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<tr>
<th>Tab 6</th>
<th>SB 68 by Book; (Similar to H 00163) Homelessness</th>
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<th>Tab 3</th>
<th>CS/SB 922 by CM, Gruters; (Compare to CS/CS/CS/H 00647) Economic Development</th>
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<th>Tab 5</th>
<th>CS/SB 1482 by CF, Bean; (Identical to CS/H 01087) Domestic Violence Services</th>
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<th>Tab 2</th>
<th>SB 1542 by Stargel; (Similar to CS/H 00835) Alzheimer’s Disease</th>
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<tr>
<th>Tab 1</th>
<th>SB 1742 by Mayfield; (Similar to H 01183) Home Medical Equipment Providers</th>
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<th>Tab 4</th>
<th>SB 7012 by CF; (Compare to CS/H 00577) Mental Health</th>
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<td>515506 A S RCS AHS, Hooper btw L.113 - 114: 02/13 02:34 PM</td>
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### 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

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<tr>
<th>TAB</th>
<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
<th>COMMITTEE ACTION</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>SB 1742 Mayfield (Similar H 1183)</td>
<td>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.</td>
<td>Favorable Yeas 9 Nays 0</td>
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<td>HP 01/28/2020 Favorable</td>
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<td>2</td>
<td>SB 1542 Stargel (Similar CS/H 835)</td>
<td>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.</td>
<td>Favorable Yeas 9 Nays 0</td>
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<td>CF 01/21/2020 Favorable</td>
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<td>3</td>
<td>CS/SB 922 Commerce and Tourism / Gruters (Compare H 779, CS/CS/S 772)</td>
<td>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.</td>
<td>Favorable Yeas 9 Nays 0</td>
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## COMMITTEE MEETING EXPANDED AGENDA
### Appropriations Subcommittee on Health and Human Services
#### Thursday, February 13, 2020, 12:30—2:00 p.m.

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<th>TAB</th>
<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
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<tr>
<td>4</td>
<td>SB 7012 Children, Families, and Elder Affairs (Compare CS/H 577, H 939, S 704, S 706, S 920)</td>
<td>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.</td>
<td>Fav/CS Yeas 9 Nays 0</td>
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<td>5</td>
<td>CS/SB 1482 Children, Families, and Elder Affairs / Bean (Identical CS/H 1087)</td>
<td>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.</td>
<td>Fav/CS Yeas 9 Nays 0</td>
</tr>
<tr>
<td>6</td>
<td>SB 68 Book (Similar H 163)</td>
<td>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.</td>
<td>Fav/CS Yeas 9 Nays 0</td>
</tr>
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**Other Related Meeting Documents**
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 1986\(^1\) 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,\(^3\) low\(^4\) and moderate\(^5\) 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.\(^7\)

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\(^1\) 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. 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.

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.

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. 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

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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.

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12 Id.
13 Id.
14 Section 420.624, F.S.
15 Id.
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

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\(^{24}\) *Id.*

\(^{25}\) *Id.*
not utilize all three. 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.

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.

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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.

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 requirements with federal laws pertaining to homelessness, 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.

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29 Section 420.625, F.S.
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.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
Florida Senate - 2020
Bill No. SB 68

LEGISLATIVE ACTION

Senate Comm: RCS 02/13/2020

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

Senate Amendment (with title amendment)

Delete lines 121 - 180.

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

**Senate Amendment (with title amendment)**

1. Delete line 390
2. and insert:
3. moneys appropriated to it to provide
4. 
5. 

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And the title is amended as follows:

1. Delete lines 23 - 24
2. and insert:
grants to continuums of care lead agencies; increasing
the
A bill to be entitled An act relating to homelessness; amending s. 201.15, F.S.; 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; amending s. 420.621, F.S.; revising, adding, and deleting defined terms; amending s. 420.622, F.S.; 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; providing that the Governor is encouraged to appoint council members who have certain experience; revising the duties of the State Office on Homelessness; revising requirements for the state’s homeless programs; requiring entities that receive state funding to provide summary aggregated data to assist the council in providing certain information; removing the requirement that the office have the concurrence of the council to provide homeless housing assistance grants to certain continuum of care lead agencies; clarifying that the grants to continuems of care lead agencies; clarifying the source of such appropriation; increasing the maximum amount of grant awards per continuum of care lead agency; conforming provisions to changes made by the act; revising requirements for the use of grant funds by continuum of care lead agencies; revising preference criteria for certain grants; increasing the maximum percentage of its funding which a continuum of care lead agency may spend on administrative costs; requiring such agencies to submit a final report to the Department of Children and Families documenting certain outcomes achieved by grant-funded programs; removing the requirement that the office have the concurrence of the council to administer moneys given to it to provide homeless housing assistance grants annually to certain continuum of care lead agencies to acquire, construct, or rehabilitate permanent housing units for homeless persons; conforming a provision to changes made by the act; requiring grant applicants to be ranked competitively based on criteria determined by the office; deleting preference requirements; increasing the minimum number of years for which projects must reserve certain units acquired, constructed, or rehabilitated; increasing the maximum percentage of funds the office and each applicant may spend on administrative costs; revising certain performance measure requirements; authorizing, instead of requiring, the Department of Children and Families, with input from the council, to adopt rules relating to certain grants and related issues; revising requirements for an annual report the council must submit to the Governor, Legislature, and Secretary of Children and Families; authorizing the office to administer moneys appropriated to it for distribution among certain designated continuum of care lead agencies and entities; creating s. 420.6225, F.S.;
specifying the purposes of a continuum of care;
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; providing requirements for such
designated collaborative applicants; authorizing the
applicant to be referred to as the continuum of care
lead agency; providing requirements for the office for
the purpose of awarding certain federal funding for
continuum of care programs; requiring that each
continuum of care create a continuum of care plan for
specified purposes; specifying requirements for such
plans; requiring continuums of care to promote
participation by all interested individuals and
organizations, subject to certain requirements;
creating s. 420.6227, F.S.; providing legislative
findings and program purpose; establishing a grant-in-aid program to help continuums of care prevent and end
homelessness, which may include any aspect of the
local continuum of care plan; requiring continuums of
care to submit an application for grant-in-aid funds
to the office for review; requiring the office to
develop guidelines for the development, evaluation,
and approval of spending plans; requiring grant-in-aid
funds for continuums of care to be administered by the
office and awarded on a competitive basis; requiring
the office to distribute such funds to local agencies

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

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

201.15 Distribution of taxes collected.—All taxes collected under this chapter are hereby pledged and shall be first made available to make payments when due on bonds issued pursuant to s. 215.618 or s. 215.619, or any other bonds authorized to be issued on a parity basis with such bonds. Such pledge and availability for the payment of these bonds shall have priority over any requirement for the payment of service charges or costs of collection and enforcement under this section. All taxes collected under this chapter, except taxes distributed to the Land Acquisition Trust Fund pursuant to subsections (1) and (2), are subject to the service charge imposed in s. 215.20(1).

Before distribution pursuant to this section, the Department of Revenue shall deduct amounts necessary to pay the costs of the collection and enforcement of the tax levied by this chapter. The costs and service charge may not be levied against any portion of taxes pledged to debt service on bonds to the extent that the costs and service charge are required to pay any amounts relating to the bonds. All of the costs of the collection and enforcement of the tax levied by this chapter and the service charge shall be available and transferred to the extent necessary to pay debt service and any other amounts payable with respect to bonds authorized before January 1, 2017, and

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

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

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

(1) “Continuum of care” means the group organized to carry out the responsibilities imposed under ss. 420.621-420.628 to coordinate, plan, and pursue ending homelessness in a designated catchment area. The group is composed of representatives from certain organizations, including, but not limited to, nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and organizations that serve other homeless and formerly homeless persons, to the extent that these organizations are represented within the designated catchment area and are available to participate. 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.

(2) “Continuum of care lead agency” or “continuum of care collaborative applicant” means the organization designated by a continuum of care pursuant to s. 420.6225.

(3) “Council on Homelessness” means the council created in s. 420.622.

(4) “Department” means the Department of Children and Families.

(5) “District” means a service district of the department, as set forth in s. 20.19.

(6) “Homeless” means an individual who or a family that:

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

(b) Will imminently lose his, her, or its primary nighttime residence, as defined under “homeless” in 24 C.F.R. 578.3 applied to an individual, or “individual experiencing homelessness” means an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who:

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

(2) Is a migratory individual who qualifies as homeless.
The terms do not refer to an individual imprisoned pursuant to state or federal law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

(6) "Local coalition for the homeless" means a coalition established pursuant to s. 420.633.

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

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

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

420.622 State Office on Homelessness; Council on Homelessness.—

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

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

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

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

(a) Coordinate among state, local, and private agencies and
providers to produce a statewide consolidated inventory of for
the state’s entire system of homeless programs, including local
continuum of care plans which incorporate regionally developed
plans. Such programs include, but are not limited to:
1. Programs authorized under the McKinney-Vento Homeless
Assistance Stewart B. McKinney Homeless Assistance Act of 1987,
as amended by the Homeless Emergency Assistance and Rapid
Transition to Housing (HEARTH) Act of 2009, 42 U.S.C. ss. 11302
et seq., and carried out under funds awarded to this
state; and
2. Programs, components thereof, or activities that assist
persons who are homeless or at risk for homelessness.

(b) Collect, maintain, and make available information
concerning persons who are homeless or at risk for homelessness,
including summary demographic 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 the Department of
Housing and Urban Development, current services and resources
available, the cost and availability of services and programs,
and the met and unmet needs of this population. To assist the
council in providing this information, all entities that receive

The State Office on Homelessness, in consultation with the designated lead agencies
for a local homeless continuum of care and with the Council on
Homelessness, shall develop a process by which summary data is
collected and processed from all
lead agencies for the purpose of analyzing trends and assessing
impacts in the statewide homeless delivery system for delivering
services to the homeless. Any statewide homelessness survey and
database system must comply with all state and federal statutory
and regulatory confidentiality requirements.

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

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

(e) Monitor and provide recommendations for coordinating
the activities and programs of continuums of care local
coalitions for the homeless and promote the effectiveness of
programs to prevent and end homelessness in the state addressing
the needs of the homeless.

(f) Provide technical assistance to facilitate efforts to
support and strengthen establish, maintain, and expand local
homeless assistance continuums of care.
(g) Develop and assist in the coordination of policies and procedures relating to the discharge or transfer from the care or custody of state-supported or state-regulated entities persons who are homeless or at risk for homelessness. (h) Spearhead outreach efforts for maximizing access by people who are homeless or at risk for homelessness to state and federal programs and resources. (i) Promote a federal policy agenda that is responsive to the needs of those who are homeless or at risk of homelessness the homeless population in this state. (j) Review reports on continuum of care performance measures and Develop outcome and accountability measures and promote and use such measures to evaluate program effectiveness and make recommendations for improving current practices to work toward ending homelessness in this state in order to best meet the needs of the homeless. (k) Formulate policies and legislative proposals aimed at preventing and ending homelessness in this state to address more effectively the needs of the homeless and coordinate the implementation of state and federal legislative policies. (l) Convene meetings and workshops of state and local agencies, continuums of care local coalitions and programs, and other stakeholders for the purpose of developing and reviewing policies, services, activities, coordination, and funding of efforts to end homelessness meet the needs of the homeless. (m) With the input of the continuums of care, conduct or promote research on the effectiveness of current programs and propose pilot projects aimed at ending homelessness improving services.

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(b) Preference must be given to lead agencies that have demonstrated the ability of their
continuum of care to help households move out of homelessness
provide quality services to homeless persons and the ability to
leverage federal homeless assistance funding under the Stewart
M. McKinney Act with local government funding or private funding
for the provision of services to homeless persons.

(c) Preference must be given to lead agencies in catchment
areas with the greatest need for the provision of housing and
services to the homeless, relative to the population of the
catchment area.

(d) The grant may be used to fund any of the housing,
program, or service needs included in the local homeless
assistance continuum of care plan. The continuum of care lead
agency may allocate the grant to programs, services, or housing
providers that implement the local homeless assistance continuum
of care plan. The lead agency may provide subgrants to a local
agency to implement programs or services or provide housing

The lead agency may provide subgrants to a local
government or private organization to

match or receive in-kind support in an amount equal to 25 percent of the grant requested. Expenditures of leveraged
funds or resources, including third-party cash or in-kind
contributions, may be made only for eligible
activities carried out in connection with a committed one
project. Such funds or resources may have not been
used as leverage or match for any other project or program. The
expenditures must be certified through a written commitment.

Preference must be given to lead agencies who acquire, construct, or rehabilitate in catchment areas having
the greatest need for housing for the homeless relative to the
population of the catchment area.

The grant may be used to fund any of the housing,
program, or service needs included in the local homeless
assistance continuum of care plan. The continuum of care lead
agency may allocate the grant to programs, services, or housing
providers that implement the local homeless assistance continuum
of care plan. The lead agency may provide subgrants to a local
agency to implement programs or services or provide housing

identified for funding in the lead agency’s application to the
department. A lead agency may spend a maximum of 10 percent of
its funding on administrative costs.

The lead agency shall submit a
final report to the department documenting the outcomes achieved
by the grant-funded programs grant in enabling persons who are
homeless to return to permanent housing, thereby ending such
person’s episode of homelessness.

The State Office on Homelessness, with the concurrence
of the Council on Homelessness, may administer moneys given
appropriately to it to provide homeless housing assistance grants
annually to lead agencies for local homelessness
continuum of care, as recognized by the State Office
on Homelessness, to acquire, construct, or rehabilitate
transitional or permanent housing units for homeless persons.

These moneys shall consist of any sums that the state may
appropriate, as well as money received from donations, gifts,
bequests, or otherwise from any public or private source, which
are intended to acquire, construct, or rehabilitate transitional
or permanent housing units for homeless persons.

Grant applicants shall be ranked competitively based on
criteria determined by the State Office on Homelessness.
Preference must be given to applicants who leverage additional
private funds or public funds, particularly federal funds
designated for the acquisition, construction, or rehabilitation
of transitional or permanent housing for homeless persons, who
acquire, build, or rehabilitate the greatest number of units, or
who acquire, build, or rehabilitate in catchment areas having
the greatest need for housing for the homeless relative to the
population of the catchment area.

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(b) Funding for any particular project may not exceed $250,000.

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

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

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

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

(g) The State Office on Homelessness, in conjunction with the Council on Homelessness, shall establish performance measures related to state funding provided through the State Office on Homelessness and shall utilize those grant-related measures to and specific objectives by which it may evaluate the performance and outcomes of continuum of care lead agencies that receive state grant funds. Challenge Grants made through the State Office on Homelessness shall be distributed to lead agencies based on their overall performance and their achievement of specified objectives. Each lead agency for which grants are made under this section shall provide the State Office on Homelessness a thorough evaluation of the effectiveness of the program in achieving its stated purpose. In evaluating the performance of the lead agencies, the State Office on Homelessness shall base its criteria upon the program objectives, goals, and priorities that were set forth by the lead agencies in their proposals for funding. Such criteria may include, but are not limited to, the number of persons or households that are no longer homeless, the rate of recidivism to homelessness, and the number of persons who obtain gainful employment.

(7) The State Office on Homelessness shall monitor the challenge grants and homeless housing assistance grants to ensure proper expenditure of funds and compliance with the conditions of the applicant’s contract.

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

(9) The council shall, by June 30 of each year, the council shall provide to the Governor, the Legislature, and the Secretary of Children and Families a report summarizing the extent of homelessness in the state and the council’s recommendations for reducing homelessness in this state.

(10) The State Office on Homelessness may administer moneys appropriated to it for distribution among the continuum of care lead agencies and entities funded in the 2020-2021 state fiscal year which are designated by the office as local coalitions for the homeless 28 local homeless continuums of care designated by the Department of Children and Families.
Section 4. Section 420.6225, Florida Statutes, is created to read:

420.6225 Continuum of care.—
(1) The purposes of a continuum of care, as defined in s. 420.621, are to coordinate community efforts to prevent and end homelessness in its catchment area designated as provided in subsection (3) and to fulfill the responsibilities set forth in this chapter.

(2) Pursuant to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, each continuum of care is required 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. The continuum of collaborative applicant shall serve as the continuum of care’s point of contact to the State Office on Homelessness, is accountable for representations made in the application, and, in carrying out its responsibilities under this chapter, may be referred to as the continuum of care lead agency.

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

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

(b) Recognize a single continuum of care lead agency for each such catchment area, which must be consistent with the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, which is designed to coordinate intake, utilize common assessment tools, prioritize households for housing interventions, and refer households to the appropriate housing intervention.

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

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

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

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

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

The purposes of a continuum of care, as defined in s. 420.621, are to coordinate community efforts to prevent and end homelessness in its catchment area designated as provided in subsection (3) and to fulfill the responsibilities set forth in this chapter.
(h) An ongoing planning mechanism to end homelessness for all subpopulations of persons experiencing homelessness.

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

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

420.6227 Grant-in-aid program.—
(1) LEGISLATIVE FINDINGS.—The Legislature hereby finds and declares that many services for households experiencing homelessness have been provided by local communities through voluntary private agencies and religious organizations and that these resources have not been sufficient to prevent and end homelessness in this state. The Legislature recognizes that the level of need and types of problems associated with homelessness may vary from community to community, due to the diversity and geographic distribution of the homeless population and the resulting differing needs of particular communities.

(2) PURPOSE.—The principal purpose of the grant-in-aid program is to provide needed assistance to continuums of care to enable them to do all of the following:
(a) Assist persons in their communities who have become, or may likely become, homeless.
(b) Help homeless households move to permanent housing as quickly as possible.

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

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

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

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

(7) DISTRIBUTION TO LOCAL AGENCIES.—The State Office on Homelessness shall distribute funds awarded under subsection (6) to local agencies to fund programs that are required by the local continuum of care plan, as described in s. 420.6225 and that are authorized under subsection (3), based upon the
LEGISLATIVE FINDINGS AND INTENT. — The following facilities and institutions are encouraged to develop and implement procedures designed to reduce the discharge of persons into homelessness when such persons are admitted or housed for more than 24 hours at such facilities or institutions: hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers.

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

Section 6. Section 420.623, Florida Statutes, is repealed.
Section 7. Section 420.624, Florida Statutes, is repealed.
Section 8. Section 420.625, Florida Statutes, is repealed.
Section 9. Subsection (3) of section 420.626, Florida Statutes, is amended, and subsection (2) of that section is republished, to read:

420.626 Homelessness; discharge guidelines.—
(2) The following facilities and institutions are encouraged to develop and implement procedures designed to reduce the discharge of persons into homelessness when such persons are admitted or housed for more than 24 hours at such facilities or institutions: hospitals and inpatient medical facilities; crisis stabilization units; residential treatment facilities; assisted living facilities; and detoxification centers.

(3) The procedures should include all of the following:
(a) Development and implementation of a screening process or other mechanism for identifying persons to be discharged from the facility or institution who are at considerable risk for homelessness or face some imminent threat to health and safety upon discharge.
(b) Development and implementation of a discharge plan addressing how identified persons will secure housing and other needed care and support upon discharge.
(c) Communication with assessment of the capabilities of the entities to whom identified persons may potentially be discharged to determine their capability to serve such persons and their acceptance of such discharge into their programs, and selection of the entity determined to be best equipped to provide or facilitate the provision of suitable care and support.
(d) Coordination of effort and sharing of information with entities that are expected to bear the responsibility for providing care or support to identified persons upon discharge.
(e) Provision of sufficient medication, medical equipment and supplies, clothing, transportation, and other basic resources necessary to assure that the health and well-being of identified persons are not jeopardized upon their discharge.

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

420.6265 Rapid ReHousing.—
(1) LEGISLATIVE FINDINGS AND INTENT.
(a) The Legislature finds that Rapid ReHousing is a strategy of using temporary financial assistance and case management to quickly move an individual or family out of homelessness and into permanent housing, and using housing stabilization support services to help them remain stably housed.

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

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

(d) The Legislature further finds that Rapid ReHousing is a cost-effective alternative approach to ending homelessness which reduces to the current system of emergency shelter or transitional housing which tends to reduce the length of time that a person is homeless and which is demonstrably more cost effective than alternative approaches.

(e) It is therefore the intent of the Legislature to encourage homeless continuums of care to adopt the Rapid ReHousing approach to ending preventing homelessness for individuals who and families that do not require the intensive level of supports provided in the permanent supportive housing model.

(2) RAPID REHOUSING METHODOLOGY.—

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

(b) In Rapid ReHousing, when an individual or family is identified as being homeless, the individual or family is assessed and prioritized for housing through the continuum of care’s coordinated entry system, temporary assistance is provided to allow the individual or family to obtain permanent housing as quickly as possible, and necessary assistance is provided to allow the individual or family to retain housing.

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

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

420.6275 Housing First.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that many communities plan to manage homelessness rather than plan to end it.
...can be more effective when people are in their own home, and:

1. The housing is not time-limited.

The following powers which are in addition to all other powers granted by other provisions of this part:

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

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

2. Screening, intake, and needs assessment.
3. Provision of housing resources.
4. Provision of case management.

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

420.507 Powers of the corporation.--The corporation shall have all the powers necessary or convenient to carry out and effectuate the purposes and provisions of this part, including the following powers which are in addition to all other powers granted by other provisions of this part:
(22) To develop and administer the State Apartment Incentive Loan Program. In developing and administering that program, the corporation may:

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

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

Senator Lauren Book  
Senate District 32  

Cc: Tonya Kidd, Staff Director  
Robin Jackson, Administrative Assistant
THE FLORIDA SENATE

APPEARANCE RECORD

2-13-20

Meeting Date

SB 68

Topic

Bryan Cherry

Name

Consultant

Job Title

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City

FL.

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information

Representing FL. Coalition to End Homelessness

Waive Speaking: ☐ In Support ☐ Against

(The Chair will read this information into the record.)

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.
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 1994\(^1\) to encourage the creation and retention of high-quality, high-wage jobs by providing state

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\(^1\) Ch. 94-136, s. 76, Laws of Fla.
tax refunds to eligible businesses creating jobs in certain target industries. 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.

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). Businesses must be engaged in one of Florida’s target industries as identified by the DEO and Enterprise Florida, Inc. (EFI). 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.

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. Qualified target industry businesses may also be eligible for the following additional tax refund payments:

- $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 sectors or increases exports of its goods through a seaport 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.

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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.
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.\textsuperscript{12} The total state share of tax refund payments may not exceed $35 million.\textsuperscript{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.\textsuperscript{14}

\textit{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{19}

\textit{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 disproportionally affected by the oil spill.\textsuperscript{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.\textsuperscript{21}

\begin{itemize}
\item \textsuperscript{12} Section 288.106(3)(c), F.S.
\item \textsuperscript{13} Section 288.095(3)(a), F.S.
\item \textsuperscript{14} Ch. 2011-142, s. 150, Laws of Fla.
\item \textsuperscript{15} Section 288.106(5)(a), F.S.
\item \textsuperscript{16} Section 288.106(5)(b), F.S.
\item \textsuperscript{17} Section 288.106(5)(b)1., F.S.
\item \textsuperscript{18} Section 288.106(5)(b)3., F.S.
\item \textsuperscript{19} Section 288.106(8), F.S.
\item \textsuperscript{20} Section 288.106(5)(b)1., F.S.
\item \textsuperscript{21} Section 288.106(8), F.S.
\end{itemize}
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. 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. Businesses have been slow to reopen, largely due to a shortage of workers worsened by the lack of affordable housing in the area.

Regulation of Public Swimming Pools

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.

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.

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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. 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. 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.

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).
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. The requirement is violated if an act is written to accomplish separate and disassociated objects of legislative intent. 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.

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

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.

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.

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\(^{38}\) Department of Economic Opportunity, *Senate Bill 922 Fiscal Analysis* (November 18, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).
Appropriations Subcommittee on Health and Human Services (Gruters) recommended the following:

**Senate Amendment (with title amendment)**

1. Delete lines 121 - 154.
2. And the title is amended as follows:
   3. Delete lines 18 - 22
   4. and insert:
      5. 189.033, F.S.; conforming a
A bill to be entitled
An act relating to economic development; amending s. 288.106, F.S.; 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; requiring the department to state any waiver in writing; providing that certain businesses are eligible for a specified tax refund payment; defining the term "county affected by Hurricane Michael"; deleting obsolete provisions; deleting a provision relating to the future expiration of certification for the tax refund program for qualified target industry businesses; amending s. 514.0115, F.S.; exempting certain surf pools from supervision under ch. 514, F.S.; providing exceptions, defining the term "surf pool"; amending s. 553.77, F.S.; conforming a cross-reference to changes made by the act; amending s. 189.033, F.S.; conforming a cross-reference to changes made by the act; providing an effective date.

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

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

288.106 Tax refund program for qualified target industry businesses.—
(5) TAX REFUND AGREEMENT.—
(b) Compliance with the terms and conditions of the agreement is a condition precedent for the receipt of a tax refund each year. The failure to comply with the terms and conditions of the tax refund agreement results in the loss of eligibility for receipt of all tax refunds previously authorized under this section and the revocation by the department of the certification of the business entity as a qualified target industry business, unless the business is eligible to receive and elects to accept a prorated refund under paragraph (6)(e) or the department grants the business an economic recovery extension.

1. A qualified target industry business may submit a request to the department for an economic recovery extension. The request must provide quantitative evidence demonstrating how negative economic conditions in the business’s industry, the effects of a named hurricane or tropical storm, or specific acts of terrorism affecting the qualified target industry business have prevented the business from complying with the terms and conditions of its tax refund agreement.

2. Upon receipt of a request under subparagraph 1., the department has 45 days to notify the requesting business, in writing, whether its extension has been granted or denied. In determining whether an extension should be granted, the department shall consider the extent to which negative economic conditions in the requesting business’s industry have occurred.
in the state or the effects of a named hurricane or tropical storm or specific acts of terrorism affecting the qualified target industry business have prevented the business from complying with the terms and conditions of its tax refund agreement. The department shall consider current employment statistics for this state by industry, including whether the business’s industry had substantial job loss during the prior year, when determining whether an extension shall be granted.

3. As a condition for receiving a prorated refund under paragraph (6)(e) or an economic recovery extension under this paragraph, a qualified target industry business must agree to renegotiate its tax refund agreement with the department to, at a minimum, ensure that the terms of the agreement comply with current law and the department’s procedures governing application for and award of tax refunds. Upon approving the award of a prorated refund or granting an economic recovery extension, the department shall renegotiate the tax refund agreement with the business as required by this subparagraph.

When amending the agreement of a business receiving an economic recovery extension, the department may extend the duration of the agreement for a period not to exceed 2 years.

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

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

(8) SPECIAL INCENTIVES.—If the department determines it is in the best interest of the public for reasons of facilitating economic development, growth, or new employment opportunities within a Disproportionally Affected county affected by Hurricane Michael, the department may, between July 1, 2020, and June 30, 2023, may waive any or all wage or local financial support eligibility requirements. If the department elects to waive wage or financial support eligibility requirements, the waiver must be stated in writing, and allow A qualified target industry business that relocates from another state to, or establishes which relocates all or a portion of its business or expands its existing business in a Disproportionally Affected county affected by Hurricane Michael is eligible to receive a tax refund payment of up to $10,000 multiplied by the number of jobs specified in the tax refund agreement under subparagraph (5)(a)1. over the term of the agreement.

Prior to granting such waiver, the executive director of the department shall file with the Governor a written statement of the conditions and circumstances constituting the reason for the waiver. Such business shall be eligible for the additional tax refund payments specified in subparagraph (3)(b)4. if it meets the criteria. As used in this section, the term “Disproportionally Affected county affected by Hurricane Michael” means Bay County, Calhoun County, Escambia County, Franklin County, Gadsden County, Gulf County, Holmes County, Jackson County, Jefferson County, Leon County, Liberty County, Okaloosa County, Santa Rosa County, Walton County, or Wakulla County, Walton County, or Washington County.
577-02404-20 2020922c1

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

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

514.0115 Exemptions from supervision or regulation; variances.—

(7) A surf pool that is larger than 4 acres and is certified by the Department of Economic Opportunity to be a part of a new development with an investment value of at least $100 million is exempt from supervision under this chapter 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 department, establishes through the local government’s special use permitting process the conditions for the surf pool’s operation, water quality, and necessary lifesaving equipment. This subsection does not affect the department’s or a county health department’s right of entry pursuant to s. 514.04 or its authority to seek an injunction pursuant to s. 514.06 to restrain the operation of a surf pool permitted and operated under this subsection if it presents significant risks to public health. For the purposes of this subsection, the term “surf pool” means 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.

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

553.77 Specific powers of the commission.—

(7) Building officials shall recognize and enforce variance orders issued by the Department of Health pursuant to s. 514.0115(8) [as added by s. 514.0115(8)], including any conditions attached to the granting of the variance.

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

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

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

Joe Gruters

cc: Tonya Kidd, Staff Director
    Robin Jackson, Committee Administrative Assistant
2/13/20
Meeting Date

Topic Economic Development

Name Brewster Bevis

Job Title Senior Vice President

Address 516 N Adams St
Tallahassee, FL 32301

Phone 224-7173

Email bbevis@aif.com

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.
Meeting Date: 2/13/20

Topic: Economic Development

Name: Nicholas Alvarez

Job Title: Legislative Affairs Director

Address: 107 E Madison St.

City: Tallahassee

State: FL

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Phone: 850-245-7370

Email: nicholas.alvarez@deo.myflorida.com

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [x] In Support [ ] Against

(The Chair will read this information into the record.)

Representing: Department of Economic Opportunity

Appearing at request of Chair: [ ] Yes [x] No

Lobbyist registered with Legislature: [x] 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)

Meeting Date 2/13/2020

Bill Number (if applicable) SB 922

Amendment Barcode (if applicable)

Topic Economic Development

Name Lauren Storch

Job Title Government Affairs

Address 601 E. Kennedy Blvd.
Street
City Tampa
State FL
Zip 33602

Phone 813-274-6831

Email Storchla@HCF.Leg

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.
02/13/20
Meeting Date

THE FLORIDA SENATE
APPEARANCE RECORD
(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 922
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic __Economic Development__

Name ___Carolyn Johnson___

Job Title _Policy Director_

Address _136 S. Bronough St._
Street _Tallahassee_ _FL_ _32301_
City State Zip

Phone _(850) 521-1200_
Email _cjohnson@flchamber.com_

Speaking: [ ] For [ ] Against [ ] Information
Waive Speaking: _X_ In Support [ ] Against
(The Chair will read this information into the record.)

Representing _Florida Chamber of Commerce_

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

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

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. 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.

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.

In Florida, domestic violence is tracked specifically for a number of offenses. 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.

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. 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

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1 Section 741.28, F.S.
2 Id.
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.
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.\(^15\)

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8 Id.
9 Id.
10 Id.
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.\textsuperscript{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.\textsuperscript{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;\textsuperscript{18} and
- $7.8 million from the Welfare Transition Trust Fund.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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

\textsuperscript{16} Id.
\textsuperscript{17} Section 39.9035, F.S.
\textsuperscript{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.
\textsuperscript{19} Chapter 2019-115, Laws of Fla., Specific Appropriation 316, s. 3.
\textsuperscript{20} Id.
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.\textsuperscript{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.\textsuperscript{23} The FVPSA determined that no further action was necessary and closed out the compensation inquiry.\textsuperscript{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.\textsuperscript{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.\textsuperscript{26}

\textit{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.\textsuperscript{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.

\textsuperscript{22} Florida Department of Children and Families, 2020 Agency Legislative Bill Analysis, SB 1482, January 14, 2020.
\textsuperscript{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.
\textsuperscript{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.
\textsuperscript{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.
\textsuperscript{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.\textsuperscript{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.\textsuperscript{29}

\textit{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.\textsuperscript{30}

The department received two written responses from outside counsel to the coalition. In a letter dated September 27, 2019, it was noted:\textsuperscript{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.\textsuperscript{32}

\textsuperscript{28} Id.
\textsuperscript{29} Section 397.4073(4), F.S.
\textsuperscript{30} \textit{Supra} note 27.
\textsuperscript{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.
\textsuperscript{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.\(^\text{35}\)

VI. Technical Deficiencies:

None.

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

1. **Senate Amendment**
2. 
3. Delete line 479 and insert:
4. Section 16. This act shall take effect upon becoming a law.
By the Committee on Children, Families, and Elder Affairs; and Senator Bean

586-02771A-20

A bill to be entitled

An act relating to domestic violence services;
amending s. 39.902, F.S.; deleting the definition ofthe term “coalition”; amending s. 39.903, F.S.;revising the duties of the Department of Children andFamilies in relation to the domestic violence program;repealing s. 39.9035, F.S., relating to the duties andfunctions of the Florida Coalition Against DomesticViolence with respect to domestic violence; amendings. 39.904, F.S.; requiring the department to provide aspecified report; amending s. 39.905, F.S.; revising the requirements of domestic violence centers;amending s. 39.9055, F.S.; removing the coalition fromthe capital improvement grant program process;amending ss. 39.8296, 381.006, 381.0072, 383.402,402.40, 741.316, 753.03, 943.1701, and 1004.615, F.S.;conforming provisions to changes made by the act;providing an effective date.

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

Section 1. Subsection (1) of section 39.902, FloridaStatutes, is amended to read:

39.902 Definitions.—As used in this part, the term:(1) “Coalition” means the Florida Coalition AgainstDomestic Violence.

Section 2. Subsections (1), (2), (7), and (8) of section39.903, Florida Statutes, are amended to read:

39.903 Duties and functions of the department with respect
to domestic violence.—The department shall:

(1) Operate the domestic violence program and, incollaboration with the coalition, shall coordinate andadminister statewide activities related to the prevention ofdomestic violence.

(2) Receive and approve or reject applications for initialcertification of domestic violence centers, and The departmentshall annually renew the certification thereafter upon receiptof a favorable monitoring report by the coalition.

(7) Contract with an entity or entities the coalition forthe delivery and management of services for the state’s domesticviolence program if the department determines that doing so isin the best interest of the state. Services under this contractinclude, but are not limited to, the administration of contracts and grants.

(8) Consider applications from certified domestic violencecenters for capital improvement grants and award those grants inaccordance with pursuant to s. 39.9055.

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

Section 4. Section 39.904, Florida Statutes, is amended toread:

39.904 Report to the Legislature on the status of domesticviolence cases.—On or before January 1 of each year, the departmentcoalition shall furnish to the President of the Senate and the Speaker of the House of Representatives a report on the status of domestic violence in this state, which mustinclude, but need not be limited to, the following:

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

(2) An identification of the areas of the state where...
domestic violence is of significant proportions, indicating the number of cases of domestic violence officially reported, as well as an assessment of the degree of unreported cases of domestic violence.

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

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

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

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

39.905 Domestic violence centers.—

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

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

(g) File with the department coalition a list of the names of the domestic violence advocates who are employed or who volunteer at the domestic violence center who may claim a privilege under s. 90.5036 to refuse to disclose a confidential communication between a victim of domestic violence and the advocate regarding the domestic violence inflicted upon the victim. The list must include the title of the position held by the advocate whose name is listed and a description of the duties of that position. A domestic violence center must file amendments to this list as necessary.

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

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

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

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

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

(b) A contract between the department coalition and a certified domestic violence center shall contain provisions ensuring the availability and geographic accessibility of services throughout the service area. For this purpose, a center may distribute funds through subcontracts or to center satellites, if such arrangements and any subcontracts are approved by the department coalition.
(2) If any of the required services are exempted from certification by the department under this section, the center may not receive funding from the coalition for those services. Section 6. Section 39.9055, Florida Statutes, is amended to read:

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

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

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

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

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

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

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

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

(g) Evidence of ability to generate local match.

(2) Certified domestic violence centers as defined in s. 39.8296, Florida Statutes, is amended to read:

39.8296 Certified domestic violence centers; capital improvement grant program.—The organizational structure that will carry out the capital improvement shall be a certified domestic violence center as defined in s. 39.905.

(4) The department shall establish criteria for awarding the capital improvement funds that must be used exclusively for support and assistance with the capital improvement needs of the certified domestic violence centers, as defined in s. 39.905.

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

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

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

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

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

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

(2) Certified domestic violence centers as defined in s. 39.9055, Florida Statutes, is amended to read:

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

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

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

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

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

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

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

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

(g) Evidence of ability to generate local match.
(2) STATEWIDE GUARDIAN AD LITEM OFFICE.—There is created a Statewide Guardian Ad Litem Office within the Justice Administrative Commission. The Justice Administrative Commission shall provide administrative support and service to the office to the extent requested by the executive director within the available resources of the commission. The Statewide Guardian Ad Litem Office shall not be subject to control, supervision, or direction by the Justice Administrative Commission in the performance of its duties, but the employees of the office shall be governed by the classification plan and salary and benefits plan approved by the Justice Administrative Commission.

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

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

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

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

4. The office shall develop a guardian ad litem training program. The office shall establish a curriculum committee to develop the training program specified in this subparagraph. The curriculum committee shall include, but not be limited to, dependency judges, directors of circuit guardian ad litem programs, active certified guardians ad litem, a mental health professional who specializes in the treatment of children, a member of a child advocacy group, a representative of a domestic violence advocacy group, the Florida Coalition Against Domestic Violence, and a social worker experienced in working with victims and perpetrators of child abuse.

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

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

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

8. The office shall submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Justice of the Supreme Court an interim report describing the progress of the office in meeting the goals as described in this section. The office shall submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Chief Justice of the Supreme Court a proposed plan including alternatives for meeting the state’s
CODING: Words **stricken** are deletions; words *underlined* are additions.

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

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

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

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

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

> 381.0072 Food service protection.—
Families and monitored by the Florida Coalition Against Domestic Violence under part XII of chapter 39 if the center does not prepare and serve food to its residents and does not advertise food or drink for public consumption. Section 10. Subsection (2) of section 383.402, Florida Statutes, is amended to read:

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

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) Membership.—

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

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

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

a. The Department of Health Statewide Child Protection Team Medical Director.
b. A public health nurse.
c. A mental health professional who treats children or adolescents.
d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
e. The medical director of a Child Protection Team.
f. A member of a child advocacy organization.
g. A social worker who has experience in working with victims and perpetrators of child abuse.
h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
i. A law enforcement officer who has at least 5 years of experience in children’s issues.
j. A representative of a domestic violence advocacy group the Florida Coalition Against Domestic Violence.
k. A representative from a private provider of programs on preventing child abuse and neglect.

1. A substance abuse treatment professional.

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.
4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

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

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

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

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

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

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

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

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

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

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

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

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

402.40 Child welfare training and certification.—

(5) CORE COMPETENCIES AND SPECIALIZATIONS.—

(b) The identification of these core competencies and development of preservice curricula shall be a collaborative effort that includes professionals who have expertise in child welfare services, department-approved third-party credentialing entities, and providers that will be affected by the curriculum, including, but not limited to, representatives from the community-based care lead agencies, the Florida Coalition.
Section 12. Subsection (5) of section 741.316, Florida Statutes, is amended to read:

741.316 Domestic violence fatality review teams;

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

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

753.03 Standards for supervised visitation and supervised exchange programs.—

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

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

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

943.1701 Uniform statewide policies and procedures; duty of the commission.—The commission, with the advice and cooperation of the Department of Children and Families Florida Coalition Against Domestic Violence, the Florida Sheriffs Association, the Florida Police Chiefs Association, and other agencies that verify, serve, and enforce injunctions for protection against domestic violence, shall develop by rule uniform statewide policies and procedures to be incorporated into required courses of basic law enforcement training and continuing education.

These statewide policies and procedures shall include:

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

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

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

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

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

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

(7) Tenancy issues and domestic violence.

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

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

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

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

(12) Verification, enforcement, and service of injunctions for protection when the suspect is present and when the suspect has fled.
(13) Emergency assistance to victims and how to assist victims in pursuing criminal justice options.
(14) Working with uncooperative victims, when the officer becomes the complainant.

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

1004.615 Florida Institute for Child Welfare.—
(3) The institute shall work with the department, sheriffs providing child protective investigative services, community-based care lead agencies, community-based care provider organizations, the court system, the Department of Juvenile Justice, the Florida Coalition Against Domestic Violence, and other partners who contribute to and participate in providing child protection and child welfare services.

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)

Amendment Barcode (if applicable)

Topic
Domestic violence

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State

Fl

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.
Meeting Date: 02/13/20

Bill Number (if applicable): 1482

Amendment Barcode (if applicable): 

Topic: Domestic Violence Services

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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

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.
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. 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. 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.

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:

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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.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
A bill to be entitled An act relating to Alzheimer’s disease; amending s. 430.501, F.S.; requiring state agencies to provide assistance to the Alzheimer’s Disease Advisory Committee, upon request; creating s. 430.5015, F.S.; creating the position of Dementia Director within the Department of Elderly Affairs; requiring the Secretary of Elderly Affairs to appoint the director; authorizing the director to call upon certain agencies for assistance; requiring the agencies to assist the director under certain circumstances; providing duties and responsibilities of the director; amending s. 430.502, F.S.; making a technical change; revising incentive funding criteria for memory disorder clinics; revising the information the department must consider when developing the allocation formula for respite care; providing an effective date.

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

Section 1. Paragraph (b) of subsection (3) of section 430.501, Florida Statutes, is amended to read:

430.501 Alzheimer’s Disease Advisory Committee; research grants.—

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

2. Members shall be appointed to 4-year staggered terms in accordance with s. 20.052, except for the sitting members of the Senate and House of Representatives, who shall be appointed to a term corresponding to their term of office.

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

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

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

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

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

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

a. Assess the current and future impact of Alzheimer’s
disease and related forms of dementia on the state.
b. Examine the existing industries, services, and resources
addressing the needs of persons having Alzheimer’s disease or a
related form of dementia and their family caregivers.
c. Examine the needs of persons of all cultural backgrounds
having Alzheimer’s disease or a related form of dementia and how
their lives are affected by the disease from younger-onset,
through mid-stage, to late-stage.
d. Develop a strategy to mobilize a state response to this
public health crisis.
e. Provide information regarding:

(1) State trends with respect to persons having Alzheimer’s
disease or a related form of dementia and their needs,
including, but not limited to:
   (A) The role of the state in providing community-based
care, long-term care, and family caregiver support, including
   respite, education, and assistance to persons who are in the
   early stages of Alzheimer’s disease, who have younger-onset
   Alzheimer’s disease, or who have a related form of dementia.
   (B) The development of state policy with respect to persons
   having Alzheimer’s disease or a related form of dementia.
   (C) Surveillance of persons having Alzheimer’s disease or a
   related form of dementia for the purpose of accurately
   estimating the number of such persons in the state at present
   and projected population levels.
   (II) Existing services, resources, and capacity, including,
   but not limited to:

   (A) The type, cost, and availability of dementia-specific
   services throughout the state.
   (B) Policy requirements and effectiveness for dementia-
specific training for professionals providing care.
   (C) Quality care measures employed by providers of care,
   including providers of respite, adult day care, assisted living
   facility, skilled nursing facility, and hospice services.
   (D) The capability of public safety workers and law
   enforcement officers to respond to persons having Alzheimer’s
disease or a related form of dementia, including, but not
limited to, responding to their disappearance, search and
rescue, abuse, elopement, exploitation, or suicide.
   (E) The availability of home and community-based services
   and respite care for persons having Alzheimer’s disease or a
   related form of dementia and education and support services to
   assist their families and caregivers.
   (F) An inventory of long-term care facilities and
   community-based services serving persons having Alzheimer’s
disease or a related form of dementia.
   (G) The adequacy and appropriateness of geriatric-
   psychiatric units for persons having behavior disorders
   associated with Alzheimer’s disease or a related form of
dementia.
   (H) Residential assisted living options for persons having
   Alzheimer’s disease or a related form of dementia.
   (I) The level of preparedness of service providers before,
during, and after a catastrophic emergency involving a person
having Alzheimer’s disease or a related form of dementia and
their caregivers and families.
(III) Needed state policies or responses, including, but not limited to, directions for the provision of clear and coordinated care, services, and support to persons having Alzheimer’s disease or a related form of dementia and their caregivers and families and strategies to address any identified gaps in the provision of services.

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

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

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

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

430.5015 Dementia Director.—

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

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

(3) The director shall:

(a) Facilitate coordination and support of policies and programs in the Legislature and the executive branch, including agencies of the executive branch, which relate to Alzheimer’s disease and related forms of dementia.

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

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

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

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

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

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

430.502 Alzheimer’s disease; memory disorder clinics and day care and respite care programs.—

(1) There is established:

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

(b) A memory disorder clinic at a major private nonprofit
research-oriented teaching hospital, and may fund a memory disorder clinic at any of the other affiliated teaching hospitals;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Significant increase in the volume of clinical services and family care planning services,

(b) Pursuant to s. 287.057, the department shall contract for the provision of respite care. All funds appropriated for the provision of respite care shall be distributed annually by the department to each funded county according to an allocation formula. In developing the formula, the department shall consider the number and proportion of the county population of individuals who are 70-75 years of age and older. Each respite care program shall be used as a resource for research and statistical data by the memory disorder clinics established in this part. In consultation with the memory disorder clinics, the department shall specify the information to be provided by the department.
respite care programs for research purposes.

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

Kelli Stargel
State Senator, District 22

Cc: Tonya Kidd/Staff Director
    Robin Jackson/AA
THE FLORIDA SENATE
APPEARANCE RECORD

Meeting Date: 2/13/20

SB 1542

Bill Number (if applicable)

Topic: Alzheimer's Disease

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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 [X] No

Lobbyist registered with Legislature: [X] 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

Meeting Date: 2/13/20

Bill Number (if applicable): 1542

Amendment Barcode (if applicable):

Topic: SB 1542

Name: Jon "John" Conley

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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.
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.\(^13\)

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\(^8\) 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.
\(^13\) 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.


\(^{16}\) Id.


\(^{18}\) *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.

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This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
A bill to be entitled An act relating to home medical equipment providers; amending s. 400.93, F.S.; 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; providing an effective date.

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

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

400.93 Licensure required; exemptions; unlawful acts; penalties.—
(5) The following are exempt from home medical equipment provider licensure, unless they have a separate company, corporation, or division that is in the business of providing home medical equipment and services for sale or rent to consumers at their regular or temporary place of residence pursuant to the provisions of this part:

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

Section 2. This act shall take effect July 1, 2020.
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
The Florida Senate

Appearance Record

2-13-2020

Meeting Date

Topic: Home Medical Equip - Exemption

Name: Jack Hebert

Job Title: Govt Affairs Director

Address: 2055 Ulmerton Rd, #276
Clearwater, FL 33762

Phone: 727.560.3323

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.

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)

Meeting Date: 2/13/20

Bill Number (if applicable): 1742

Amendment Barcode (if applicable):

Topic: Home medical equipment providers

Name: Ron Watson

Job Title: Lobbyist

Address: 3738 Munden Way
Tallahassee, FL 32309

Phone: 850 567-1202
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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.

This form is part of the public record for this meeting.
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, with complex causes such as mental health and substance use disorders, painful losses, exposure to violence, and social isolation. Suicide rates increased in nearly every state from 1999 through 2016. In 2017, suicide was the second leading cause of death nationwide for persons aged 10–14, 15–19, and 20–24. 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).

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. The factors that contribute to any particular suicide are diverse; therefore, efforts related to suicide prevention must incorporate multiple approaches.

In Florida, the rate of suicides increased by 10.6 percent from 1996 to 2016. 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. Suicide was the eighth leading cause of death in Florida, and the suicide rate per 100,000 population was 15.5. This is a slight increase

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3 Supra note 1.
5 Supra note 1.
6 Id.
7 Id.
8 Supra note 2.
10 Id.
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.\(^\text{12}\)

### Statewide Office for Suicide Prevention

The Statewide Office of Suicide Prevention (Statewide Office), which is housed within the Department of Children and Families (DCF),\(^\text{13}\) 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.\(^\text{14}\)

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.\(^\text{15}\)

### 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.\(^\text{16}\)

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.\(^\text{17}\)

### 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.\(^\text{18}\) Many first responders previously served in the military, which likely exposed them to trauma prior to

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\(^{11}\) 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_ac270d530f8bfed](https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfed). 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. 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.

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. 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.

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.

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

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19 Id. at 9.
20 Id.
22 Public Law 115-113 (115th Congress).
real even when presented with facts), or disordered thoughts and speech.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{27} Risk factors that may contribute to the development of psychosis include stressors such as physical illness, substance use, and psychological or physical trauma.\textsuperscript{28}

Early psychosis, known as “first-episode psychosis,” is the most important time to connect an individual with treatment.\textsuperscript{29} Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{33} Additionally, 12 percent of Gulf War Veterans and 15

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\textsuperscript{25} Id.

\textsuperscript{26} Id.


\textsuperscript{28} Id.

\textsuperscript{29} Id.

\textsuperscript{30} Supra note 18.

\textsuperscript{31} Supra note 21.


percent of Vietnam Veterans have PTSD, and up to 30 percent of Vietnam Veterans will have PTSD in their lifetime.\textsuperscript{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.\textsuperscript{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.\textsuperscript{36} During that time span, veteran suicides increased from 5,787 in 2005 to 6,139 in 2017.\textsuperscript{37} The annual number of veteran suicide deaths has exceeded 6,000 every year since 2008,\textsuperscript{38} and the annual number of veteran suicide deaths increased by 129 from 2016 to 2017.\textsuperscript{39}

\textbf{Federal Mental Health Parity Laws}

\textit{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 Act\textsuperscript{40} (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 Act\textsuperscript{41} (MHPAEA), which generally applies to large group health plans.\textsuperscript{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.\textsuperscript{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.\textsuperscript{44}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{34} \textit{Id.}
\item \textsuperscript{37} \textit{Id.}
\item \textsuperscript{38} \textit{Id.}
\item \textsuperscript{39} \textit{Id.}
\item \textsuperscript{40} Pub. L. No. 104-204.
\item \textsuperscript{41} Pub. L. No. 110-343.
\item \textsuperscript{43} 45 CFR ss. 146 and 160.
\item \textsuperscript{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
\end{itemize}
\end{footnotesize}
In 2010, the Patient Protection and Affordable Care Act\(^45\) (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.

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\(^46\) 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:\(^{57}\)

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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.
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 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.

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

   (b) The task force is composed of a representative of the statewide office and a representative of each of the following first responder organizations, nominated by the organization and appointed by the Secretary of Children and Families:

      1. The Florida Professional Firefighters.

   (c) The task force shall elect a chair from among its membership. Except as otherwise provided, the task force shall operate in a manner consistent with s. 20.052.

   (d) The task force shall identify or make recommendations on developing training programs and materials that would better enable first responders to cope with personal life stressors and stress related to their profession and foster an organizational culture that:

      1. Promotes mutual support and solidarity among active and retired first responders;
      2. Trains agency supervisors and managers to identify suicidal risk among active and retired first responders;
      3. Improves the use and awareness of existing resources among active and retired first responders; and
      4. Educates active and retired first responders on suicide awareness and help-seeking.

   (e) The task force shall identify state and federal public resources, funding and grants, first responder association
resources, and private resources to implement identified training programs and materials.

(f) The task force shall report on its findings and recommendations for training programs and materials to deter suicide among active and retired first responders to the Governor, the President of the Senate, and the Speaker of the House of Representatives by each July 1, beginning in 2021, and through 2023.

(g) This subsection is repealed July 1, 2023.

====== D I R E C T O R Y C L A U S E A M E N D M E N T ======
And the directory clause is amended as follows:

Delete lines 82 - 83
and insert:
section 14.2019, Florida Statutes, are amended, paragraphs (e) and (f) are added to that subsection, and subsection (5) is added to that section, to read:

================= T I T L E A M E N D M E N T =================
And the title is amended as follows:

Delete line 4
and insert:
Office for Suicide Prevention; establishing the First Responders Suicide Deterrence Task Force adjunct to the office; specifying the task force’s purpose; providing for the composition and the duties of the task force; requiring the task force to submit reports to the Governor and the Legislature on an annual basis; providing for future repeal; amending s.
69 14.20195,
A bill to be entitled
An act relating to mental health; amending s. 14.2019,
F.S.; providing additional duties for the Statewide
Office for Suicide Prevention; amending s. 14.20195,
F.S.; providing additional duties for the Suicide
Prevention Coordinating Council; revising the
composition of the council; amending s. 334.044, F.S.;
requiring the Department of Transportation to work
with the office in developing a plan relating to
evidence-based suicide deterrents in certain
locations; amending s. 394.455, F.S.; defining the
term "first episode psychosis program"; amending s.
394.4573, F.S.; revising the requirements for the
annual state behavioral health services assessment;
revising the essential elements of a coordinated
system of care; amending s. 394.463, F.S.; requiring
that certain information be provided to the guardian
or representative of a minor patient released from
involuntary examination; creating s. 456.0342, F.S.;
providing applicability; requiring specified persons
to complete certain suicide prevention education
courses by a specified date; requiring certain boards
to include the hours for such courses in the total
hours of continuing education required for the
profession; amending s. 627.6675, F.S.; conforming a
provision to changes made by the act; transferring,
renumbering, and amending s. 627.668, F.S.; requiring
certain entities issuing, delivering, or issuing for
delivery certain health insurance policies to comply
with specified federal provisions that prohibit the
imposition of less favorable benefit limitations on
mental health and substance use disorder benefits than
on medical and surgical benefits; deleting provisions
relating to optional coverage for mental and nervous
disorders by such entities; revising the standard for
defining substance use disorders; requiring such
to submit an annual affidavit attesting to compliance with federal law; requiring the office to implement and enforce certain federal laws in a
specified manner; authorizing the Financial Services
Commission to adopt rules; repealing s. 627.669, F.S.,
relating to optional coverage required for substance
abuse impaired persons; amending s. 627.6699, F.S.;
providing applicability; amending s. 641.26, F.S.;
requiring certain entities to submit an annual
affidavit to the Office of Insurance Regulation
attesting to compliance with certain requirements;
authorizing the office to adopt rules; amending s.
641.31, F.S.; requiring that certain health
maintenance contracts comply with certain
requirements; authorizing the commission to adopt
rules; creating s. 786.1516, F.S.; defining the terms
"emergency care" and "suicide emergency"; providing
that persons providing certain emergency care are not
liable for civil damages or penalties under certain
circumstances; amending ss. 1002.33 and 1012.583,
F.S.; requiring charter schools and public schools,
respectively, to incorporate certain training on
Develop a network of community-based programs to improve suicide prevention initiatives. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, veterans, servicemembers, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel.

(d) Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, veterans, servicemembers, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

(e) Act as a clearinghouse for information and resources related to suicide prevention by:

1. Disseminating and sharing evidence-based best practices relating to suicide prevention;

2. Collecting and analyzing data on trends in suicide and suicide attempts annually by county, age, gender, profession, and other demographics as designated by the statewide office.

(f) Advise the Department of Transportation on the implementation of evidence-based suicide deterrents in the design elements and features of infrastructure projects throughout the state.

Section 2. Paragraph (c) of subsection (1) and subsection (2) of section 14.20195, Florida Statutes, are amended, and paragraph (d) is added to subsection (1) of that section, to
The following state officials or their designees shall serve on the coordinating council:

1. The Secretary of Elderly Affairs.
2. The State Surgeon General.
3. The Commissioner of Education.
4. The Secretary of Health Care Administration.
5. The Secretary of Juvenile Justice.
6. The Secretary of Corrections.
7. The executive director of the Department of Law Enforcement.
8. The state chapter of AARP.
10. The Florida Behavioral Health Association.
13. NAMI Florida.
15. The Florida Psychiatric Society.
17. Veterans Florida.
18. The Florida Association of Managing Entities.
(b) The following state officials or their designees shall serve on the coordinating council:

1. The Secretary of Elderly Affairs.
2. The State Surgeon General.
3. The Commissioner of Education.
4. The Secretary of Health Care Administration.
5. The Secretary of Juvenile Justice.
6. The Secretary of Corrections.
7. The executive director of the Department of Law Enforcement.
8. The executive director of the Department of Veterans' Affairs.
9. The Secretary of Children and Families.
10. The executive director of the Department of Economic Opportunity.
(c) The Governor shall appoint four additional members to the coordinating council. The appointees must have expertise that is critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.
(d) For the members appointed by the director of the Statewide Office for Suicide Prevention, seven members shall be appointed to initial terms of 3 years, and seven members shall be appointed to initial terms of 4 years. For the members appointed by the Governor, two members shall be appointed to initial terms of 4 years, and two members shall be appointed to initial terms of 3 years. Thereafter, such members shall be appointed to terms of 4 years. Any vacancy on the coordinating council shall be filled in the same manner as the original appointment, and any member who is appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member’s predecessor. A member is eligible for reappointment.
(e) The director of the Statewide Office for Suicide Prevention shall be a nonvoting member of the coordinating council and shall act as chair.
(f) Members of the coordinating council shall serve without compensation. Any member of the coordinating council who is a public employee is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.
Section 3. Present paragraph (c) of subsection (10) of section 334.044, Florida Statutes, is redesignated as paragraph (d), and a new paragraph (c) is added to that subsection, to read:
334.044 Powers and duties of the department.—The department shall have the following general powers and duties:
(10) The department shall work with the Statewide Office for Suicide Prevention in developing a plan to consider the implementation of evidence-based suicide deterrents on all new infrastructure projects.
Section 4. Present subsections (17) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (18) through (49), respectively, and a new subsection (17) is added to that section, to read:
394.455 Definitions.—As used in this part, the term: "First episode psychosis program" means an evidence-based program for individuals between 14 and 30 years of age who are experiencing early indications of serious mental illness, especially a first episode of psychotic symptoms. The program includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication, as indicated.
Section 5. Section 394.4573, Florida Statutes, is amended to read:
394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement...
The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

(b) "Case management" means those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.

(c) "Coordinated system of care" means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement.

d) "No-wrong-door model" means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

(2) The essential elements of a coordinated system of care include:

a) Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs.

b) A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders.

1. A county or several counties shall plan the designated

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receiving system using a process that includes the managing entity and is open to participation by individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other parties. The county or counties, in collaboration with the managing entity, shall document the designated receiving system through written memoranda of agreement or other binding arrangements. The county or counties and the managing entity shall complete the plan and implement the designated receiving system by July 1, 2017, and update, as necessary, the designated receiving system at least once every 3 years.

2. To the extent permitted by available resources, the designated receiving system shall function as a no-wrong-door model. The designated receiving system may be organized in any manner which functions as a no-wrong-door model that responds to individual needs and integrates services among various providers. Such models include, but are not limited to:

a. A central receiving system that consists of a designated central receiving facility that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.

b. A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a

designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.

c. A tiered receiving system that consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

An accurate inventory of the participating service providers which specifies the capabilities and limitations of each provider and its ability to accept patients under the designated receiving system agreements and the transportation plan developed pursuant to this section shall be maintained and made available at all times to all first responders in the service area.

(c) Transportation in accordance with a plan developed under s. 394.462.

(d) Crisis services, including mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities.

(e) Case management. Each case manager or person directly supervising a case manager who provides Medicaid-funded targeted case management services shall hold a valid certification from a
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department-approved credentialing entity as defined in s. 397.311(10) by July 1, 2017, and, thereafter, within 6 months after hire. (f) Care coordination that involves coordination with other local systems and entities, public and private, which are involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations.

(g) Outpatient services.

(h) Residential services.

(i) Hospital inpatient care.

(j) Aftercare and other postdischarge services.

(k) Medication-assisted treatment and medication management.

(l) Recovery support, including, but not limited to, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual’s needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.

(m) Care plans shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this paragraph, the term “supervision” means oversight of and assistance with compliance with the clinical aspects of an individual’s care plan.

378. (n) First episode psychosis programs.

379. (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific appropriation by the Legislature, the department may award system improvement grants to managing entities based on a detailed plan to enhance services in accordance with the no-wrong-door model as defined in subsection (1) and to address specific needs identified in the assessment prepared by the department pursuant to this section. Such a grant must be awarded through a performance-based contract that links payments to the documented and measurable achievement of system improvements.

Section 6. Subsection (3) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

395. (3) NOTICE OF RELEASE.—Notice of the release shall be given to the patient’s guardian or representative, to any person who executed a certificate admitting the patient to the receiving facility, and to any court which ordered the patient’s evaluation. If the patient is a minor, information regarding the availability of a local mobile response service, suicide prevention resources, social supports, and local self-help groups must also be provided to the patient’s guardian or representative along with the notice of the release.

Section 7. Section 456.0342, Florida Statutes, is created to read:

456.0342 Required instruction on suicide prevention.—The requirements of this section apply to each person licensed or certified under chapter 458, chapter 459, or part I of chapter 459.
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Under individual or group policies described in subsection (1) or contracts, inpatient hospital benefits, partial hospitalization benefits, and outpatient benefits consisting of durational limits, dollar amounts, deductibles, and coinsurance factors may not be provided in a manner that is more restrictive than medical and surgical benefits, and limits on the scope or duration of treatments which are not expressed numerically, also known as nonquantitative treatment limitations, must be provided in a manner that is comparable and may not be applied more stringently than limits on medical and surgical benefits, in accordance with 45 C.F.R. 20.146.136(c)(2), (3), and (4) shall not be less favorable than for physical illness generally, except that:

(a) Inpatient benefits may be limited to not less than 30 days per benefit year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 days per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as applicable to physical illness generally.

(b) Outpatient benefits may be limited to $1,000 for consultations with a licensed physician, a psychologist licensed pursuant to chapter 490, a mental health counselor licensed pursuant to chapter 491, a marriage and family therapist licensed pursuant to chapter 496, and a clinical social worker licensed pursuant to chapter 491. If benefits are provided beyond the $1,000 per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as applicable to physical illness generally.

(c) Partial hospitalization benefits shall be provided under the direction of a licensed physician. For purposes of this part, the term “partial hospitalization services” is defined as those services offered by a program that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state. Alcohol rehabilitation programs accredited by an accrediting organization whose standards incorporate comparable regulations required by this state or approved by the state and licensed drug abuse rehabilitation programs shall also be qualified providers under this section. In a given benefit year, if partial hospitalization services or a combination of inpatient...
Section 10. Effective January 1, 2021, present subsection (4) of section 627.669, Florida Statutes, is redesignated as subsection (48), and a new subsection (17) is added to that section, to read:

627.669 Employee Health Care Access Act.—

(17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health benefit plan that provides coverage to employees of a small employer is subject to s. 627.4193.

Section 11. Effective January 1, 2021, present subsection (17) of section 627.6699, Florida Statutes, is redesignated as subsection (18), and a new subsection (17) is added to that section, to read:

627.6699 Employee Health Care Access Act.—

(17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health benefit plan that provides coverage to employees of a small employer is subject to s. 627.4193.

Section 12. Effective January 1, 2021, subsection (9) is added to section 641.26, Florida Statutes, to read:

641.26 Annual and quarterly reports.—

(9) Every health maintenance organization issuing, delivering, or issuing for delivery contracts providing comprehensive major medical coverage shall annually submit an affidavit to the office attesting to compliance with the requirements of s. 627.4193. The office may adopt rules to implement this subsection.

Section 13. Effective January 1, 2021, subsection (48) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—

(48) All health maintenance contracts that provide comprehensive medical coverage must comply with the coverage provisions of s. 627.4193. The commission may adopt rules to implement this subsection.

Section 14. Section 786.1516, Florida Statutes, is created to read:

786.1516 Immunity for providing assistance in a suicide emergency.—

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CODING: Words are deletions; words underlined are additions.
(1) As used in this section, the term:

(a) "Emergency care" means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(b) "Suicide emergency" means an occurrence that reasonably indicates an individual is at risk of dying or attempting to die by suicide.

(2) A person who provides emergency care at or near the scene of a suicide emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any act or omission by the person providing the emergency care unless the person is grossly negligent or caused the suicide emergency.

Section 15. Present subsection (28) of section 1002.33, Florida Statutes, is redesignated as subsection (29), and a new subsection (28) is added to that section, to read:

1002.33 Charter schools.—

(28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH SUICIDE AWARENESS AND PREVENTION.—

(a) By October 1, 2020, every charter school must:

1. Incorporate 2 hours of training offered pursuant to s. 1012.583. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every charter school must require all instructional personnel to participate.

2. Have at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under s. 1012.583(1) and have a policy to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(b) Every charter school must report its compliance with this subsection to the department.

Section 16. Subsections (2) and (3) of section 1012.583, Florida Statutes, are amended to read:

1012.583 Continuing education and inservice training for youth suicide awareness and prevention.—

(2) By October 1, 2020, every public school shall be considered a "Suicide Prevention Certified School" if:

(a) Incorporate 2 hours of training offered pursuant to this section. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every public school that chooses to participate in the training must require all instructional personnel to participate.

(b) Have at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under subsection (1) and have a policy to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

(3) Every public school that meets the criteria in subsection (2) must report its compliance with this section to...
For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40), 394.455(32), respectively.

Section 20. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program:

(b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or a treatment facility as defined in s. 394.455(42).

Section 21. Paragraph (e) of subsection (4) of section 464.012, Florida Statutes, is amended to read:

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:

(e) A psychiatric nurse, who meets the requirements in ss. 394.455(36) and 394.455(32), within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

Section 22. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

744.2007 Powers and duties.—
(7) A public guardian may not commit a ward to a treatment facility, as defined in s. 394.455, without an involuntary placement proceeding as provided by law.

Section 23. The Office of Program Policy Analysis and Government Accountability shall perform a review of suicide prevention programs and efforts made by other states and make recommendations on their applicability to this state. The office shall 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. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2020.
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,

[Signature]

Senator Lauren Book
Senate District 32

Cc: Tonya Kidd, Staff Director
    Robin Jackson, Administrative Assistant
Feb 13, 2020

Meeting Date

Topic Mental Health

Name Ken "cop-CHEN-ski" Kopczynski

Job Title Lobbyist

Address 300 East Brevard Street

Street

Tallahassee FL 32301

City State Zip

Phone 222-3329

Email ken@flpba.org

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.
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,

Kevin Rader
State Senator
District 29

cc: Tonya Kidd, Staff Director
    Robin Jackson, Committee Administrative Assistant
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
12:42:54 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