilling the
 244 state’s public health mission. The purpose of this program is to
 245 detect and prevent disease caused by natural and manmade factors
 246 in the environment. The environmental health program shall
 247 include, but not be limited to:

248 (18) A food service inspection function for domestic
 249 violence centers that are certified and monitored by the
 250 Department of Children and Families ~~and monitored by the Florida~~
 251 ~~Coalition Against Domestic Violence~~ under part XII of chapter 39
 252 and group care homes as described in subsection (16), which
 253 shall be conducted annually and be limited to the requirements
 254 in department rule applicable to community-based residential
 255 facilities with five or fewer residents.

256
 257 The department may adopt rules to carry out the provisions of
 258 this section.

259 Section 9. Paragraph (c) of subsection (2) of section
 260 381.0072, Florida Statutes, is amended to read:

261 381.0072 Food service protection.—

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

263 (c) “Food service establishment” means detention
 264 facilities, public or private schools, migrant labor camps,
 265 assisted living facilities, facilities participating in the
 266 United States Department of Agriculture Afterschool Meal Program
 267 that are located at a facility or site that is not inspected by
 268 another state agency for compliance with sanitation standards,
 269 adult family-care homes, adult day care centers, short-term
 270 residential treatment centers, residential treatment facilities,
 271 homes for special services, transitional living facilities,
 272 crisis stabilization units, hospices, prescribed pediatric
 273 extended care centers, intermediate care facilities for persons
 274 with developmental disabilities, boarding schools, civic or
 275 fraternal organizations, bars and lounges, vending machines that
 276 dispense potentially hazardous foods at facilities expressly
 277 named in this paragraph, and facilities used as temporary food
 278 events or mobile food units at any facility expressly named in
 279 this paragraph, where food is prepared and intended for
 280 individual portion service, including the site at which
 281 individual portions are provided, regardless of whether
 282 consumption is on or off the premises and regardless of whether
 283 there is a charge for the food. The term includes a culinary
 284 education program where food is prepared and intended for
 285 individual portion service, regardless of whether there is a
 286 charge for the food or whether the program is inspected by
 287 another state agency for compliance with sanitation standards.
 288 The term does not include any entity not expressly named in this
 289 paragraph; nor does the term include a domestic violence center
 290 certified and monitored by the Department of Children and

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291 Families ~~and monitored by the Florida Coalition Against Domestic~~
 292 ~~Violence~~ under part XII of chapter 39 if the center does not
 293 prepare and serve food to its residents and does not advertise
 294 food or drink for public consumption.

295 Section 10. Subsection (2) of section 383.402, Florida
 296 Statutes, is amended to read:

297 383.402 Child abuse death review; State Child Abuse Death
 298 Review Committee; local child abuse death review committees.—

299 (2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

300 (a) *Membership.*—

301 1. The State Child Abuse Death Review Committee is
 302 established within the Department of Health and shall consist of
 303 a representative of the Department of Health, appointed by the
 304 State Surgeon General, who shall serve as the state committee
 305 coordinator. The head of each of the following agencies or
 306 organizations shall also appoint a representative to the state
 307 committee:

- 308 a. The Department of Legal Affairs.
- 309 b. The Department of Children and Families.
- 310 c. The Department of Law Enforcement.
- 311 d. The Department of Education.
- 312 e. The Florida Prosecuting Attorneys Association, Inc.
- 313 f. The Florida Medical Examiners Commission, whose
 314 representative must be a forensic pathologist.

315 2. In addition, the State Surgeon General shall appoint the
 316 following members to the state committee, based on
 317 recommendations from the Department of Health and the agencies
 318 listed in subparagraph 1., and ensuring that the committee
 319 represents the regional, gender, and ethnic diversity of the

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320 state to the greatest extent possible:

- 321 a. The Department of Health Statewide Child Protection Team
 322 Medical Director.
- 323 b. A public health nurse.
- 324 c. A mental health professional who treats children or
 325 adolescents.
- 326 d. An employee of the Department of Children and Families
 327 who supervises family services counselors and who has at least 5
 328 years of experience in child protective investigations.
- 329 e. The medical director of a Child Protection Team.
- 330 f. A member of a child advocacy organization.
- 331 g. A social worker who has experience in working with
 332 victims and perpetrators of child abuse.
- 333 h. A person trained as a paraprofessional in patient
 334 resources who is employed in a child abuse prevention program.
- 335 i. A law enforcement officer who has at least 5 years of
 336 experience in children's issues.
- 337 j. A representative of a domestic violence advocacy group
 338 ~~the Florida Coalition Against Domestic Violence~~.
- 339 k. A representative from a private provider of programs on
 340 preventing child abuse and neglect.
- 341 1. A substance abuse treatment professional.
- 342 3. The members of the state committee shall be appointed to
 343 staggered terms not to exceed 2 years each, as determined by the
 344 State Surgeon General. Members may be appointed to no more than
 345 three consecutive terms. The state committee shall elect a
 346 chairperson from among its members to serve for a 2-year term,
 347 and the chairperson may appoint ad hoc committees as necessary
 348 to carry out the duties of the committee.

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349 4. Members of the state committee shall serve without
 350 compensation but may receive reimbursement for per diem and
 351 travel expenses incurred in the performance of their duties as
 352 provided in s. 112.061 and to the extent that funds are
 353 available.

354 (b) *Duties.*—The State Child Abuse Death Review Committee
 355 shall:

356 1. Develop a system for collecting data from local
 357 committees on deaths that are reported to the central abuse
 358 hotline. The system must include a protocol for the uniform
 359 collection of data statewide, which must, at a minimum, use the
 360 National Child Death Review Case Reporting System administered
 361 by the National Center for the Review and Prevention of Child
 362 Deaths.

363 2. Provide training to cooperating agencies, individuals,
 364 and local child abuse death review committees on the use of the
 365 child abuse death data system.

366 3. Provide training to local child abuse death review
 367 committee members on the dynamics and impact of domestic
 368 violence, substance abuse, or mental health disorders when there
 369 is a co-occurrence of child abuse. Training must be provided by
 370 the Department of Children and Families ~~Florida Coalition~~
 371 ~~Against Domestic Violence~~, the Florida Alcohol and Drug Abuse
 372 Association, and the Florida Council for Community Mental Health
 373 in each entity's respective area of expertise.

374 4. Develop statewide uniform guidelines, standards, and
 375 protocols, including a protocol for standardized data collection
 376 and reporting, for local child abuse death review committees and
 377 provide training and technical assistance to local committees.

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378 5. Develop statewide uniform guidelines for reviewing
 379 deaths that are the result of child abuse, including guidelines
 380 to be used by law enforcement agencies, prosecutors, medical
 381 examiners, health care practitioners, health care facilities,
 382 and social service agencies.

383 6. Study the adequacy of laws, rules, training, and
 384 services to determine what changes are needed to decrease the
 385 incidence of child abuse deaths and develop strategies and
 386 recruit partners to implement these changes.

387 7. Provide consultation on individual cases to local
 388 committees upon request.

389 8. Educate the public regarding the provisions of chapter
 390 99-168, Laws of Florida, the incidence and causes of child abuse
 391 death, and ways by which such deaths may be prevented.

392 9. Promote continuing education for professionals who
 393 investigate, treat, and prevent child abuse or neglect.

394 10. Recommend, when appropriate, the review of the death
 395 certificate of a child who died as a result of abuse or neglect.

396 Section 11. Paragraph (b) of subsection (5) of section
 397 402.40, Florida Statutes, is amended to read:

398 402.40 Child welfare training and certification.—

399 (5) CORE COMPETENCIES AND SPECIALIZATIONS.—

400 (b) The identification of these core competencies and
 401 development of preservice curricula shall be a collaborative
 402 effort that includes professionals who have expertise in child
 403 welfare services, department-approved third-party credentialing
 404 entities, and providers that will be affected by the curriculum,
 405 including, but not limited to, representatives from the
 406 community-based care lead agencies, ~~the Florida Coalition~~

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407 ~~Against Domestic Violence~~, the Florida Alcohol and Drug Abuse
 408 Association, the Florida Council for Community Mental Health,
 409 sheriffs' offices conducting child protection investigations,
 410 and child welfare legal services providers.

411 Section 12. Subsection (5) of section 741.316, Florida
 412 Statutes, is amended to read:

413 741.316 Domestic violence fatality review teams;
 414 definition; membership; duties.—

415 (5) The domestic violence fatality review teams are
 416 assigned to the Department of Children and Families Florida
 417 ~~Coalition Against Domestic Violence~~ for administrative purposes.

418 Section 13. Paragraph (d) of subsection (2) of section
 419 753.03, Florida Statutes, is amended to read:

420 753.03 Standards for supervised visitation and supervised
 421 exchange programs.—

422 (2) The clearinghouse shall use an advisory board to assist
 423 in developing the standards. The advisory board must include:

424 ~~(d) A representative of the Florida Coalition Against~~
 425 ~~Domestic Violence, appointed by the executive director of the~~
 426 ~~Florida Coalition Against Domestic Violence.~~

427 Section 14. Section 943.1701, Florida Statutes, is amended
 428 to read:

429 943.1701 Uniform statewide policies and procedures; duty of
 430 the commission.—The commission, with the advice and cooperation
 431 of the Department of Children and Families Florida Coalition
 432 ~~Against Domestic Violence~~, the Florida Sheriffs Association, the
 433 Florida Police Chiefs Association, and other agencies that
 434 verify, serve, and enforce injunctions for protection against
 435 domestic violence, shall develop by rule uniform statewide

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436 policies and procedures to be incorporated into required courses
 437 of basic law enforcement training and continuing education.

438 These statewide policies and procedures shall include:

439 (1) The duties and responsibilities of law enforcement in
 440 response to domestic violence calls, enforcement of injunctions,
 441 and data collection.

442 (2) The legal duties imposed on law enforcement officers to
 443 make arrests and offer protection and assistance, including
 444 guidelines for making felony and misdemeanor arrests.

445 (3) Techniques for handling incidents of domestic violence
 446 that minimize the likelihood of injury to the officer and that
 447 promote safety of the victim.

448 (4) The dynamics of domestic violence and the magnitude of
 449 the problem.

450 (5) The legal rights of, and remedies available to, victims
 451 of domestic violence.

452 (6) Documentation, report writing, and evidence collection.

453 (7) Tenancy issues and domestic violence.

454 (8) The impact of law enforcement intervention in
 455 preventing future violence.

456 (9) Special needs of children at the scene of domestic
 457 violence and the subsequent impact on their lives.

458 (10) The services and facilities available to victims and
 459 batterers.

460 (11) The use and application of sections of the Florida
 461 Statutes as they relate to domestic violence situations.

462 (12) Verification, enforcement, and service of injunctions
 463 for protection when the suspect is present and when the suspect
 464 has fled.

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465 (13) Emergency assistance to victims and how to assist
466 victims in pursuing criminal justice options.

467 (14) Working with uncooperative victims, when the officer
468 becomes the complainant.

469 Section 15. Subsection (3) of section 1004.615, Florida
470 Statutes, is amended to read:

471 1004.615 Florida Institute for Child Welfare.—

472 (3) The institute shall work with the department, sheriffs
473 providing child protective investigative services, community-
474 based care lead agencies, community-based care provider
475 organizations, the court system, the Department of Juvenile
476 Justice, ~~the Florida Coalition Against Domestic Violence,~~ and
477 other partners who contribute to and participate in providing
478 child protection and child welfare services.

479 Section 16. This act shall take effect July 1, 2020.

THE FLORIDA SENATE
APPEARANCE RECORD

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

2-13-20

Meeting Date

CS/1482

Bill Number (if applicable)

Topic Domestic violence

Amendment Barcode (if applicable)

Name Tony Lloyd

Job Title Assistant Secretary

Address 1317 Winewood Blvd.

Phone (850) 488-9410

Street

Tallahassee

City

FL

State

32399

Zip

Email tony.lloyd@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Department of children and families

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 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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

02/13/20
Meeting Date

1482
Bill Number (if applicable)

Topic Domestic Violence Services

Amendment Barcode (if applicable)

Name Michael Wickersheim

Job Title Leg. Affairs Director

Address 1317 Winewood Blvd.

Phone 488-9410

Tallahassee FL 32399
City State Zip

Email Michael.Wickersheim@myflfamilies.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Dept. of Children and Families

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.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1542
INTRODUCER: Senator Stargel
SUBJECT: Alzheimer's Disease
DATE: February 12, 2020 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Favorable
2.	<u>Howard</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 1542 makes changes to the state's Alzheimer's Disease Initiative in the Department of Elder Affairs (department). The bill creates the position of Dementia Director within the department to assist the Alzheimer's Disease Advisory Committee and assist with the development of the Alzheimer's disease state plan. The bill also makes minor changes to the incentive funding formula for the state's memory disorder clinics and the formula for respite care provided to families caring for persons with Alzheimer's disease or other forms of dementia.

The department can use existing resources to establish a Dementia Director position and to perform the required tasks as outlined in the bill.

The bill has an effective date of July 1, 2020.

II. Present Situation:

Alzheimer's disease is the most common type of dementia. It is a progressive disease that begins with mild memory loss and can lead to loss of the ability to carry on a conversation and respond to one's environment. Alzheimer's disease affects parts of the brain that control thought, memory, and language. It can seriously affect a person's ability to carry out daily activities. Although scientists are studying the disease, what causes Alzheimer's disease is known.¹

There are an estimated 580,000 individuals living with Alzheimer's disease in the state of Florida.² By 2025, it is projected that 720,000 Floridians will have Alzheimer's disease.³ Most

¹ Centers for Disease Control and Prevention, Alzheimer's Disease and Healthy Aging website. See <https://www.cdc.gov/aging/aginginfo/alzheimers.htm#AlzheimersDisease>, last visited January 16, 2020.

² Alzheimer's Association. See <https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2018.pdf>, last visited January 16, 2020.

³ *Id.*

individuals with Alzheimer's can live in the community with support, often provided by spouses or other family members. In the late stages of the disease, many patients require care 24 hours a day and are often served in long-term care facilities.

The Legislature created the Alzheimer's Disease Initiative in 1985 to provide a continuum of services to meet the needs of individuals with Alzheimer's disease and similar memory disorders, and their families.⁴ The department coordinates and develops policy to carry out the statutory requirements for the Alzheimer's Disease Initiative. In conjunction with the Alzheimer's Disease Advisory Committee, the department implements the initiative through three components:

- Supportive services to offer counseling, consumable medical supplies, and respite for caregiver relief;
- Memory disorder clinics to provide diagnosis, research, treatment, education, and referrals; and
- A brain bank to support research on Alzheimer's and other forms of dementia.

Chapter 2012-172, L.O.F., created a Purple Ribbon Task Force within the department to address Alzheimer's disease. The task force reviewed trends in the disease, assessed the disease's impact on the state, examined needs and services, and developed a state response to Alzheimer's disease. The findings and recommendations of the task force became the foundation for the Alzheimer's disease state plan. The task force ended with the submission of its report and plan on August 1, 2013.

Chapter 2019-147, L.O.F., added members to the Alzheimer's Disease Advisory Committee and required the Alzheimer's disease state plan be updated every three years. The law also required annual reports to the Governor and Legislature. The annual report provides information on state-funded Alzheimer's disease research, clinical care, institutional, home-based and community-based programs, and recommendations on Alzheimer's disease policy and any proposed updates to the Alzheimer's disease state plan.

During Fiscal Year 2018-2019, 5,637 individuals received respite and support services, including case management; specialized medical equipment, services, and supplies; and caregiver counseling, support groups, and training.⁵ The memory disorder clinics provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related disorders. The clinics served 10,516 persons during Fiscal Year 2018-2019.⁶

III. Effect of Proposed Changes:

Section 1 amends s. 430.501, F.S., establishing the Alzheimer's Disease Advisory Committee to require that all state agencies provide assistance to the committee in conducting its work.

Section 2 creates s. 430.5015, F.S., to require the Department of Elder Affairs to establish the position of Dementia Director. The director is to be appointed by the Secretary of the department and is given the following duties:

⁴ Department of Elder Affairs, 2019 Summary of Program and Services. See <http://elderaffairs.state.fl.us/doea/sops.php>. Last visited January 16, 2020.

⁵ *Id.*

⁶ *Id.*

- Coordinate Alzheimer's disease policies and programs and related forms of dementia;
- Support the Alzheimer's Disease Advisory Committee and updates to the Alzheimer's disease state plan required under s. 430.501(3)(b)8, F.S.;
- Assist memory disorder clinics in meeting performance standards;
- Facilitate outreach programs and services that increase public awareness of Alzheimer's disease and related forms of dementia;
- Coordinate services and activities among agencies and groups involved in dementia research and programs; and
- Collect and analyze data on the impact of Alzheimer's disease in the state.

Section 3 amends s. 430.502, F.S., establishing memory disorder clinics in the state to conduct research on Alzheimer's disease and other forms of dementia. The bill updates the name of the memory disorder clinic in Orange County from "Florida Hospital" to "AdventHealth." The bill requires the department to include the increase in the amount of family care planning services in setting performance goals for incentive funding for memory clinics. The bill also revises the formula the department uses to distribute funding for respite care. The county population factor in the formula is changed from the number of persons 75 years of age or older to 70 years or older.

Section 4 provides an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Elder Affairs will need to ensure the duties of the Dementia Director are assigned to an appropriate position as required by the bill.

Revising the allocation formula for the provision of respite care to consider the number and proportion of the county population of individuals from the number of persons 75 years of age or older to 70 years or older will have a minimal impact on respite care funding for each Planning and Service Area.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 430.501 and 430.502.

This bill creates section 430.5015 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

By Senator Stargel

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1 A bill to be entitled
 2 An act relating to Alzheimer's disease; amending s.
 3 430.501, F.S.; requiring state agencies to provide
 4 assistance to the Alzheimer's Disease Advisory
 5 Committee, upon request; creating s. 430.5015, F.S.;
 6 creating the position of Dementia Director within the
 7 Department of Elderly Affairs; requiring the Secretary
 8 of Elderly Affairs to appoint the director;
 9 authorizing the director to call upon certain agencies
 10 for assistance; requiring the agencies to assist the
 11 director under certain circumstances; providing duties
 12 and responsibilities of the director; amending s.
 13 430.502, F.S.; making a technical change; revising
 14 incentive funding criteria for memory disorder
 15 clinics; revising the information the department must
 16 consider when developing the allocation formula for
 17 respite care; providing an effective date.

18
 19 Be It Enacted by the Legislature of the State of Florida:

20
 21 Section 1. Paragraph (b) of subsection (3) of section
 22 430.501, Florida Statutes, is amended to read:
 23 430.501 Alzheimer's Disease Advisory Committee; research
 24 grants.—

25 (3)(b)1. The Governor shall appoint members from a broad
 26 cross-section of public, private, and volunteer sectors. All
 27 nominations shall be forwarded to the Governor by the Secretary
 28 of Elderly Affairs in accordance with this subsection.

29 2. Members shall be appointed to 4-year staggered terms in

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30 accordance with s. 20.052, except for the sitting members of the
 31 Senate and House of Representatives, who shall be appointed to a
 32 term corresponding to their term of office.

33 3. The Secretary of Elderly Affairs shall serve as an ex
 34 officio member of the committee.

35 4. The committee shall elect one of its members to serve as
 36 chair for a term of 1 year.

37 5. The committee may establish subcommittees as necessary
 38 to carry out the functions of the committee.

39 6. The committee shall meet quarterly, or as frequently as
 40 needed.

41 7. The committee shall submit an annual report to the
 42 Governor, the President of the Senate, the Speaker of the House
 43 of Representatives, and the Secretary of Elderly Affairs on or
 44 before September 1 of each year. The annual report shall include
 45 information and recommendations on Alzheimer's disease policy;
 46 all state-funded efforts in Alzheimer's disease research,
 47 clinical care, institutional, home-based and community-based
 48 programs and the outcomes of such efforts; and any proposed
 49 updates to the Alzheimer's disease state plan submitted under
 50 subparagraph 8.

51 8. Beginning in 2020, and every third year thereafter, on
 52 or before November 1, the Department of Elderly Affairs shall
 53 review the Alzheimer's disease state plan and submit an updated
 54 state plan to the Governor, the President of the Senate, and the
 55 Speaker of the House of Representatives. The Department of
 56 Elderly Affairs shall utilize the annual reports submitted by
 57 the committee and collaborate with state Alzheimer's disease
 58 organizations and professionals when considering such updates to

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59 the Alzheimer's disease state plan. The state plan shall:
 60 a. Assess the current and future impact of Alzheimer's
 61 disease and related forms of dementia on the state.
 62 b. Examine the existing industries, services, and resources
 63 addressing the needs of persons having Alzheimer's disease or a
 64 related form of dementia and their family caregivers.
 65 c. Examine the needs of persons of all cultural backgrounds
 66 having Alzheimer's disease or a related form of dementia and how
 67 their lives are affected by the disease from younger-onset,
 68 through mid-stage, to late-stage.
 69 d. Develop a strategy to mobilize a state response to this
 70 public health crisis.
 71 e. Provide information regarding:
 72 (I) State trends with respect to persons having Alzheimer's
 73 disease or a related form of dementia and their needs,
 74 including, but not limited to:
 75 (A) The role of the state in providing community-based
 76 care, long-term care, and family caregiver support, including
 77 respite, education, and assistance to persons who are in the
 78 early stages of Alzheimer's disease, who have younger-onset
 79 Alzheimer's disease, or who have a related form of dementia.
 80 (B) The development of state policy with respect to persons
 81 having Alzheimer's disease or a related form of dementia.
 82 (C) Surveillance of persons having Alzheimer's disease or a
 83 related form of dementia for the purpose of accurately
 84 estimating the number of such persons in the state at present
 85 and projected population levels.
 86 (II) Existing services, resources, and capacity, including,
 87 but not limited to:

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88 (A) The type, cost, and availability of dementia-specific
 89 services throughout the state.
 90 (B) Policy requirements and effectiveness for dementia-
 91 specific training for professionals providing care.
 92 (C) Quality care measures employed by providers of care,
 93 including providers of respite, adult day care, assisted living
 94 facility, skilled nursing facility, and hospice services.
 95 (D) The capability of public safety workers and law
 96 enforcement officers to respond to persons having Alzheimer's
 97 disease or a related form of dementia, including, but not
 98 limited to, responding to their disappearance, search and
 99 rescue, abuse, elopement, exploitation, or suicide.
 100 (E) The availability of home and community-based services
 101 and respite care for persons having Alzheimer's disease or a
 102 related form of dementia and education and support services to
 103 assist their families and caregivers.
 104 (F) An inventory of long-term care facilities and
 105 community-based services serving persons having Alzheimer's
 106 disease or a related form of dementia.
 107 (G) The adequacy and appropriateness of geriatric-
 108 psychiatric units for persons having behavior disorders
 109 associated with Alzheimer's disease or a related form of
 110 dementia.
 111 (H) Residential assisted living options for persons having
 112 Alzheimer's disease or a related form of dementia.
 113 (I) The level of preparedness of service providers before,
 114 during, and after a catastrophic emergency involving a person
 115 having Alzheimer's disease or a related form of dementia and
 116 their caregivers and families.

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117 (III) Needed state policies or responses, including, but
 118 not limited to, directions for the provision of clear and
 119 coordinated care, services, and support to persons having
 120 Alzheimer's disease or a related form of dementia and their
 121 caregivers and families and strategies to address any identified
 122 gaps in the provision of services.

123 9. All state agencies shall provide assistance to the
 124 committee, upon request.

125 10. The Department of Elderly Affairs shall provide staff
 126 support to assist the committee in the performance of its
 127 duties.

128 ~~11.10.~~ Members of the committee and subcommittees shall
 129 receive no salary, but are entitled to reimbursement for travel
 130 and per diem expenses, as provided in s. 112.061, while
 131 performing their duties under this section.

132 Section 2. Section 430.5015, Florida Statutes, is created
 133 to read:

134 430.5015 Dementia Director.—

135 (1) The position of Dementia Director is created within the
 136 Department of Elderly Affairs. The Secretary of Elderly Affairs
 137 shall appoint the director and the director shall serve at the
 138 pleasure of the secretary.

139 (2) The director may call upon appropriate agencies of
 140 state government for assistance as is needed pursuant to s.
 141 430.04(13).

142 (3) The director shall:

143 (a) Facilitate coordination and support of policies and
 144 programs in the Legislature and the executive branch, including
 145 agencies of the executive branch, which relate to Alzheimer's

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146 disease and related forms of dementia.

147 (b) Facilitate coordination and support for the Alzheimer's
 148 Disease Advisory Committee and the implementation of and updates
 149 to the Alzheimer's disease state plan pursuant to s.
 150 430.501(3)(b)8.

151 (c) Provide support to memory disorder clinics to help the
 152 clinics meet or exceed the minimum performance standards under
 153 s. 430.502(3).

154 (d) Facilitate and support coordination of outreach
 155 programs and services between agencies, memory disorder clinics,
 156 area agencies on aging, and other interested groups for the
 157 purpose of fostering public awareness and education regarding
 158 Alzheimer's disease and related forms of dementia.

159 (e) Facilitate coordination of services and activities
 160 between groups interested in dementia research, programs, and
 161 services, including, but not limited to, area agencies on aging,
 162 service providers, advocacy groups, legal services, emergency
 163 personnel, law enforcement, and state colleges and universities.

164 (f) Collect and monitor data related to the impact of
 165 Alzheimer's disease in the state.

166 Section 3. Subsection (1), paragraph (a) of subsection (4),
 167 and subsection (8) of section 430.502, Florida Statutes, are
 168 amended to read:

169 430.502 Alzheimer's disease; memory disorder clinics and
 170 day care and respite care programs.—

171 (1) There is established:

172 (a) A memory disorder clinic at each of the three medical
 173 schools in this state;

174 (b) A memory disorder clinic at a major private nonprofit

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175 research-oriented teaching hospital, and may fund a memory
 176 disorder clinic at any of the other affiliated teaching
 177 hospitals;

178 (c) A memory disorder clinic at the Mayo Clinic in
 179 Jacksonville;

180 (d) A memory disorder clinic at the West Florida Regional
 181 Medical Center;

182 (e) A memory disorder clinic operated by Health First in
 183 Brevard County;

184 (f) A memory disorder clinic at the Orlando Regional
 185 Healthcare System, Inc.;

186 (g) A memory disorder center located in a public hospital
 187 that is operated by an independent special hospital taxing
 188 district that governs multiple hospitals and is located in a
 189 county with a population greater than 800,000 persons;

190 (h) A memory disorder clinic at St. Mary's Medical Center
 191 in Palm Beach County;

192 (i) A memory disorder clinic at Tallahassee Memorial
 193 Healthcare;

194 (j) A memory disorder clinic at Lee Memorial Hospital
 195 created by chapter 63-1552, Laws of Florida, as amended;

196 (k) A memory disorder clinic at Sarasota Memorial Hospital
 197 in Sarasota County;

198 (l) A memory disorder clinic at Morton Plant Hospital,
 199 Clearwater, in Pinellas County;

200 (m) A memory disorder clinic at Florida Atlantic
 201 University, Boca Raton, in Palm Beach County;

202 (n) A memory disorder clinic at AdventHealth Florida
 203 ~~Hospital~~ in Orange County; and

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204 (o) A memory disorder clinic at Miami Jewish Health System
 205 in Miami-Dade County,
 206
 207 for the purpose of conducting research and training in a
 208 diagnostic and therapeutic setting for persons suffering from
 209 Alzheimer's disease and related memory disorders. However,
 210 memory disorder clinics shall not receive decreased funding due
 211 solely to subsequent additions of memory disorder clinics in
 212 this subsection.

213 (4) The department shall develop performance goals that
 214 exceed the minimum performance standards developed under
 215 subsection (3), which goals must be achieved in order for a
 216 memory disorder clinic to be eligible for incentive funding
 217 above the base level, subject to legislative appropriation.
 218 Incentive funding shall be based on criteria including, but not
 219 limited to:

220 (a) Significant increase in the volume of clinical services
 221 and family care planning services.

222 (8) Pursuant to s. 287.057, the department shall contract
 223 for the provision of respite care. All funds appropriated for
 224 the provision of respite care shall be distributed annually by
 225 the department to each funded county according to an allocation
 226 formula. In developing the formula, the department shall
 227 consider the number and proportion of the county population of
 228 individuals who are 70 ~~75~~ years of age and older. Each respite
 229 care program shall be used as a resource for research and
 230 statistical data by the memory disorder clinics established in
 231 this part. In consultation with the memory disorder clinics, the
 232 department shall specify the information to be provided by the

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233 respite care programs for research purposes.

234 Section 4. This act shall take effect July 1, 2020.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Appropriations Subcommittee on
Education, *Chair*
Appropriations
Education
Ethics and Elections
Finance and Tax
Judiciary
Rules

JOINT COMMITTEE:
Joint Select Committee on Collective Bargaining

SENATOR KELLI STARGEL

22nd District

January 22, 2020

The Honorable Aaron Bean
Senate Committee on Appropriations Subcommittee on Health and Human Services, Chair
405 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Bean:

I respectfully request that SB 1542, related to *Alzheimer's Disease*, be placed on the Appropriations Subcommittee on Health and Human Services meeting agenda at your earliest convenience.

Thank you for your consideration, and please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kelli Stargel".

Kelli Stargel
State Senator, District 22

Cc: Tonya Kidd/Staff Director
Robin Jackson/AA

REPLY TO:

- 2033 East Edgewood Drive, Suite 1, Lakeland, Florida 33803 (863) 668-3028
- 408 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5022

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/13/20
Meeting Date

SB 1542
Bill Number (if applicable)

Topic Alzheimer's Disease

Amendment Barcode (if applicable)

Name Dorene Barker

Job Title Associate State Director

Address 215 South Monroe St, Suite 603

Phone 850-228-6387

Yallahassee FL 32308
City State Zip

Email dobarker@aarfp.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing AARP. FL.

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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THE FLORIDA SENATE
APPEARANCE RECORD

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2/13/20

Meeting Date

1542

Bill Number (if applicable)

Topic SB 1542

Amendment Barcode (if applicable)

Name Jon "John" Conley

Job Title State Affairs Director

Address 325 John Knox Rd

Phone 850-566-7478

Street

Tallahassee FL

Email jbconley@alz.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Alzheimer's 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.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1742

INTRODUCER: Senator Mayfield

SUBJECT: Home Medical Equipment Providers

DATE: February 12, 2020

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>McKnight</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 1742 amends section 400.93, Florida Statutes, to exempt physicians licensed under chs. 458 and 459, F.S., as well as chiropractic physicians licensed under ch. 460, F.S., from the requirement to be licensed as a home medical equipment provider in order to sell or rent electrostimulation medical equipment and supplies to their own patients in the course of their practice.

The bill may have an insignificant fiscal impact on the Agency for Health Care Administration.

The bill takes effect on July 1, 2020.

II. Present Situation:

Home Medical Equipment Providers

Part VII of ch. 400, F.S., requires the Agency for Health Care Administration (AHCA) to license and regulate any person or entity that holds itself out to the public as performing any of the following functions:

- Providing home medical equipment¹ and services;²
- Accepting physician orders for home medical equipment and services; or

¹ Defined in s. 400.925, F.S., as any product as defined by the federal Food and Drug Administration's Drugs, Devices and Cosmetics Act, any products reimbursed under the Medicare Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical equipment program. Home medical equipment includes oxygen and related respiratory equipment; manual, motorized, or customized wheelchairs and related seating and positioning, but does not include prosthetics or orthotics or any splints, braces, or aids custom fabricated by a licensed health care practitioner; motorized scooters; personal transfer systems; and specialty beds, for use by a person with a medical need.

² Defined in s. 400.925, F.S., as equipment management and consumer instruction, including selection, delivery, set-up, and maintenance of equipment, and other related services for the use of home medical equipment in the consumer's regular or temporary place of residence.

- Providing home medical equipment that typically requires home medical services.³

The following are exempt from the licensure requirement for home medical equipment providers:⁴

- Providers operated by the Department of Health (DOH) or the federal government;
- Nursing homes;
- Assisted living facilities;
- Home health agencies;
- Hospices;
- Intermediate care facilities;
- Transitional living facilities;
- Hospitals;
- Ambulatory surgical centers;
- Manufacturers and wholesale distributors when not sell directly to the consumer;
- Licensed health care practitioners who utilize home medical equipment in the course of their practice but do not sell or rent home medical equipment to their patients; and
- Pharmacies.

Currently, there are 1,167 licensed home medical equipment providers, including those providers that are located out of the state but hold a Florida license.⁵

Any person or entity applying for a license as a home medical equipment provider must provide the AHCA with:

- A report of the medical equipment that will be provided, indicating whether it will be provided directly or by contract;
- A report of the services that will be provided, indicating whether the services will be provided directly or by contract;
- A list of the persons and entities with whom they contract;
- Documentation of accreditation, or an application for accreditation, from an organization recognized by the AHCA;⁶
- Proof of liability insurance; and
- A \$300 application fee and a \$400 inspection fee, unless exempt from inspection.⁷

As a requirement of licensure, home medical equipment providers must comply with a number of minimum standards including, but not limited to:

- Offering and providing home medical equipment and services, as necessary, to consumers who purchase or rent any equipment that requires such services;
- Providing at least one category of equipment directly from their own inventory;
- Responding to orders for other equipment from either their own inventory or from the inventory of other contracted companies;

³ Section 400.93(1) and (2), F.S.

⁴ Section 400.93(5), F.S.

⁵ See AHCA, Florida Health Finder, *Home Health Care in Florida*, (printed list of home medical equipment providers on file with the Senate Committee on Health Policy).

⁶ Accreditation must be achieved and maintained to maintain licensure.

⁷ Section 400.931, F.S.

- Maintaining trained personnel to coordinate orders and scheduling of equipment and service deliveries;
- Ensuring that their delivery personnel are appropriately trained;
- Ensuring that patients are aware of their service hours and emergency service procedures;
- Answering any questions or complaints a consumer has about an item or the use of an item;
- Maintaining and repairing, either directly or through contract, items rented to consumers;
- Maintaining a safe premises;
- Preparing and maintaining a comprehensive emergency management plan that must be updated annually and provide for continuing home medical equipment services for life-supporting or life-sustaining equipment during an emergency;
- Maintaining a prioritized list of patients who need continued services during an emergency;⁸
- Complying with the AHCA rules on minimum qualifications for personnel, including ensuring that all personnel have the necessary training and background screening;⁹ and
- Maintaining a record for each patient that includes the equipment and services the provider has provided and which must contain:
 - Any physician's order or certificate of medical necessity;
 - Signed and dated delivery slips;
 - Notes reflecting all services, maintenance performed, and equipment exchanges;
 - The date on which rental equipment was retrieved; and,
 - Any other appropriate information.¹⁰

Licensed home medical equipment providers are subject to periodic inspections, including biennial licensure inspections, inspections directed by the federal Centers for Medicare and Medicaid Services, and licensure complaint investigations. A home medical equipment provider may submit a survey or inspection by an accrediting organization in lieu of a licensure inspection if the provider's accreditation is not provisional and the AHCA receives a report from the accrediting organization. A copy of a valid medical oxygen retail establishment permit issued by the DOH may also be submitted in lieu of a licensure inspection.¹¹

Electrostimulation Medical Equipment

Devices that provide electrical stimulation can be used medically to treat a number of symptoms and conditions. Electrical stimulators can provide direct, alternating, pulsed, and pulsed waveforms of energy to the human body through electrodes that may be indwelling, implanted in the skin, or used on the surface of the skin.¹² Such devices may be used to exercise muscles, demonstrate a muscular response to stimulation of a nerve, relieve pain, relieve incontinence, and provide test measurements.¹³

⁸ Section 400.934, F.S.

⁹ AHCA, Rule 59A-25.004, F.A.C. All home medical equipment provider personnel are also subject to a level 2 background screening per s. 400.953, F.S.

¹⁰ Section 400.94, F.S.

¹¹ Section 400.933, F.S.

¹² United Healthcare Medical Policy, *Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation*, p. 4, (January 1, 2020) <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/electrical-stimulation-treatment-pain-muscle-rehabilitation.pdf> (last visited Jan. 23, 2020).

¹³ *Id.*

Functional electrical stimulation (FES), also known as therapeutic electrical stimulation (TES), is used to prevent or reverse muscular atrophy and bone loss by stimulating paralyzed limbs. FES is designed to be used as a part of a self-administered, home-based rehabilitation program for the treatment of upper limb paralysis. An FES system consists of a custom-fitted device and control unit that allows the user to adjust the stimulation intensity and a training mode which can be gradually increased to avoid muscle fatigue.¹⁴

A second type of electrical stimulation is Transcutaneous Electrical Nerve Stimulation, or TENS. TENS is the application of electrical current through electrodes placed on the skin for pain control. It has been used to treat a variety of painful conditions, but there is “much controversy over which conditions to treat with TENS and the adequate parameters to use.”¹⁵ Despite this controversy, there is some clinical evidence that TENS is able to relieve certain types of pain and “experimental pain studies and clinical trials are beginning to refine parameters of stimulation to obtain the best pain relief.”¹⁶ For example, studies have shown that TENS increases the pressure and heat pain thresholds in people who are healthy and reduces mechanical and heat hyperalgesia in arthritic animals.¹⁷

Other types of electrical stimulation include interferential therapy (IFT) and neuromuscular electrical stimulation (NMES). IFT uses two alternating currents simultaneously applied to the affected area through electrodes and which is proposed to relieve musculoskeletal pain and increase healing in soft tissue injuries and bone fractures. NMES involves the application of electrical currents through the skin to cause muscle contractions and is used to promote the restoration of nerve supply, prevent or slow atrophy, relax muscle spasms, and to promote voluntary control of muscles in patients who have lost muscle function.¹⁸

III. Effect of Proposed Changes:

The bill amends s. 400.93, F.S., to exempt physicians licensed under chs. 458 and 459, F.S., as well as chiropractic physicians licensed under ch. 460, F.S., from the requirement to be licensed as a home medical equipment provider in order to sell or rent electrostimulation medical equipment and supplies to their own patients in the course of their practice.

The bill has an effective date of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹⁴ *Supra* note 12.

¹⁵ Effectiveness of Transcutaneous Electrical Nerve Stimulation for Treatment of Hyperalgesia and Pain, *Curr Rheumatol Rep.* Dec 2008; 10(6): 492–499 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2746624/> (last visited Jan. 23, 2020).

¹⁶ *Id.*

¹⁷ Effects of Transcutaneous Electrical Nerve Stimulation on Pain, Pain Sensitivity, and Function in People With Knee Osteoarthritis: A Randomized Controlled Trial, *Physical Therapy* 2012 Jul; 92(7): 898–910. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3386514/>, (last visited Jan. 23, 2020).

¹⁸ *Supra* note 12.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Physicians exempted under SB 1742 may see a positive fiscal impact due to no longer having to pay licensure and inspection fees or meet the licensure requirements of part VII of ch. 400, F.S.

C. Government Sector Impact:

The AHCA may experience a negative, but likely insignificant, fiscal impact due to fewer licensed home medical equipment providers.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 400.93 of the Florida Statutes.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Mayfield

17-01545-20

20201742__

1 A bill to be entitled

2 An act relating to home medical equipment providers;
3 amending s. 400.93, F.S.; exempting allopathic,
4 osteopathic, and chiropractic physicians who sell or
5 rent electrostimulation medical equipment and supplies
6 in the course of their practice from certain licensure
7 requirements; providing an effective date.
8

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

10 Section 1. Paragraph (1) is added to subsection (5) of
11 section 400.93, Florida Statutes, to read:

12 400.93 Licensure required; exemptions; unlawful acts;
13 penalties.-
14

15 (5) The following are exempt from home medical equipment
16 provider licensure, unless they have a separate company,
17 corporation, or division that is in the business of providing
18 home medical equipment and services for sale or rent to
19 consumers at their regular or temporary place of residence
20 pursuant to the provisions of this part:

21 (1) Physicians licensed under chapter 458 or chapter 459
22 and chiropractic physicians licensed under chapter 460 for the
23 sale or rental of electrostimulation medical equipment and
24 electrostimulation medical equipment supplies to their patients
25 in the course of their practice.

26 Section 2. This act shall take effect July 1, 2020.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Subcommittee on Agriculture,
Environment, and General Government, *Chair*
Children, Families, and Elder Affairs, *Vice Chair*
Appropriations
Environment and Natural Resources
Health Policy

SENATOR DEBBIE MAYFIELD

17th District

February 4, 2020

The Honorable Aaron Bean
Chairman, Appropriations Subcommittee on Health and Human Services
405 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1100

RE: SB 1742

Dear Chairman Bean,

I am respectfully requesting Senate Bill 1742, a bill relating to Home Medical Equipment Providers, be placed on the agenda for your Subcommittee on Appropriations on Health and Human Services.

I appreciate your consideration of this bill and I look forward to working with you and the Appropriations Subcommittee on Health and Human Services. If there are any questions or concerns, please do not hesitate to call my office at 850-487-5017

Thank you,



Senator Debbie Mayfield
District 17

Cc; Tonya Kidd and Robin Jackson

REPLY TO:

- 900 East Strawbridge Avenue, Melbourne, Florida 32901 (321) 409-2025 FAX: (888) 263-3815
- 1801 27th Street, Vero Beach, Florida 32960 (772) 226-1970
- 322 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

HHSAPP - 12:30

THE FLORIDA SENATE APPEARANCE RECORD

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

2-13-2020
Meeting Date

SB 1742
Bill Number (if applicable)

Topic HOME MEDICAL EQUIP - EXEMPTION

Amendment Barcode (if applicable)

Name JACK HEBERT

Job Title GOV'T AFFAIRS DIRECTOR

Address 2655 ULMERTON RD #276
Street

Phone 727.560.3323

CLEARWATER FL 33762
City State Zip

Email JACK@FCACHIRO.ORG

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FLORIDA CHIROPRACTIC ASSOCIATION

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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APPEARANCE RECORD

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2/13/20

Meeting Date

1742

Bill Number (if applicable)

Topic Home medical equipment providers

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Murdon Way

Phone 850 567-1202

Street

Tallahassee

City

FL

State

32309

Zip

Email watson.strategies@comcast.net

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Chiropractic Physician Assoc

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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

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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: PCS/SB 7012 (195908)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; and Children, Families, and Elder Affairs Committee

SUBJECT: Mental Health

DATE: February 17, 2020 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Delia	Hendon		CF Submitted as Committee Bill
1.	Sneed	Kidd	AHS	Recommend: Fav/CS
2.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

- PCS/SB 7012 implements several measures related to suicide prevention. Specifically, the bill:
- Broadens the scope and duties of the Statewide Office of Suicide Prevention in the Department of Children and Families (DCF);
 - Creates the First Responders Suicide Deterrence Task Force within the Statewide Office of Suicide Prevention to assist in the reduction of suicide rates of first responders;
 - Broadens the scope and duties of the Suicide Prevention Coordinating Council and adds five new members to the Council;
 - Adds new training and staffing requirements for instructional personnel at public and charter schools;
 - Adds new continuing education requirements related to suicide prevention for various health care practitioners;
 - Requires certain health insurance plans to comply with federal regulations relating to mental health and substance use disorder coverage to ensure that Floridians that are privately insured have adequate insurance coverage to help prevent suicides;
 - Requires Baker Act receiving facilities to provide suicide prevention information resources to minors being released from a facility;
 - Provides civil immunity to persons who help or attempt to help others at imminent risk of suicide; and

- Requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to submit a report that looks at other states' suicide prevention programs.

The bill is expected to have a significant fiscal impact on state government. The Office of Suicide Prevention in the DCF will need additional staff to meet workload and information sharing requirements. The Department of Transportation, which is required to develop a plan to implement evidence-based suicide deterrent design elements in infrastructure projects, may incur additional project costs. Additionally, the bill has an indeterminate fiscal impact on local school districts and charter schools due to the bill's provisions relating to in-service suicide prevention training requirements.

The bill takes effect July 1, 2020.

II. Present Situation:

Suicide is a major public health issue and a leading cause of death nationally,¹ with complex causes such as mental health and substance use disorders, painful losses, exposure to violence, and social isolation.² Suicide rates increased in nearly every state from 1999 through 2016.³ In 2017, suicide was the second leading cause of death nationwide for persons aged 10–14, 15–19, and 20–24.⁴ After stable trends from 2000 to 2007, suicide rates for persons aged 10–24 increased 56 percent from 2007 (6.8 per 100,000 persons) to 2017 (10.6 per 100,000 persons).⁵

While suicide is often characterized as a response to a single event or set of circumstances, suicide is the result of complex interactions among neurobiological, genetic, psychological, social, cultural, and environmental risk and protective factors.⁶ The factors that contribute to any particular suicide are diverse; therefore, efforts related to suicide prevention must incorporate multiple approaches.⁷

In Florida, the rate of suicides increased by 10.6 percent from 1996 to 2016.⁸ According to the 2017 Florida Morbidity Statistics Report, the total number of deaths due to suicide in Florida was 3,187 in 2017, a slight increase from 3,122 in 2016.⁹ Suicide was the eighth leading cause of death in Florida, and the suicide rate per 100,000 population was 15.5.¹⁰ This is a slight increase

¹ Heron M. *Deaths: Leading Causes for 2017*. National Vital Statistics Reports; Vol. 68 No 6. Hyattsville, MD: National Center for Health Statistics. 2019.

² Substance Abuse and Mental Health Service Administration, *Suicide Prevention*, available at: <https://www.samhsa.gov/suicide-prevention> (last visited November 7, 2019) and Centers for Dis

³ Centers for Disease Control and Prevention, *Suicides Rising Across the U.S.* (June 7, 2018), available at: <https://www.cdc.gov/vitalsigns/suicide/index.html> (last visited November 6, 2019).

⁴ *Supra* note 1.

⁵ Heron M., Curtin, S., *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2007-2017*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, available at: <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf> (last visited November 6, 2019).

⁶ *Supra* note 1.

⁷ *Id.*

⁸ *Supra* note 2.

⁹ Florida Department of Health, *2017 Florida Morbidity Statistics Report*, 2017, available at: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/_documents/2017-annual-morbidity-statistics-report.pdf (last visited November 8, 2019).

¹⁰ *Id.*

from 2016 (15.4).¹¹ Suicide was the second leading cause of death for individuals within the 25-34 age group in 2017, similar to the national ranking of 2016, and the third leading cause of death for individuals within 15-24 age group. Suicide was the fourth leading cause of death for individuals within the 5-14, 35-44, and 45-54 age groups.¹²

Statewide Office for Suicide Prevention

The Statewide Office of Suicide Prevention (Statewide Office), which is housed within the Department of Children and Families (DCF),¹³ must coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and others who may have contact with persons at risk of suicide.¹⁴

The Statewide Office is allowed to seek and accept grants or funds from federal, state, or local sources to support the operation and defray the authorized expenses of the Statewide Office and the Suicide Prevention Coordinating Council.¹⁵

Suicide Prevention Coordinating Council

The Suicide Prevention Coordinating Council (Council) is located within the DCF and develops strategies for preventing suicide and advises the Statewide Office regarding the development of a statewide plan for suicide prevention. A report on the plan is prepared and presented annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives.¹⁶

The Council is currently comprised of 27 voting members and 1 nonvoting member. Thirteen of the members are appointed by the director of the Statewide Office, four are appointed by the Governor, and ten are state agency directors or their designees.¹⁷

Suicide Among First Responders

First responders include law enforcement personnel, firefighters, and emergency medical services workers. In comparison to the general population, first responders are at heightened risk for depression, post-traumatic stress disorder (PTSD), and suicide. Further, police and firefighters are more likely to commit suicide than to die in the line of duty.¹⁸ Many first responders previously served in the military, which likely exposed them to trauma prior to

¹¹ *Id.*

¹² *Id.*

¹³ Chapter 2011-51, Laws of Fla.; Section 14.2019, F.S.

¹⁴ Section 14.2019, F.S.

¹⁵ *Id.*

¹⁶ Section 14.20195, F.S.

¹⁷ *Id.*

¹⁸ Miriam Heyman, Jeff Dill, and Robert Douglas, *The Ruderman White Paper on Mental Health and Suicide of First Responders* (April 2018), pg. 7-12; available at https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfb. PTSD rates amongst first responders, in contrast to the 6.8 percent reported for the general population, significantly increase to 14.6 percent to 22 percent for firefighters, and 35 percent for police officers.

becoming a first responder.¹⁹ Suicide amongst first responders is considered to be grossly underreported. For example, in a study conducted by the Firefighter Behavioral Health Alliance (FBHA), researchers estimate that only about 40 percent of firefighter suicides are reported.²⁰

The Law Enforcement Mental Health and Wellness Act of 2017

Signed into law January 2018, the Law Enforcement Mental Health and Wellness Act of 2017 calls for the U.S. Department of Justice to review and report to Congress on mental health practices and services in the U.S. Departments of Defense and Veterans Affairs that could be adopted by law enforcement agencies to support first responders.²¹ The law additionally directs the Department of Justice to make recommendations on:

- Effectiveness of crisis lines for law enforcement officers;
- Efficacy of yearly mental health checks for law enforcement officers;
- Expanded peer mentoring programs; and
- Ensuring privacy for participants of these programs.²²

The report, provided to Congress on March 2019, includes the following recommendations to enhance mental health and reduce suicide rates:

- Support the development of resources for community-based clinicians who interact with law enforcement and their families;
- Support placement of mental health professionals in law enforcement agencies;
- Encourage programs that permit retired law enforcement officers to access departmental peer support programs after separating employment;
- Support the development of model policies and implementation guidelines for agencies to make substantial efforts to reduce suicide;
- Support the creation of a Law Enforcement Suicide Event report surveillance system;
- Evaluate the efficacy of crisis lines;
- Support the expansion of peer support programs; and
- Bolster privacy protections for officers seeking support from peer crisis lines and other support programs.²³

First-Episode Psychosis

The term “psychosis” is used to describe a condition that affects the mind and generally involves some loss of contact with reality. Psychosis can include hallucinations (seeing, hearing, smelling, tasting, or feeling something that is not real), paranoia, delusions (believing something that is not

¹⁹ *Id.* at 9.

²⁰ *Id.*

²¹ U.S. Department of Justice, *Community Oriented Policing Services (COPS), Law Enforcement Mental Health and Wellness Services (LEMHWA) Program Resources*; available at <https://cops.usdoj.gov/lemhwaresources> (last visited Feb. 5, 2020).

²² Public Law 115-113 (115th Congress).

²³ Spence, Deborah L., Melissa Fox, Gilbert C. Moore, Sarah Estill, and Nazmia E.A.

Comrie, *Community Oriented Policing Services (COPS), U.S. Dept. of Justice, Law Enforcement Mental Health and Wellness Act, Report to Congress* (March 2019); available at <https://cops.usdoj.gov/RIC/Publications/cops-p370-pub.pdf>

real even when presented with facts), or disordered thoughts and speech.²⁴ Psychosis may be caused by medications or alcohol or drug abuse but can also be a symptom of mental illness or a physical condition.²⁵

Psychosis affects people from all walks of life. Approximately three out of 100 people will experience psychosis at some time in their lives, often beginning when a person is in their late teens to mid-twenties.²⁶ Researchers are still learning about how and why psychosis develops, but it is generally thought to be triggered by a combination of genetic predisposition and life stressors during critical stages of brain development.²⁷ Risk factors that may contribute to the development of psychosis include stressors such as physical illness, substance use, and psychological or physical trauma.²⁸

Early psychosis, known as “first-episode psychosis,” is the most important time to connect an individual with treatment.²⁹ Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.³⁰ Reducing the duration of untreated psychosis is critical to improving a person’s chance of recovery. The most effective treatment for early psychosis is coordinated specialty care, which uses a team-based approach with shared decision-making that focuses on working with individuals to reach their recovery goals.³¹

Programs that provide coordinated specialty care are often called first-episode psychosis (FEP) programs. Studies show that young people who engage in FEP programs have greater improvement in their symptoms, stay in treatment longer, are more likely to stay in school or working, and are more connected socially than those who receive standard mental care.³²

Veterans and Mental Health

Mental Health Among Veterans

According to the National Center for Post-Traumatic Stress Disorder, between 11 and 20 percent of veterans who served in Operations Iraqi Freedom and Enduring Freedom have Post-Traumatic Stress Disorder (PTSD) in a given year.³³ Additionally, 12 percent of Gulf War Veterans and 15

²⁴ National Institute of Mental Health, *Fact Sheet: First Episode Psychosis*, available at: <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml> (last visited November 7, 2019).

²⁵ *Id.*

²⁶ *Id.*

²⁷ National Alliance on Mental Illness, *What is Early and First-Episode Psychosis?* (July 2016), available at: <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/What-is-Early-and-First-Episode-Psychosis.pdf> (last visited November 7, 2019).

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Supra* note 18.

³¹ *Supra* note 21.

³² *First Episode Psychosis Programs: A Guide to State Expansion*, National Alliance on Mental Illness, p. 4, (Feb. 2017), available at: <https://www.nami.org/getattachment/Extranet/Advocacy/FEP-State-Advocacy-Toolkit/FEP-State-Advocacy-Guide.pdf> (last visited November 7, 2019).

³³ National Center for PTSD, *How Common is PTSD? PTSD and the Military*, available at https://www.ptsd.va.gov/understand/common/common_veterans.asp (last visited November 6, 2019).

percent of Vietnam Veterans have PTSD, and up to 30 percent of Vietnam Veterans will have PTSD in their lifetime.³⁴ Statistics on depression in veterans vary, but it is estimated that between 2 and 10 percent of servicemembers return from active military operations with major depression.³⁵

The 2019 National Veteran Suicide Prevention Annual Report published by the United States Department of Veterans Affairs (USDVA) details veteran deaths from suicide from 2005 to 2017.³⁶ During that time span, veteran suicides increased from 5,787 in 2005 to 6,139 in 2017.³⁷ The annual number of veteran suicide deaths has exceeded 6,000 every year since 2008,³⁸ and the annual number of veteran suicide deaths increased by 129 from 2016 to 2017.³⁹

Federal Mental Health Parity Laws

Commercial Plans

Prior to 1996, health insurance coverage for mental illness was generally not as comprehensive as coverage for medical and surgical benefits. In response, the Mental Health Parity Act⁴⁰ (MHPA) was enacted in 1996, which requires parity of medical and surgical benefits with mental health benefits for annual and aggregate lifetime limits of large group plans.

In 2008, Congress passed the Mental Health Parity and Addiction Equity Act⁴¹ (MHPAEA), which generally applies to large group health plans.⁴² The MHPAEA expanded parity of coverage to include treatment of substance use disorders, financial requirements, treatment limitations, and in- and out-of-network coverage if a plan provided coverage for mental illness.⁴³ Like the MHPA, the MHPAEA does not require large group plans to provide benefits for mental health or substance use disorders. The MHPAEA contains a cost exemption, which allows a group health plan to receive a waiver, exempting them from some of the key requirements, if the plan demonstrates that costs increased at least 1 percent because of compliance.⁴⁴

³⁴ *Id.*

³⁵ RAND Center for Military Health Policy Research, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, at 54 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), available at http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf (last visited November 6, 2019).

³⁶ U.S. Department of Veterans Affairs, *2019 National Veteran Suicide Prevention Annual Report*, 2019, available at https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf (last visited November 6, 2019).

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ Pub. L. No. 104-204.

⁴¹ Pub. L. No. 110-343.

⁴² See final regulations available at <http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf> (last viewed November 7, 2019).

⁴³ 45 CFR ss. 146 and 160.

⁴⁴ Plans and issuers that make changes to comply with MHPAEA and incur an increased cost of at least 2 percent in the first year that MHPAEA applies to the plan or coverage or at least 1 percent in any subsequent plan year may claim an exemption from MHPAEA based on their increased cost. If such a cost is incurred, the plan or coverage is exempt from MHPAEA requirements for the plan or policy year following the year the cost was incurred. The plan sponsors or issuers must notify the plan beneficiaries that MHPAEA does not apply to their coverage. These exemptions last 1 year. After that, the plan or

In 2010, the Patient Protection and Affordable Care Act⁴⁵ (PPACA) amended the MHPAEA to apply the provisions to individual health insurance coverage. The PPACA mandates that qualified health insurance must provide coverage of 10 essential health benefits,⁴⁶ including coverage for mental health and substance use disorders for individual and small group qualified health plans. The final rule, implementing these provisions, generally requires health insurers offering health insurance coverage in the individual and small group markets to comply with the requirements of the MHPAEA regulations in order to satisfy the essential health benefit requirement.⁴⁷

The Office of Insurance Regulation

The Florida Office of Insurance Regulation (OIR) licenses and regulates insurers, health maintenance organizations (HMOs), and other risk-bearing entities.⁴⁸ The Agency for Health Care Administration (AHCA) regulates the quality of care provided by HMOs under part III of ch. 641, F.S. Before receiving a certificate of authority from the OIR, an HMO must receive a Health Care Provider Certificate from AHCA.⁴⁹ As part of the certification process used by the agency, an HMO must provide information to demonstrate that the HMO has the ability to provide quality of care consistent with the prevailing standards of care.⁵⁰

The OIR reviews health insurance policies and contracts for compliance with MHPAEA. The OIR communicates any violations of MHPAEA to the insurer or HMO. If the insurer or HMO fails to correct the issue, the OIR would refer the issue to the appropriate federal regulator as a possible violation of federal law.

Coverage for Mental and Nervous Disorders

Section 627.668, F.S., requires insurers and HMOs offering group coverage to make available optional coverage for mental and nervous disorders for an appropriate additional premium that would include benefits delineated in this section.

Coverage for Substance Abuse

Section 627.669, F.S., requires insurers and HMOs offering group coverage to make available optional coverage for substance abuse that would include benefits listed in the section.

Continuing Education Requirements for Health Care Practitioners

Compliance with continuing education (CE) requirements is a condition of renewal of licensure for health care practitioners. Boards, or the Department of Health (DOH) when there is no board, require each licensee to demonstrate competency by completing CEs during each licensure cycle.

coverage is required to comply again; however, if the plan or coverage incurs an increased cost of at least 1 percent in that plan or policy year, the plan or coverage could claim the exemption for the following plan or policy year.

⁴⁵ Pub. L. No. 111-148, as amended by Pub. L. No. 111-152.

⁴⁶ 45 CFR s. 156.115.

⁴⁷ See 45 CFR 147.150 and 156.115 (78 FR 12834, Feb. 25, 2013).

⁴⁸ Section 20.121(3)(a), F.S.

⁴⁹ Section 641.21(1), F.S.

⁵⁰ Section 641.495, F.S.

The number of required CE hours varies by profession. The requirements for CEs may be found in ch. 456, F.S., professional practice acts, administrative rules, or a combination of these references. Failure to comply with CE requirements may result in disciplinary action against the licensee, in accordance with the disciplinary guidelines established by the applicable board, or the DOH if there is no board.

The DOH or boards, when applicable, monitor health care practitioner's compliance with the CE requirements in a manner required by statute. The statutes vary as to the required method to use. For example, the DOH or a board, when applicable, may have to randomly select a licensee to request the submission of CE documentation,⁵¹ require a licensee to submit sworn affidavit or statement attesting that he or she has completed the required CE hours,⁵² or perform an audit. Licensees are responsible for maintaining documentation of the CE courses completed.

The Good Samaritan Act

The "Good Samaritan Act," codified in s. 768.13, F.S., provides immunity from civil liability for damages to any person who:

- Gratuitously and in good faith renders emergency care or treatment either in direct response to declared state emergencies or at the scene of an emergency situation, without objection of the injured victim, if that person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.⁵³
- Participates in emergency response activities of a community emergency response team if that person acts prudently and within the scope of his or her training.⁵⁴
- Gratuitously and in good faith renders emergency care or treatment to an injured animal at the scene of an emergency if that person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.⁵⁵

The Good Samaritan Act, however, does not specifically address immunity from liability for individuals who attempt to render aid to others at risk of dying or attempting to die by suicide. Several states have implemented such measures in their Good Samaritan statutes in order to shield those who make a good faith effort to render aid from civil liability.⁵⁶

Suicide Prevention Certified Schools

Section 1012.583, F.S., requires the Department of Education (DOE), in consultation with the Statewide Office for Suicide Prevention and suicide prevention experts, to develop a list of approved youth suicide awareness and prevention training materials and suicide screening instruments that may be used for training in youth suicide awareness, suicide prevention and suicide screening for school instructional personnel. The approved list of materials:⁵⁷

⁵¹ See s. 457.107, F.S.

⁵² See ss.458.347(4)(e), 466.0135(6), 466.014, and 466.032(5), F.S.

⁵³ Section 768.13(2)(a), F.S.

⁵⁴ Section 768.13(2)(d), F.S.

⁵⁵ Section 768.13(3), F.S.

⁵⁶ Schiff, Damien, *Samaritans: Good, Bad and Ugly: A Comparative Law Analysis*, 11 Roger Williams Univ. L. Rev. 95 (2005).

⁵⁷ Section 1012.583(1), F.S.

- Must identify available standardized suicide screening instruments appropriate for use with a school-age population and which have validity and reliability and include information about obtaining instruction in the administration and use of such instruments.
- Must include training on how to identify appropriate mental health services and how to refer youth and their families to those services;
- May include materials currently being used by a school district if such materials meet any criteria established by the department; and
- May include programs that instructional personnel can complete through a self-review of approved youth suicide awareness and prevention materials.

A school is considered a “Suicide Prevention Certified School” if it:

- Has at least two school-based staff members certified or otherwise deemed competent in the use of a DOE-approved suicide screening instrument; and
- Chooses to incorporate 2 hours of the DOE-approved training materials and requires all of its instructional personnel to participate in the training.

Currently, neither public school instructional personnel nor charter school instructional personnel are required to participate in suicide prevention training, or be certified or deemed competent in the use of a suicide risk screening instrument. Additionally, neither public schools nor charter schools are required to use a suicide risk screening instrument to evaluate a student’s suicide risk prior to initiating or requesting to initiate the Baker Act.

III. Effect of Proposed Changes:

Section 1 amends s. 14.2019, F.S., adding veterans and service members to the list of stakeholders that comprise the network of community-based programs intended to improve suicide prevention initiatives. The bill also requires the Statewide Office to coordinate education and training curricula in suicide prevention efforts for veterans and service members. The bill requires the Statewide Office to act as a clearinghouse for information and resources related to suicide prevention by disseminating evidence-based practices and by collecting and analyzing data on trends in suicide by various population demographics. The bill requires the Statewide Office to advise the Florida Department of Transportation (DOT) on the implementation of evidence-based suicide deterrents when designing new infrastructure projects.

The bill establishes the First Responders Suicide Deterrence Task Force within and supported by the Statewide Office for Suicide Prevention. The purpose of the task force is to make recommendations on how to reduce the incidence of suicide among current and retired first responders. The task force is made up of representatives of the Florida Professional Firefighters, the Florida Police Benevolent Association, the Florida Fraternal Order of Police, the Florida Sheriffs Association, the Florida Police Chiefs Association, and the Florida Fire Chiefs’ Association.

The bill also requires the task force to identify or develop training programs and materials to better enable first responders to cope with life and work stress and foster an organizational culture that supports first responders. The bill identifies a supportive organizational culture as one that:

- Promotes mutual support and solidarity among first responders;

- Trains agency supervisors and managers to identify suicidal risk among first responders;
- Improves the use of existing resources by first responders; and
- Educates first responders on suicide awareness and resources for help.

The bill requires the task force to identify public and private resources to implement the training programs and materials. The task force must report its findings and recommendations to the Governor and Legislature each July 1, beginning in 2021. Consistent with s. 20.03, F.S., the task force expires after 3 years.

Section 2 amends s. 14.20195, F.S., directing the Suicide Prevention Coordinating Council (Council) to make findings and recommendations regarding suicide prevention specifically related to the implementation of evidence-based mental health awareness and assistance training programs and gatekeeper training throughout the state. The bill requires the Council to work with the DCF to advise the public on the locations and availability of local behavioral health providers.

The bill also adds five new voting members to the Council and requires that 18, rather than 13, members be appointed by the director of the Statewide Office. The bill amends the list of organizations appointed by the Statewide Office to include:

- The Florida Behavioral Health Association (the bill eliminates the individual memberships of the Florida Alcohol and Drug Abuse Association and the Florida Council for Community Mental Health because these organizations have merged to form the Florida Behavioral Health Association);
- The Florida Medical Association;
- The Florida Osteopathic Medical Association;
- The Florida Psychiatric Society;
- The Florida Psychological Association;
- Veterans Florida; and
- The Florida Association of Managing Entities.

Section 3 amends s. 334.044, F.S., requiring the DOT to work with the Statewide Office in developing a plan to consider evidence-based suicide deterrents on all newly planned infrastructure projects throughout the state.

Section 4 amends s. 394.455, F.S., defining first episode psychosis (FEP) programs as evidence-based programs that use intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals 14 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 5 amends s. 394.4573, F.S., establishing FEP programs as an essential element of a coordinated system of care and requires the DCF to conduct an assessment of the availability of and access to FEP programs in the state, including any gaps in availability or access that may exist. This assessment must be included in the DCF's annual report to the Governor and Legislature on the assessment of behavioral health services in the state. The bill also adds FEP programs to the elements of a coordinated system of care.

Section 6 amends s. 394.463, F.S., requiring facilities who hold and release Baker Act patients who are minors to provide information regarding the availability of mobile response teams, suicide prevention resources, social supports, and local self-help groups to the patient's guardian upon release.

Section 7 creates s. 456.0342, F.S., adding suicide prevention to the continuing education (CE) requirements for allopathic physicians, osteopath physicians, and nurses, effective January 1, 2022. Such licensees must complete two hours of CE courses on suicide risk assessment, treatment, and management. The bill requires the respective licensing board for each of the three professions to include the hours required for completion in the total hours of continuing education required by law.

Section 8 amends s. 627.6675, F.S., requiring health insurers to offer benefits specified in the newly created s. 627.4193, F.S., rather than the benefits specified in s. 627.668 (optional coverage for mental and nervous disorders) and s. 627.669 (optional coverage for substance use impaired persons). The effective date of this section is January 1, 2021.

Section 9 transfers and amends s. 627.668, F.S., and renumbers it as s. 627.4193, F.S., requiring insurers that issue, deliver, or provide comprehensive major medical individual or group coverage to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) and provide the benefits or level of benefits needed for the medically necessary care and treatment of mental and nervous disorders, including substance use disorders. The bill also requires both individual and group policies to be provided in a manner no more restrictive than medical and surgical benefits, while nonquantitative treatment limitations cannot be applied more stringently than applicable restrictions in federal law.

The bill requires insurers to submit annual affidavits attesting to compliance with the MHPAEA, and requires the OIR to implement and enforce applicable provisions of the MHPAEA and federal guidance/regulations relating to the MHPAEA. The bill provides rulemaking authority to the Financial Services Commission for implementation. The effective date of this section is January 1, 2021.

Section 10 repeals s. 627.669, F.S., relating to optional insurance coverage requirements for substance abuse impaired persons. The effective date of this section is January 1, 2021.

Section 11 amends s. 627.6699, F.S., making health benefit plans that provide coverage to employees of a small employer subject to the newly created s. 627.4193, F.S., to ensure compliance with the MHPAEA. The effective date of this section is January 1, 2021.

Section 12 amends s. 641.26, F.S., requiring HMOs that issue or deliver comprehensive major medical coverage to submit annual affidavits to the OIR attesting to compliance with the newly created s. 627.4193, F.S., to ensure compliance with the MHPAEA, and provides rulemaking authority for OIR to implement the requirement. The effective date of this section is January 1, 2021.

Section 13 amends s. 641.31, F.S., requiring all health maintenance contracts that provide comprehensive medical coverage to comply with the provisions of the newly created s. 627.4193, F.S., and provides rulemaking authority for the OIR to implement the requirement. The effective date of this section is January 1, 2021.

Section 14 creates s. 786.1516, F.S., defining ‘emergency care’ to mean assistance or advice offered to avoid or attempt to mitigate a suicide emergency. The bill defines a ‘suicide emergency’ as an occurrence that reasonably indicates one is at risk of dying of or attempting suicide. The bill provides civil immunity for persons who provide emergency care at or near the scene of a suicide emergency.

Section 15 amends s. 1002.33, F.S., requiring all charter schools to incorporate 2 hours of suicide prevention training for all instructional personnel by October 1, 2020. The bill also requires all charter schools to have at least 2 school-based staff members certified or otherwise competent in the use of an approved suicide screening instrument and have a policy in place to utilize the instrument to gauge a student’s suicide risk before initiating a Baker Act or requesting the initiation of a Baker Act. The bill requires each charter school to report their compliance with these provisions to the DOE.

Section 16 amends s. 1012.583, F.S., putting in place the same requirements for public schools as those detailed in Section 15 for charter schools. The bill also eliminates the ‘Suicide Prevention Certified School’ designation in statute.

Section 17 amends s. 394.495, F.S., to correct cross-references related to child and adolescent mental health systems of care.

Section 18 amends s. 394.496, F.S., to correct cross-references related to service planning.

Section 19 amends s. 394.9085, F.S., to correct a cross-reference related to behavioral provider liability.

Section 20 amends s. 409.972, F.S., to correct a cross-reference related to mandatory and voluntary enrollment in Medicaid.

Section 21 amends s. 464.012, F.S., to correct a cross-reference related to licensure of advanced registered nurse practitioners, fees, and controlled substance prescribing.

Section 22 amends s. 744.2007, F.S., to correct a cross-reference related to powers and duties of public guardians.

Section 23 requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to perform a review of suicide prevention programs in other states and make recommendations on their applicability to Florida. The bill also requires the OPPAGA to submit a report containing the findings and recommendations to the President of the Senate and the Speaker of the House of Representatives by January 1, 2021.

Section 24 provides an effective date for the bill of July 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

PCS/SB 7012 would require large employer group health policies and HMO contracts to provide coverage for mental health and substance use disorders as that coverage would no longer be at the option of the employer. Additionally, certain health care practitioners may be impacted by the bill's continuing education requirement.

Charter schools may be impacted by having to train and/or hire new personnel to meet the suicide prevention training and staffing requirements under the bill. These impacts are indeterminate.

C. Government Sector Impact:

According to the DCF, two additional full-time equivalent (FTE) staff positions are needed for the Statewide Office of Suicide Prevention for \$155,386 in recurring costs and \$8,896 in nonrecurring costs. In addition, there will be additional recurring contract costs of \$262,650 to maintain the Network of Care website that provides information on locations and availability of local health care providers.

The bill has an indeterminate fiscal impact on the Department of Transportation to develop a plan relating to evidence-based suicide deterrents in certain locations.

The bill has an indeterminate fiscal impact on public schools and charter schools due to the bill's provisions relating to in-service suicide prevention training requirements.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 14.2019, 14.20195, 334.044, 394.455, 394.4573, 394.463, 394.495, 394.496, 394.9085, 409.972, 464.012, 627.6675, 627.6699, 641.26, 641.31, 744.2007, 1002.33, and 1012.583.

This bill creates the following sections of the Florida Statutes: 456.0342, 627.4193, and 786.1516.

This bill repeals the following sections of the Florida Statutes: 627.668 and 627.669.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

Recommended CS by Appropriations Subcommittee on Health and Human Services on February 13, 2020:

The committee substitute:

- Creates the First Responders Suicide Deterrence Task Force within the Statewide Office of Suicide Prevention for the purpose of providing recommendations on reducing suicide rates amongst active and retired first responders.
- Requires the task force to identify or develop training programs, materials, and resources to better enable first responders to cope with life and work stress and foster a supportive organizational culture.
- Provides for the membership of the task force.
- Requires the task force to report findings and recommendations on preventing suicide to the Governor and Legislature each July 1, from 2021 through 2023.
- Provides for the expiration of the task force in 3 years.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2020	.	
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Appropriations Subcommittee on Health and Human Services
(Hooper) recommended the following:

Senate Amendment (with directory and title amendments)

Between lines 113 and 114

insert:

(5) The First Responders Suicide Deterrence Task Force, a task force as defined in s. 20.03(8), is created adjunct to the Statewide Office for Suicide Prevention.

(a) The purpose of the task force is to make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in



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11 this state.

12 (b) The task force is composed of a representative of the
13 statewide office and a representative of each of the following
14 first responder organizations, nominated by the organization and
15 appointed by the Secretary of Children and Families:

- 16 1. The Florida Professional Firefighters.
- 17 2. The Florida Police Benevolent Association.
- 18 3. The Florida Fraternal Order of Police: State Lodge.
- 19 4. The Florida Sheriffs Association.
- 20 5. The Florida Police Chiefs Association.
- 21 6. The Florida Fire Chiefs' Association.

22 (c) The task force shall elect a chair from among its
23 membership. Except as otherwise provided, the task force shall
24 operate in a manner consistent with s. 20.052.

25 (d) The task force shall identify or make recommendations
26 on developing training programs and materials that would better
27 enable first responders to cope with personal life stressors and
28 stress related to their profession and foster an organizational
29 culture that:

- 30 1. Promotes mutual support and solidarity among active and
31 retired first responders;
- 32 2. Trains agency supervisors and managers to identify
33 suicidal risk among active and retired first responders;
- 34 3. Improves the use and awareness of existing resources
35 among active and retired first responders; and
- 36 4. Educates active and retired first responders on suicide
37 awareness and help-seeking.

38 (e) The task force shall identify state and federal public
39 resources, funding and grants, first responder association



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40 resources, and private resources to implement identified
41 training programs and materials.

42 (f) The task force shall report on its findings and
43 recommendations for training programs and materials to deter
44 suicide among active and retired first responders to the
45 Governor, the President of the Senate, and the Speaker of the
46 House of Representatives by each July 1, beginning in 2021, and
47 through 2023.

48 (g) This subsection is repealed July 1, 2023.

49

50 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

51 And the directory clause is amended as follows:

52 Delete lines 82 - 83

53 and insert:

54 section 14.2019, Florida Statutes, are amended, paragraphs (e)
55 and (f) are added to that subsection, and subsection (5) is
56 added to that section, to read:

57

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

59 And the title is amended as follows:

60 Delete line 4

61 and insert:

62 Office for Suicide Prevention; establishing the First
63 Responders Suicide Deterrence Task Force adjunct to
64 the office; specifying the task force's purpose;
65 providing for the composition and the duties of the
66 task force; requiring the task force to submit reports
67 to the Governor and the Legislature on an annual
68 basis; providing for future repeal; amending s.



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69

14.20195,

By the Committee on Children, Families, and Elder Affairs

586-01370-20

20207012__

1 A bill to be entitled
 2 An act relating to mental health; amending s. 14.2019,
 3 F.S.; providing additional duties for the Statewide
 4 Office for Suicide Prevention; amending s. 14.20195,
 5 F.S.; providing additional duties for the Suicide
 6 Prevention Coordinating Council; revising the
 7 composition of the council; amending s. 334.044, F.S.;
 8 requiring the Department of Transportation to work
 9 with the office in developing a plan relating to
 10 evidence-based suicide deterrents in certain
 11 locations; amending s. 394.455, F.S.; defining the
 12 term "first episode psychosis program"; amending s.
 13 394.4573, F.S.; revising the requirements for the
 14 annual state behavioral health services assessment;
 15 revising the essential elements of a coordinated
 16 system of care; amending s. 394.463, F.S.; requiring
 17 that certain information be provided to the guardian
 18 or representative of a minor patient released from
 19 involuntary examination; creating s. 456.0342, F.S.;
 20 providing applicability; requiring specified persons
 21 to complete certain suicide prevention education
 22 courses by a specified date; requiring certain boards
 23 to include the hours for such courses in the total
 24 hours of continuing education required for the
 25 profession; amending s. 627.6675, F.S.; conforming a
 26 provision to changes made by the act; transferring,
 27 renumbering, and amending s. 627.668, F.S.; requiring
 28 certain entities issuing, delivering, or issuing for
 29 delivery certain health insurance policies to comply

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

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30 with specified federal provisions that prohibit the
 31 imposition of less favorable benefit limitations on
 32 mental health and substance use disorder benefits than
 33 on medical and surgical benefits; deleting provisions
 34 relating to optional coverage for mental and nervous
 35 disorders by such entities; revising the standard for
 36 defining substance use disorders; requiring such
 37 entities to submit an annual affidavit attesting to
 38 compliance with federal law; requiring the office to
 39 implement and enforce certain federal laws in a
 40 specified manner; authorizing the Financial Services
 41 Commission to adopt rules; repealing s. 627.669, F.S.,
 42 relating to optional coverage required for substance
 43 abuse impaired persons; amending s. 627.6699, F.S.;
 44 providing applicability; amending s. 641.26, F.S.;
 45 requiring certain entities to submit an annual
 46 affidavit to the Office of Insurance Regulation
 47 attesting to compliance with certain requirements;
 48 authorizing the office to adopt rules; amending s.
 49 641.31, F.S.; requiring that certain health
 50 maintenance contracts comply with certain
 51 requirements; authorizing the commission to adopt
 52 rules; creating s. 786.1516, F.S.; defining the terms
 53 "emergency care" and "suicide emergency"; providing
 54 that persons providing certain emergency care are not
 55 liable for civil damages or penalties under certain
 56 circumstances; amending ss. 1002.33 and 1012.583,
 57 F.S.; requiring charter schools and public schools,
 58 respectively, to incorporate certain training on

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59 suicide prevention in continuing education and
 60 inservice training requirements; providing that such
 61 schools must require all instructional personnel to
 62 participate in the training; requiring such schools to
 63 have a specified minimum number of staff members who
 64 are certified or deemed competent in the use of
 65 suicide screening instruments; requiring such schools
 66 to have a policy for such instruments; requiring such
 67 schools to report certain compliance to the Department
 68 of Education; conforming provisions to changes made by
 69 the act; amending ss. 394.495, 394.496, 394.9085,
 70 409.972, 464.012, and 744.2007, F.S.; conforming
 71 cross-references; requiring the Office of Program
 72 Policy Analysis and Government Accountability to
 73 perform a review of certain programs and efforts
 74 relating to suicide prevention programs in other
 75 states and make certain recommendations; requiring the
 76 office to submit a report to the Legislature by a
 77 specified date; providing effective dates.

78
 79 Be It Enacted by the Legislature of the State of Florida:

80
 81 Section 1. Paragraphs (a) and (d) of subsection (2) of
 82 section 14.2019, Florida Statutes, are amended, and paragraphs
 83 (e) and (f) are added to that subsection, to read:

84 14.2019 Statewide Office for Suicide Prevention.—

85 (2) The statewide office shall, within available resources:

86 (a) Develop a network of community-based programs to
 87 improve suicide prevention initiatives. The network shall

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

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88 identify and work to eliminate barriers to providing suicide
 89 prevention services to individuals who are at risk of suicide.
 90 The network shall consist of stakeholders advocating suicide
 91 prevention, including, but not limited to, not-for-profit
 92 suicide prevention organizations, faith-based suicide prevention
 93 organizations, law enforcement agencies, first responders to
 94 emergency calls, veterans, servicemembers, suicide prevention
 95 community coalitions, schools and universities, mental health
 96 agencies, substance abuse treatment agencies, health care
 97 providers, and school personnel.

98 (d) Coordinate education and training curricula in suicide
 99 prevention efforts for law enforcement personnel, first
 100 responders to emergency calls, veterans, servicemembers, health
 101 care providers, school employees, and other persons who may have
 102 contact with persons at risk of suicide.

103 (e) Act as a clearinghouse for information and resources
 104 related to suicide prevention by:

105 1. Disseminating and sharing evidence-based best practices
 106 relating to suicide prevention;

107 2. Collecting and analyzing data on trends in suicide and
 108 suicide attempts annually by county, age, gender, profession,
 109 and other demographics as designated by the statewide office.

110 (f) Advise the Department of Transportation on the
 111 implementation of evidence-based suicide deterrents in the
 112 design elements and features of infrastructure projects
 113 throughout the state.

114 Section 2. Paragraph (c) of subsection (1) and subsection
 115 (2) of section 14.20195, Florida Statutes, are amended, and
 116 paragraph (d) is added to subsection (1) of that section, to

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117 read:

118 14.20195 Suicide Prevention Coordinating Council; creation;
119 membership; duties.—There is created within the Statewide Office
120 for Suicide Prevention a Suicide Prevention Coordinating
121 Council. The council shall develop strategies for preventing
122 suicide.

123 (1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating
124 Council is a coordinating council as defined in s. 20.03 and
125 shall:

126 (c) Make findings and recommendations regarding suicide
127 prevention programs and activities, including, but not limited
128 to, the implementation of evidence-based mental health awareness
129 and assistance training programs and gatekeeper training in
130 municipalities throughout the state. The council shall prepare
131 an annual report and present it to the Governor, the President
132 of the Senate, and the Speaker of the House of Representatives
133 by January 1, each year. The annual report must describe the
134 status of existing and planned initiatives identified in the
135 statewide plan for suicide prevention and any recommendations
136 arising therefrom.

137 (d) In conjunction with the Department of Children and
138 Families, advise members of the public on the locations and
139 availability of local behavioral health providers.

140 (2) MEMBERSHIP.—The Suicide Prevention Coordinating Council
141 shall consist of 32 ~~27~~ voting members and one nonvoting member.

142 (a) Eighteen ~~Thirteen~~ members shall be appointed by the
143 director of the Statewide Office for Suicide Prevention and
144 shall represent the following organizations:

145 1. The Florida Association of School Psychologists.

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- 146 2. The Florida Sheriffs Association.
147 3. The Suicide Prevention Action Network USA.
148 4. The Florida Initiative of Suicide Prevention.
149 5. The Florida Suicide Prevention Coalition.
150 6. The American Foundation of Suicide Prevention.
151 7. The Florida School Board Association.
152 8. The National Council for Suicide Prevention.
153 9. The state chapter of AARP.
154 10. The Florida Behavioral Health Association ~~The Florida~~
155 ~~Alcohol and Drug Abuse Association.~~
156 11. The Florida Council for Community Mental Health.
157 ~~12.~~ The Florida Counseling Association.
158 ~~12.13-~~ NAMI Florida.
159 13. The Florida Medical Association.
160 14. The Florida Osteopathic Medical Association.
161 15. The Florida Psychiatric Society.
162 16. The Florida Psychological Association.
163 17. Veterans Florida.
164 18. The Florida Association of Managing Entities.
165 (b) The following state officials or their designees shall
166 serve on the coordinating council:
167 1. The Secretary of Elderly Affairs.
168 2. The State Surgeon General.
169 3. The Commissioner of Education.
170 4. The Secretary of Health Care Administration.
171 5. The Secretary of Juvenile Justice.
172 6. The Secretary of Corrections.
173 7. The executive director of the Department of Law
174 Enforcement.

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175 8. The executive director of the Department of Veterans'
176 Affairs.

177 9. The Secretary of Children and Families.

178 10. The executive director of the Department of Economic
179 Opportunity.

180 (c) The Governor shall appoint four additional members to
181 the coordinating council. The appointees must have expertise
182 that is critical to the prevention of suicide or represent an
183 organization that is not already represented on the coordinating
184 council.

185 (d) For the members appointed by the director of the
186 Statewide Office for Suicide Prevention, seven members shall be
187 appointed to initial terms of 3 years, and seven members shall
188 be appointed to initial terms of 4 years. For the members
189 appointed by the Governor, two members shall be appointed to
190 initial terms of 4 years, and two members shall be appointed to
191 initial terms of 3 years. Thereafter, such members shall be
192 appointed to terms of 4 years. Any vacancy on the coordinating
193 council shall be filled in the same manner as the original
194 appointment, and any member who is appointed to fill a vacancy
195 occurring because of death, resignation, or ineligibility for
196 membership shall serve only for the unexpired term of the
197 member's predecessor. A member is eligible for reappointment.

198 (e) The director of the Statewide Office for Suicide
199 Prevention shall be a nonvoting member of the coordinating
200 council and shall act as chair.

201 (f) Members of the coordinating council shall serve without
202 compensation. Any member of the coordinating council who is a
203 public employee is entitled to reimbursement for per diem and

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204 travel expenses as provided in s. 112.061.

205 Section 3. Present paragraph (c) of subsection (10) of
206 section 334.044, Florida Statutes, is redesignated as paragraph
207 (d), and a new paragraph (c) is added to that subsection, to
208 read:

209 334.044 Powers and duties of the department.—The department
210 shall have the following general powers and duties:

211 (10)

212 (c) The department shall work with the Statewide Office for
213 Suicide Prevention in developing a plan to consider the
214 implementation of evidence-based suicide deterrents on all new
215 infrastructure projects.

216 Section 4. Present subsections (17) through (48) of section
217 394.455, Florida Statutes, are redesignated as subsections (18)
218 through (49), respectively, and a new subsection (17) is added
219 to that section, to read:

220 394.455 Definitions.—As used in this part, the term:

221 (17) "First episode psychosis program" means an evidence-
222 based program for individuals between 14 and 30 years of age who
223 are experiencing early indications of serious mental illness,
224 especially a first episode of psychotic symptoms. The program
225 includes, but is not limited to, intensive case management,
226 individual or group therapy, supported employment, family
227 education and supports, and appropriate psychotropic medication,
228 as indicated.

229 Section 5. Section 394.4573, Florida Statutes, is amended
230 to read:

231 394.4573 Coordinated system of care; annual assessment;
232 essential elements; measures of performance; system improvement

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233 grants; reports.—On or before December 1 of each year, the
 234 department shall submit to the Governor, the President of the
 235 Senate, and the Speaker of the House of Representatives an
 236 assessment of the behavioral health services in this state. The
 237 assessment shall consider, at a minimum, the extent to which
 238 designated receiving systems function as no-wrong-door models,
 239 the availability of treatment and recovery services that use
 240 recovery-oriented and peer-involved approaches, the availability
 241 of less-restrictive services, and the use of evidence-informed
 242 practices. The assessment must also describe the availability of
 243 and access to first episode psychosis programs, and any gaps in
 244 the availability and access of such programs, in all areas of
 245 the state. The department's assessment shall consider, at a
 246 minimum, the needs assessments conducted by the managing
 247 entities pursuant to s. 394.9082(5). Beginning in 2017, the
 248 department shall compile and include in the report all plans
 249 submitted by managing entities pursuant to s. 394.9082(8) and
 250 the department's evaluation of each plan.

251 (1) As used in this section:

252 (a) "Care coordination" means the implementation of
 253 deliberate and planned organizational relationships and service
 254 procedures that improve the effectiveness and efficiency of the
 255 behavioral health system by engaging in purposeful interactions
 256 with individuals who are not yet effectively connected with
 257 services to ensure service linkage. Examples of care
 258 coordination activities include development of referral
 259 agreements, shared protocols, and information exchange
 260 procedures. The purpose of care coordination is to enhance the
 261 delivery of treatment services and recovery supports and to

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262 improve outcomes among priority populations.

263 (b) "Case management" means those direct services provided
 264 to a client in order to assess his or her needs, plan or arrange
 265 services, coordinate service providers, link the service system
 266 to a client, monitor service delivery, and evaluate patient
 267 outcomes to ensure the client is receiving the appropriate
 268 services.

269 (c) "Coordinated system of care" means the full array of
 270 behavioral and related services in a region or community offered
 271 by all service providers, whether participating under contract
 272 with the managing entity or by another method of community
 273 partnership or mutual agreement.

274 (d) "No-wrong-door model" means a model for the delivery of
 275 acute care services to persons who have mental health or
 276 substance use disorders, or both, which optimizes access to
 277 care, regardless of the entry point to the behavioral health
 278 care system.

279 (2) The essential elements of a coordinated system of care
 280 include:

281 (a) Community interventions, such as prevention, primary
 282 care for behavioral health needs, therapeutic and supportive
 283 services, crisis response services, and diversion programs.

284 (b) A designated receiving system that consists of one or
 285 more facilities serving a defined geographic area and
 286 responsible for assessment and evaluation, both voluntary and
 287 involuntary, and treatment or triage of patients who have a
 288 mental health or substance use disorder, or co-occurring
 289 disorders.

290 1. A county or several counties shall plan the designated

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291 receiving system using a process that includes the managing
 292 entity and is open to participation by individuals with
 293 behavioral health needs and their families, service providers,
 294 law enforcement agencies, and other parties. The county or
 295 counties, in collaboration with the managing entity, shall
 296 document the designated receiving system through written
 297 memoranda of agreement or other binding arrangements. The county
 298 or counties and the managing entity shall complete the plan and
 299 implement the designated receiving system by July 1, 2017, and
 300 the county or counties and the managing entity shall review and
 301 update, as necessary, the designated receiving system at least
 302 once every 3 years.

303 2. To the extent permitted by available resources, the
 304 designated receiving system shall function as a no-wrong-door
 305 model. The designated receiving system may be organized in any
 306 manner which functions as a no-wrong-door model that responds to
 307 individual needs and integrates services among various
 308 providers. Such models include, but are not limited to:

309 a. A central receiving system that consists of a designated
 310 central receiving facility that serves as a single entry point
 311 for persons with mental health or substance use disorders, or
 312 co-occurring disorders. The central receiving facility shall be
 313 capable of assessment, evaluation, and triage or treatment or
 314 stabilization of persons with mental health or substance use
 315 disorders, or co-occurring disorders.

316 b. A coordinated receiving system that consists of multiple
 317 entry points that are linked by shared data systems, formal
 318 referral agreements, and cooperative arrangements for care
 319 coordination and case management. Each entry point shall be a

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320 designated receiving facility and shall, within existing
 321 resources, provide or arrange for necessary services following
 322 an initial assessment and evaluation.

323 c. A tiered receiving system that consists of multiple
 324 entry points, some of which offer only specialized or limited
 325 services. Each service provider shall be classified according to
 326 its capabilities as either a designated receiving facility or
 327 another type of service provider, such as a triage center, a
 328 licensed detoxification facility, or an access center. All
 329 participating service providers shall, within existing
 330 resources, be linked by methods to share data, formal referral
 331 agreements, and cooperative arrangements for care coordination
 332 and case management.

333
 334 An accurate inventory of the participating service providers
 335 which specifies the capabilities and limitations of each
 336 provider and its ability to accept patients under the designated
 337 receiving system agreements and the transportation plan
 338 developed pursuant to this section shall be maintained and made
 339 available at all times to all first responders in the service
 340 area.

341 (c) Transportation in accordance with a plan developed
 342 under s. 394.462.

343 (d) Crisis services, including mobile response teams,
 344 crisis stabilization units, addiction receiving facilities, and
 345 detoxification facilities.

346 (e) Case management. Each case manager or person directly
 347 supervising a case manager who provides Medicaid-funded targeted
 348 case management services shall hold a valid certification from a

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349 department-approved credentialing entity as defined in s.
 350 397.311(10) by July 1, 2017, and, thereafter, within 6 months
 351 after hire.

352 (f) Care coordination that involves coordination with other
 353 local systems and entities, public and private, which are
 354 involved with the individual, such as primary care, child
 355 welfare, behavioral health care, and criminal and juvenile
 356 justice organizations.

357 (g) Outpatient services.

358 (h) Residential services.

359 (i) Hospital inpatient care.

360 (j) Aftercare and other postdischarge services.

361 (k) Medication-assisted treatment and medication
 362 management.

363 (l) Recovery support, including, but not limited to,
 364 support for competitive employment, educational attainment,
 365 independent living skills development, family support and
 366 education, wellness management and self-care, and assistance in
 367 obtaining housing that meets the individual's needs. Such
 368 housing may include mental health residential treatment
 369 facilities, limited mental health assisted living facilities,
 370 adult family care homes, and supportive housing. Housing
 371 provided using state funds must provide a safe and decent
 372 environment free from abuse and neglect.

373 (m) Care plans shall assign specific responsibility for
 374 initial and ongoing evaluation of the supervision and support
 375 needs of the individual and the identification of housing that
 376 meets such needs. For purposes of this paragraph, the term
 377 "supervision" means oversight of and assistance with compliance

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378 with the clinical aspects of an individual's care plan.
 379 (n) First episode psychosis programs.

380 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
 381 appropriation by the Legislature, the department may award
 382 system improvement grants to managing entities based on a
 383 detailed plan to enhance services in accordance with the no-
 384 wrong-door model as defined in subsection (1) and to address
 385 specific needs identified in the assessment prepared by the
 386 department pursuant to this section. Such a grant must be
 387 awarded through a performance-based contract that links payments
 388 to the documented and measurable achievement of system
 389 improvements.

390 Section 6. Subsection (3) of section 394.463, Florida
 391 Statutes, is amended to read:
 392 394.463 Involuntary examination.—
 393 (3) NOTICE OF RELEASE.—Notice of the release shall be given
 394 to the patient's guardian or representative, to any person who
 395 executed a certificate admitting the patient to the receiving
 396 facility, and to any court which ordered the patient's
 397 evaluation. If the patient is a minor, information regarding the
 398 availability of a local mobile response service, suicide
 399 prevention resources, social supports, and local self-help
 400 groups must also be provided to the patient's guardian or
 401 representative along with the notice of the release.

402 Section 7. Section 456.0342, Florida Statutes, is created
 403 to read:
 404 456.0342 Required instruction on suicide prevention.—The
 405 requirements of this section apply to each person licensed or
 406 certified under chapter 458, chapter 459, or part I of chapter

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407 464.

408 (1) By January 1, 2022, each licensed or certified
 409 practitioner shall complete a board-approved 2-hour continuing
 410 education course on suicide prevention. The course must address
 411 suicide risk assessment, treatment, and management.

412 (2) Each licensing board that requires a licensee or
 413 certificate holder to complete a course pursuant to this section
 414 must include the hours required for completion in the total
 415 hours of continuing education required by law for such
 416 profession.

417 Section 8. Effective January 1, 2021, paragraph (b) of
 418 subsection (8) of section 627.6675, Florida Statutes, is amended
 419 to read:

420 627.6675 Conversion on termination of eligibility.—Subject
 421 to all of the provisions of this section, a group policy
 422 delivered or issued for delivery in this state by an insurer or
 423 nonprofit health care services plan that provides, on an
 424 expense-incurred basis, hospital, surgical, or major medical
 425 expense insurance, or any combination of these coverages, shall
 426 provide that an employee or member whose insurance under the
 427 group policy has been terminated for any reason, including
 428 discontinuance of the group policy in its entirety or with
 429 respect to an insured class, and who has been continuously
 430 insured under the group policy, and under any group policy
 431 providing similar benefits that the terminated group policy
 432 replaced, for at least 3 months immediately prior to
 433 termination, shall be entitled to have issued to him or her by
 434 the insurer a policy or certificate of health insurance,
 435 referred to in this section as a “converted policy.” A group

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436 insurer may meet the requirements of this section by contracting
 437 with another insurer, authorized in this state, to issue an
 438 individual converted policy, which policy has been approved by
 439 the office under s. 627.410. An employee or member shall not be
 440 entitled to a converted policy if termination of his or her
 441 insurance under the group policy occurred because he or she
 442 failed to pay any required contribution, or because any
 443 discontinued group coverage was replaced by similar group
 444 coverage within 31 days after discontinuance.

445 (8) BENEFITS OFFERED.—

446 (b) An insurer shall offer the benefits specified in s.
 447 627.4193 ~~s. 627.668~~ and the benefits specified in ~~s. 627.669~~ if
 448 those benefits were provided in the group plan.

449 Section 9. Effective January 1, 2021, section 627.668,
 450 Florida Statutes, is transferred, renumbered as section
 451 627.4193, Florida Statutes, and amended to read:

452 627.4193 ~~627.668~~ Requirements for mental health and
 453 substance use disorder benefits; reporting requirements ~~Optional~~
 454 ~~coverage for mental and nervous disorders required; exception.—~~

455 (1) Every insurer issuing, delivering, or issuing for
 456 delivery comprehensive major medical individual or, health
 457 ~~maintenance organization, and nonprofit hospital and medical~~
 458 ~~service plan corporation transacting group health insurance~~
 459 ~~policies or providing prepaid health care in this state must~~
 460 comply with the federal Paul Wellstone and Pete Domenici Mental
 461 Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any
 462 regulations relating to MHPAEA, including, but not limited to,
 463 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s.
 464 156.115(a) (3); and must provide ~~shall make available to the~~

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465 ~~policyholder as part of the application, for an appropriate~~
 466 ~~additional premium under a group hospital and medical expense-~~
 467 ~~incurred insurance policy, under a group prepaid health care~~
 468 ~~contract, and under a group hospital and medical service plan~~
 469 ~~contract,~~ the benefits or level of benefits specified in
 470 subsection (2) for the medically necessary care and treatment of
 471 mental and nervous disorders, including substance use disorders,
 472 as described defined in the Diagnostic and Statistical Manual of
 473 Mental Disorders, Fifth Edition, published by standard
 474 nomenclature of the American Psychiatric Association, subject to
 475 the right of the applicant for a group policy or contract to
 476 select any alternative benefits or level of benefits as may be
 477 offered by the insurer, health maintenance organization, or
 478 service plan corporation provided that, if alternate inpatient,
 479 outpatient, or partial hospitalization benefits are selected,
 480 such benefits shall not be less than the level of benefits
 481 required under paragraph (2) (a), paragraph (2) (b), or paragraph
 482 (2) (c), respectively.

483 (2) Under individual or group policies described in
 484 subsection (1) or contracts, inpatient hospital benefits,
 485 partial hospitalization benefits, and outpatient benefits
 486 consisting of durational limits, dollar amounts, deductibles,
 487 and coinsurance factors may not be provided in a manner that is
 488 more restrictive than medical and surgical benefits, and limits
 489 on the scope or duration of treatments which are not expressed
 490 numerically, also known as nonquantitative treatment
 491 limitations, must be provided in a manner that is comparable and
 492 may not be applied more stringently than limits on medical and
 493 surgical benefits, in accordance with 45 C.F.R. s.

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494 146.136(c) (2), (3), and (4) shall not be less favorable than for
 495 physical illness generally, except that:

496 ~~(a) Inpatient benefits may be limited to not less than 30~~
 497 ~~days per benefit year as defined in the policy or contract. If~~
 498 ~~inpatient hospital benefits are provided beyond 30 days per~~
 499 ~~benefit year, the durational limits, dollar amounts, and~~
 500 ~~coinsurance factors thereto need not be the same as applicable~~
 501 ~~to physical illness generally.~~

502 ~~(b) Outpatient benefits may be limited to \$1,000 for~~
 503 ~~consultations with a licensed physician, a psychologist licensed~~
 504 ~~pursuant to chapter 490, a mental health counselor licensed~~
 505 ~~pursuant to chapter 491, a marriage and family therapist~~
 506 ~~licensed pursuant to chapter 491, and a clinical social worker~~
 507 ~~licensed pursuant to chapter 491. If benefits are provided~~
 508 ~~beyond the \$1,000 per benefit year, the durational limits,~~
 509 ~~dollar amounts, and coinsurance factors thereof need not be the~~
 510 ~~same as applicable to physical illness generally.~~

511 ~~(c) Partial hospitalization benefits shall be provided~~
 512 ~~under the direction of a licensed physician. For purposes of~~
 513 ~~this part, the term "partial hospitalization services" is~~
 514 ~~defined as those services offered by a program that is~~
 515 ~~accredited by an accrediting organization whose standards~~
 516 ~~incorporate comparable regulations required by this state.~~
 517 ~~Alcohol rehabilitation programs accredited by an accrediting~~
 518 ~~organization whose standards incorporate comparable regulations~~
 519 ~~required by this state or approved by the state and licensed~~
 520 ~~drug abuse rehabilitation programs shall also be qualified~~
 521 ~~providers under this section. In a given benefit year, if~~
 522 ~~partial hospitalization services or a combination of inpatient~~

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523 ~~and partial hospitalization are used, the total benefits paid~~
 524 ~~for all such services may not exceed the cost of 30 days after~~
 525 ~~inpatient hospitalization for psychiatric services, including~~
 526 ~~physician fees, which prevail in the community in which the~~
 527 ~~partial hospitalization services are rendered. If partial~~
 528 ~~hospitalization services benefits are provided beyond the limits~~
 529 ~~set forth in this paragraph, the durational limits, dollar~~
 530 ~~amounts, and coinsurance factors thereof need not be the same as~~
 531 ~~these applicable to physical illness generally.~~

532 (3) Insurers must maintain strict confidentiality regarding
 533 psychiatric and psychotherapeutic records submitted to an
 534 insurer for the purpose of reviewing a claim for benefits
 535 payable under this section. These records submitted to an
 536 insurer are subject to the limitations of s. 456.057, relating
 537 to the furnishing of patient records.

538 (4) Every insurer shall submit an annual affidavit
 539 attesting to compliance with the applicable provisions of the
 540 MHPAEA.

541 (5) The office shall implement and enforce applicable
 542 provisions of MHPAEA and federal guidance or regulations
 543 relating to MHPAEA, including, but not limited to, 45 C.F.R. s.
 544 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3),
 545 and this section.

546 (6) The Financial Services Commission may adopt rules to
 547 implement this section.

548 Section 10. Subsection (4) is added to section 627.669,
 549 Florida Statutes, to read:

550 627.669 Optional coverage required for substance abuse
 551 impaired persons; exception.—

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552 (4) This section is repealed January 1, 2021.

553 Section 11. Effective January 1, 2021, present subsection
 554 (17) of section 627.6699, Florida Statutes, is redesignated as
 555 subsection (18), and a new subsection (17) is added to that
 556 section, to read:

557 627.6699 Employee Health Care Access Act.—

558 (17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health
 559 benefit plan that provides coverage to employees of a small
 560 employer is subject to s. 627.4193.

561 Section 12. Effective January 1, 2021, subsection (9) is
 562 added to section 641.26, Florida Statutes, to read:

563 641.26 Annual and quarterly reports.—

564 (9) Every health maintenance organization issuing,
 565 delivering, or issuing for delivery contracts providing
 566 comprehensive major medical coverage shall annually submit an
 567 affidavit to the office attesting to compliance with the
 568 requirements of s. 627.4193. The office may adopt rules to
 569 implement this subsection.

570 Section 13. Effective January 1, 2021, subsection (48) is
 571 added to section 641.31, Florida Statutes, to read:

572 641.31 Health maintenance contracts.—

573 (48) All health maintenance contracts that provide
 574 comprehensive medical coverage must comply with the coverage
 575 provisions of s. 627.4193. The commission may adopt rules to
 576 implement this subsection.

577 Section 14. Section 786.1516, Florida Statutes, is created
 578 to read:

579 786.1516 Immunity for providing assistance in a suicide
 580 emergency.—

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581 (1) As used in this section, the term:

582 (a) "Emergency care" means assistance or advice offered to
 583 avoid, mitigate, or attempt to mitigate the effects of a suicide
 584 emergency.

585 (b) "Suicide emergency" means an occurrence that reasonably
 586 indicates an individual is at risk of dying or attempting to die
 587 by suicide.

588 (2) A person who provides emergency care at or near the
 589 scene of a suicide emergency, gratuitously and in good faith, is
 590 not liable for any civil damages or penalties as a result of any
 591 act or omission by the person providing the emergency care
 592 unless the person is grossly negligent or caused the suicide
 593 emergency.

594 Section 15. Present subsection (28) of section 1002.33,
 595 Florida Statutes, is redesignated as subsection (29), and a new
 596 subsection (28) is added to that section, to read:

597 1002.33 Charter schools.—

598 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH
 599 SUICIDE AWARENESS AND PREVENTION.—

600 (a) By October 1, 2020, every charter school must:

601 1. Incorporate 2 hours of training offered pursuant to s.
 602 1012.583. The training must be included in the existing
 603 continuing education or inservice training requirements for
 604 instructional personnel and may not add to the total hours
 605 currently required by the department. Every charter school must
 606 require all instructional personnel to participate.

607 2. Have at least two school-based staff members certified
 608 or otherwise deemed competent in the use of a suicide screening
 609 instrument approved under s. 1012.583(1) and have a policy to

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610 use such suicide risk screening instrument to evaluate a
 611 student's suicide risk before requesting the initiation of, or
 612 initiating, an involuntary examination due to concerns about
 613 that student's suicide risk.

614 (b) Every charter school must report its compliance with
 615 this subsection to the department.

616 Section 16. Subsections (2) and (3) of section 1012.583,
 617 Florida Statutes, are amended to read:

618 1012.583 Continuing education and inservice training for
 619 youth suicide awareness and prevention.—

620 (2) By October 1, 2020, every public school must ~~A school~~
 621 shall be considered a "Suicide Prevention Certified School" if
 622 it:

623 (a) Incorporate ~~incorporates~~ 2 hours of training offered
 624 pursuant to this section. The training must be included in the
 625 existing continuing education or inservice training requirements
 626 for instructional personnel and may not add to the total hours
 627 currently required by the department. Every public school A
 628 school that chooses to participate in the training must require
 629 all instructional personnel to participate.

630 (b) ~~Have Has~~ at least two school-based staff members
 631 certified or otherwise deemed competent in the use of a suicide
 632 screening instrument approved under subsection (1) and ~~have has~~
 633 a policy to use such suicide risk screening instrument to
 634 evaluate a student's suicide risk before requesting the
 635 initiation of, or initiating, an involuntary examination due to
 636 concerns about that student's suicide risk.

637 (3) Every public school A school that meets the criteria in
 638 subsection ~~(2)~~ must report its compliance with this section to

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639 the department. ~~The department shall keep an updated record of~~
 640 ~~all Suicide Prevention Certified Schools and shall post the list~~
 641 ~~of these schools on the department's website. Each school shall~~
 642 ~~also post on its own website whether it is a Suicide Prevention~~
 643 ~~Certified School, and each school district shall post on its~~
 644 ~~district website a list of the Suicide Prevention Certified~~
 645 ~~Schools in that district.~~

646 Section 17. Paragraphs (a) and (c) of subsection (3) of
 647 section 394.495, Florida Statutes, are amended to read:

648 394.495 Child and adolescent mental health system of care;
 649 programs and services.—

650 (3) Assessments must be performed by:

651 (a) A professional as defined in s. 394.455(5), (7), (33)
 652 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

653 (c) A person who is under the direct supervision of a
 654 qualified professional as defined in s. 394.455(5), (7), (33)
 655 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
 656 chapter 491.

657 Section 18. Subsection (5) of section 394.496, Florida
 658 Statutes, is amended to read:

659 394.496 Service planning.—

660 (5) A professional as defined in s. 394.455(5), (7), (33)
 661 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
 662 chapter 491 must be included among those persons developing the
 663 services plan.

664 Section 19. Subsection (6) of section 394.9085, Florida
 665 Statutes, is amended to read:

666 394.9085 Behavioral provider liability.—

667 (6) For purposes of this section, the terms "detoxification

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668 services," "addictions receiving facility," and "receiving
 669 facility" have the same meanings as those provided in ss.
 670 397.311(26) (a)4., 397.311(26) (a)1., and 394.455(40) ~~394.455(39)~~,
 671 respectively.

672 Section 20. Paragraph (b) of subsection (1) of section
 673 409.972, Florida Statutes, is amended to read:

674 409.972 Mandatory and voluntary enrollment.—

675 (1) The following Medicaid-eligible persons are exempt from
 676 mandatory managed care enrollment required by s. 409.965, and
 677 may voluntarily choose to participate in the managed medical
 678 assistance program:

679 (b) Medicaid recipients residing in residential commitment
 680 facilities operated through the Department of Juvenile Justice
 681 or a treatment facility as defined in s. 394.455~~(47)~~.

682 Section 21. Paragraph (e) of subsection (4) of section
 683 464.012, Florida Statutes, is amended to read:

684 464.012 Licensure of advanced practice registered nurses;
 685 fees; controlled substance prescribing.—

686 (4) In addition to the general functions specified in
 687 subsection (3), an advanced practice registered nurse may
 688 perform the following acts within his or her specialty:

689 (e) A psychiatric nurse, who meets the requirements in s.
 690 394.455(36) ~~s. 394.455(35)~~, within the framework of an
 691 established protocol with a psychiatrist, may prescribe
 692 psychotropic controlled substances for the treatment of mental
 693 disorders.

694 Section 22. Subsection (7) of section 744.2007, Florida
 695 Statutes, is amended to read:

696 744.2007 Powers and duties.—

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697 (7) A public guardian may not commit a ward to a treatment
698 facility, as defined in s. 394.455~~(47)~~, without an involuntary
699 placement proceeding as provided by law.

700 Section 23. The Office of Program Policy Analysis and
701 Government Accountability shall perform a review of suicide
702 prevention programs and efforts made by other states and make
703 recommendations on their applicability to this state. The office
704 shall submit a report containing the findings and
705 recommendations to the President of the Senate and the Speaker
706 of the House of Representatives by January 1, 2021.

707 Section 24. Except as otherwise expressly provided in this
708 act, this act shall take effect July 1, 2020.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Children, Families, and Elder Affairs, *Chair*
Appropriations
Appropriations Subcommittee on Education
Appropriations Subcommittee on Health and Human
Services
Health Policy
Rules

JOINT COMMITTEE:

Joint Legislative Budget Commission

SENATOR LAUREN BOOK

32nd District

December 4, 2019

Chair Aaron Bean
Appropriations Subcommittee on Health and Human Services
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Bean,

I respectfully request that **SB 7012 — Mental Health** be placed on the agenda for the next Appropriations Subcommittee on Health and Human Services meeting.

Should you have any questions or concerns, please feel free to contact my office or me. Thank you in advance for your consideration.

Thank you,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book
Senate District 32

Cc: Tonya Kidd, Staff Director
Robin Jackson, Administrative Assistant

REPLY TO:

- 967 Nob Hill Road, Plantation, Florida 33324 (954) 424-6674
- 202 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

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

Feb 13, 2020

Meeting Date

7012

Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

Name Ken "cop-CHEN-ski" Kopczynski

Job Title Lobbyist

Address 300 East Brevard Street

Phone 222-3329

Street

Talla

FL

32301

Email ken@flpba.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

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 (10/14/14)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Governmental Oversight and Accountability, *Vice Chair*
Agriculture
Appropriations Subcommittee on Health
and Human Services
Children, Families, and Elder Affairs

JOINT COMMITTEE:

Joint Legislative Auditing Committee

SENATOR KEVIN J. RADER

29th District

February 12, 2020

Chairman Aaron Bean
Appropriations Subcommittee on Health and Human Services
201 The Capitol
404 S. Monroe Street
Tallahassee, FL 32399

Dear Chairman Bean:

I am writing to you to be excused from the Appropriations Subcommittee on Health and Human Services meeting that will be held Thursday, February 13, 2020, at 12:30 p.m., due to unforeseen illness. I sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please feel free to contact me at (850) 487-5029 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kevin Rader".

Kevin Rader
State Senator
District 29

cc: Tonya Kidd, Staff Director
Robin Jackson, Committee Administrative Assistant

REPLY TO:

- 5301 North Federal Hwy, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- 222 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

CourtSmart Tag Report

Room: KN 412

Case No.:

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services Judge:

Started: 2/13/2020 12:30:58 PM

Ends: 2/13/2020 1:14:30 PM

Length: 00:43:33

12:30:59 PM Sen. Bean (Chair)
12:31:40 PM Recording Paused (lack of quorum)
12:38:53 PM Recording Resumed
12:38:55 PM Sen. Bean
12:39:43 PM S 1542, Alzheimer's Disease
12:39:56 PM Sen. Stargel
12:40:05 PM Appearances: Dorene Barker, Associate State Director, AARP Florida (waives in support)
12:40:13 PM Jon "John" Conley, State Affairs Director, Alzheimer's Association (waives in support)
12:40:24 PM Sen. Stargel
12:41:11 PM S 1542 (reportedly favorably)
12:41:42 PM S 68, Homelessness
12:41:44 PM Sen. Book
12:42:27 PM Am 902548
12:42:31 PM Sen. Book
12:42:54 PM Am 902548 (adopted)
12:42:57 PM Am 360936
12:43:00 PM Sen. Book
12:43:20 PM Am 360936 (adopted)
12:43:23 PM S 68 (cont.)
12:43:27 PM Appearance: Bryan Cherry, Consultant, Florida Coalition to End Homelessness (waives in support)
12:43:44 PM Sen. Book
12:44:17 PM S 68 (reported favorably)
12:44:26 PM S 7012, Mental Health by Children, Families and Elder Affairs
12:44:35 PM Sen. Book
12:46:30 PM Am 515506
12:46:35 PM Sen. Hooper
12:47:10 PM Am 515506 (adopted)
12:47:20 PM S 7012 (cont.)
12:47:23 PM Appearance: Ken Kopczynski, Lobbyist, Police Benevolent Association (waives in support)
12:47:47 PM Sen. Harrell
12:48:33 PM Sen. Rouson
12:49:42 PM Sen. Book
12:50:20 PM S 7012 (passed)
12:50:41 PM S 1742, Home Medical Equipment Providers
12:51:07 PM Appearances: Jack Hebert, Government Affairs Director, Florida Chiropractic Association (waives in support)
12:51:17 PM Ron Watson, Lobbyist, Florida Chiropractic Physician Association (waives in support)
12:51:43 PM Sen. Mayfield
12:52:27 PM S 1742 (passed)
12:52:41 PM Sen. Harrell (Chair)
12:52:56 PM Sen. Bean
12:53:27 PM S 1482, Domestic Violence Services
12:57:18 PM Am 729738
12:57:36 PM Sen. Bean
12:57:56 PM Am 729738 (adopted)
12:58:00 PM S 1482 (cont.)
12:58:06 PM Sen. Harrell
12:58:33 PM Sen. Bean
12:59:27 PM Appearances: Michael Wickersheim, Legal Affairs Director, Department of Children and Families (waives in support)
12:59:53 PM Tony Lloyd, Assistant Secretary, Department of Children and Families (in support)
12:59:57 PM Sen. Harrell

1:00:35 PM T. Lloyd
1:01:37 PM Sen. Harrell
1:01:41 PM T. Lloyd
1:02:00 PM Sen. Harrell
1:02:09 PM T. Lloyd
1:02:33 PM Sen. Passidomo
1:03:20 PM Sen. Book
1:04:33 PM Sen. Farmer
1:06:08 PM Sen. Harrell
1:07:07 PM Sen. Bean
1:08:01 PM S 1482 (reported favorably)
1:08:08 PM Sen. Bean (Chair cont.)
1:08:35 PM S 922, Economic Development
1:08:52 PM Sen. Gruters
1:10:19 PM Sen. Bean
1:10:30 PM Am 166450 (withdrawn)
1:10:37 PM S 922 (cont.)
1:10:39 PM Sen. Rouson
1:10:51 PM Sen. Gruters
1:11:54 PM Appearances: Brewster Bevis, Senior Vice-President, Lobbyist, Associated Industries of Florida (waives in support)
1:12:05 PM Nicholas Alvarez, Legislative Affairs Director, Department of Economic Opportunity (waives in support)
1:12:14 PM Lauren Storch, Government Affairs, Hillsborough County (waives in support)
1:12:28 PM Carolyn Johnson, Policy Director, Florida Chamber of Commerce (waives in support)
1:12:43 PM Sen. Gruters
1:13:24 PM S 922 (reported favorably)
1:13:34 PM Sen. Diaz
1:13:45 PM Sen. Flores
1:14:15 PM Sen. Harrell